

# Assertiveness and Self-esteem among Nurses Working at a Teaching Hospital, Bharatpur, Chitwan

Urica Sharma Marahatta<sup>1</sup>, Dipti Koirala<sup>2</sup>

<sup>1</sup>Chitwan Medical College-Teaching Hospital, Bharatpur, Chitwan, Nepal

<sup>2</sup>School of Nursing, Chitwan Medical College, Bharatpur, Chitwan, Nepal

## ARTICLE INFO

### Article history:

Received: 10 May 2022

Revised: 19 June 2022

Accepted: 30 June 2022

### \*Correspondence:

Urica Sharma Marahatta,  
Department of Nursing,  
Chitwan Medical College-  
Teaching Hospital,  
Bharatpur, Nepal.

### E-mail:

uricasharma09@gmail.com

### Citation:

Marahatta US, Koirala D.  
Assertiveness and Self-  
esteem among Nurses  
Working at a Teaching  
Hospital, Bharatpur,  
Chitwan. MedS. J. Med.  
Sci. 2022;2(3):50-56.

## ABSTRACT

**INTRODUCTION:** In the nursing profession, assertiveness and self-esteem are essential components for effective patient care and therapeutic relationships. Lack of these components have been found to be a major problem in the nursing profession today. The objective of the study was to find out the level of assertiveness and self-esteem among nurses working at Teaching Hospital, Bharatpur, Chitwan.

**MATERIALS AND METHODS:** A descriptive cross-sectional study design was conducted among 155 nurses working at Chitwan Medical College, Teaching Hospital, Bharatpur, Chitwan. Stratified proportionate simple random sampling technique was used to select sample. Data was collected by using standardized self-administered tool {Simple Rathus Assertiveness Schedule (SRAS) and Rosenberg Self-esteem Scale (RSES)} from 2078-11-29 to 2078-12-11. Data were analyzed by using descriptive and inferential statistics.

**RESULTS:** The study revealed that more than half of the nurses (51.0%) have high assertiveness and more than half of the nurses (54.8%) have high level of self-esteem. There was statistically significant association between assertiveness and age ( $p=0.004$ ), ethnicity ( $p<0.001$ ), area of residence ( $p=0.020$ ), marital status ( $p=0.008$ ), educational level ( $p=0.001$ ) and work experiences ( $p=0.044$ ) of the nurses. Similarly, there was statistically significant association between self-esteem and age ( $p<0.001$ ), educational level ( $p=0.010$ ) and self-reported job satisfaction ( $p<0.001$ ). **CONCLUSIONS:** In conclusion, about half of the nurses have low level of assertiveness and low level of self-esteem. Thus, the organization need to plan and conduct different training programs on improving assertiveness and self-esteem for the nurses so that it will boost their confidence, and this will ultimately improve patient care.

**Keywords:** Assertiveness, nurses, self-esteem

## INTRODUCTION

Assertiveness is a human behaviour that allows a person to act in his or her own best interests, stand up for himself/herself without fear, express honest feelings freely, and exercise his or her rights without violating others' rights[9]. A assertive person can express or communicate their ideas, feelings, thoughts, wishes and demands in a direct and acceptable manner without harming others [1]. Assertive behavior helps a person to feel good about himself or herself and increase his or her self-esteem [15]. Self-esteem is the overall sense of personal value and self-worth. It also includes the character to be responsible for oneself and others [3]. Nurses who have a high sense of self-worth can deliver better care to their patients [2].

Nurses must be more assertive and have strong self-esteem in order to improve the health-care

delivery system by being more skilled in providing better patient care, more at ease communicating within society, and more effective in using professional knowledge and abilities. Non-assertive behavior among nurses results in frustration and mental fatigue [12]. Nurses have to communicate with patients, coworkers, and other health care professionals, and this interaction is enhanced when nurses have effective communication skills. Several research have demonstrated that nurses lack assertiveness skills, which leads to decreased communication efficacy and, as a result, compromised patient care[4].

The objective of the study is to find out the assertiveness and self-esteem among nurses working at a Teaching Hospital, Bharatpur, Chitwan.

## MATERIALS AND METHODS

### Study design and setting

Descriptive cross-sectional research design was used to assess the assertiveness and self-esteem among nurses working at a Teaching Hospital. Bharatpur, Chitwan. This research study was conducted in Chitwan Medical College, Teaching Hospital (CMC-TH), Bharatpur, Nepal from 13<sup>th</sup> March 2022 to 25<sup>th</sup> March 2022. This is a renowned medical college and is affiliated to Tribhuvan University and also the first ISO certified Medical College. This is a private medical college with 750-bed and provides job opportunity to more than 325 nurses. There are a total 324 nursing staff (staff nurse=271, senior staff nurse=34 and nursing officer=19).

### Participants, sample size and sampling technique

A total of 155 samples were considered for this study. From where 9 are nursing officer, 16 are senior staff nurse and 130 were staff nurse. Samples were enrolled in this study by taking the reference of the prevalence of another study i.e. 80.90% a study conducted by Hamouda, Eid & Saleh [6]. A probability, proportionate Stratified simple random sampling technique was used to calculate the desired sample. Strata was formed based on designation of three categories. Participants of three strata was randomly selected generating random numbers in Microsoft excel. Inclusion criteria were all the registered nurses who were working in CMC-TH at different department in the post of staff nurse (SN), senior staff nurse(SSN) and the Nursing Officer(NO). Matron, assistant matron and nursing supervisors were the exclusion criteria of the study.

### Data collection procedure and study variables

Data was collected by the researcher herself during the period of 2 weeks (2078/11/29 to 2078/12/11) after getting approval from concerning authorities of Chitwan Medical College, Teaching Hospital. Prior to data collection, researcher explained about the purpose of study to respondents and assured them for the confidentiality of the information given to them. A copy of questionnaire was distributed during the shift changing hours of nurses. Every day, data was taken from 11-12 respondents and each was given 20-25 minutes to complete the questionnaire. Then, the questionnaire was checked for the completeness of data before

leaving the data collection area. Self-administered structured questionnaire was used in this study. The research instrument consisted of three parts. First part consists of Socio-demographic and professional information, second part consists of Simple Rathus Assertiveness Schedule (SRAS)[13] and third part consists of Rosenberg self-esteem Scale (RSES)[14]. After reverse coding the necessary items, a total score was obtained by summing the responses for both instruments. The level of assertiveness and the level of self-esteem was classified as high and low assertiveness and high and low self-esteem respectively on the basis of median score. Assertiveness and self-esteem are the dependent variables. Age, ethnicity, religion, area of residence, marital status, type of family, educational institute, educational level, work experiences, work designation, self-reported job satisfaction educational/training programme related to assertiveness and/or self-esteem were the independent variables.

### Statistical analysis and data management

All the collected data were reviewed and checked for the completeness, consistency and accuracy. All data were edited, organized, coded and entered in Statistical Package for the Social Science (SPSS) 20 version. The collected data was analyzed and interpreted by using descriptive statistics (frequency, percentage, median, interquartile range) and inferential statistics (chi-square or Fischer's exact test). The findings were presented in tables and interpreted accordingly.

### Ethical considerations

Proposal approval was obtained from the nursing Research Committee, Chitwan Medical College, School of Nursing, Chitwan. Ethical clearance was taken from Chitwan Medical College, Institution Review Committee (CMC-IRC) (Ref No:CMC-IRC/078/079-273), Bharatpur, Chitwan. The purpose of the study was explained to all the respondents. The written informed consent was obtained from each respondent prior to data collection. Respondent's dignity was maintained by giving right to reject or discontinue from the research study at any time without any penalty. Confidentiality of the information was maintained by not disclosing the information of the respondents with others and using the information only for the study purposes.

## RESULTS

Out of 155 respondents, 56.8% were above 23 years of age and 43.2% were below 23 years of age with a median age of 23 years. Brahmins made up about one-third of the respondents (34.2%), with Hindus accounting for 89.7%. More than three-fourth (84.5%) of the respondents lives in urban areas as their permanent residence and 15.5% lives in rural areas. Unmarried respondents made up more than two-third of the sample (71.0%), with 77.4% living in nuclear families [Table 1].

Variables	Frequency (%)
<b>Age (in year)</b>	
<23	67(43.2)
≥23	88(56.8)
<i>median= 23, IQR=25-21, min=20years, max=33years</i>	
<b>Ethnicity</b>	
Brahmin	53(34.2)
Chhetri	30(19.4)
Dalit	32(20.6)
Janjati	40(25.8)
<b>Religion</b>	
Hindu	139(89.7)
Buddhist	14(9.1)
Christian	1(0.6)
Islam	1(0.6)
<b>Area of residence</b>	
Rural	24(15.5)
Urban	131(84.5)
<b>Marital status</b>	
Unmarried	110(71.0)
Married	44(28.4)
Separated	1(0.6)
<b>Type of family</b>	
Nuclear	120(77.4)
Joint	35(22.6)

About 80.6% of the respondents were graduated from Private Colleges whereas only 19.4% were graduated from Government colleges. More than half of the respondents (63.9%) had completed PCL nursing. More than three-fourth of those surveyed (83.9%) were working in the post of Staff nurse, 10.3% were working in the post of senior staff nurse and only 5.8% are nursing officer. More than half (62.6%) of the respondents said they were dissatisfied with their jobs. More over half of the

respondents (51.0%) had worked for more than 18 months, with a median of 18 months of work experiences. Almost all (98.7%) of the respondents had not enrolled in any training and educational programme related to assertiveness and self-esteem [Table 2].

Variables	Frequency(n)
<b>Educational institute</b>	
Government	30(19.4)
Private	125(80.6)
<b>Educational level</b>	
PCL	99(63.9)
Bachelor	56(36.1)
<b>Professional designation</b>	
Staff Nurse	130(83.9)
Senior Staff Nurse	16(10.3)
Nursing Officer	9(5.8)
<b>Self-reported job satisfaction</b>	
Yes	58(37.4)
No	97(62.6)
<b>Work experiences(in months)</b>	
<18	76(49.0)
≥18	79(51.0)
<i>median=18, IQR=36-9, min=2months, max=96months</i>	
<b>Received Training/educational programme related to assertiveness and/or self-esteem(n=2)</b>	
Yes	2(1.3)
No	153(98.7)

Level of assertiveness	Frequency( %)
High assertiveness(≥110)	79(51.0)
Low assertiveness (<110)	76(49.0)
<b>Total</b>	<b>155(100.0)</b>

Level of self-esteem	Frequency (%)
High self-esteem (≥18)	85(54.8)
Low self-esteem (<18)	70(45.2)
<b>Total</b>	<b>155(100.0)</b>

51.0% of the respondents have high level of assertiveness whereas 49.0% of the respondents have low level of assertiveness [Table 3]. Table 4 shows the respondents' level of self-esteem. As it illustrates 54.8% of the respondents have high self-esteem whereas 45.2% of the respondents have low self-esteem [Table 4].

There was statistically significant association between level of assertiveness and age ( $p=0.004$ ), ethnicity ( $p= <0.001$ ), area of residence ( $p=0.020$ ),

marital status ( $p=0.005$ ) of the respondents whereas no statistically significant association found between level of assertiveness and religion and type of family [Table 5].

**Table 5 |** Association between respondents' level of assertiveness and socio-demographic variables (n=155)

Characteristics	Level of Assertiveness		p-value
	High assertiveness No. (%)	Low assertiveness No. (%)	
<23 years	43(64.2)	24(35.8)	0.004
≥23 years	36(40.9)	52(59.1)	
Brahmin/Chhetri	28(33.7)	55(66.3)	<0.001
Others	51(70.8)	21(29.2)	
Hinduism	71(51.1)	68(48.9)	0.935
Non-Hinduism	8(50.0)	8(50.0)	
Rural	7(29.2)	17(70.8)	0.020
Urban	72(55.0)	59(45.0)	
Unmarried	64(58.2)	46(41.8)	0.005
Married	15(33.3)	30(66.7)	
Nuclear	66(55.0)	54(45.0)	0.063
Joint	13(37.1)	22(62.9)	

Significance level at 0.05, Others=Dalit, Janjati, Non-Hinduism= Buddhist, Christian, Islam

**Table 6 |** Association between respondents' level of assertiveness and profession related variables (n=155)

Characteristics	Level of Assertiveness		p-value
	High assertiveness No. (%)	Low Assertiveness No. (%)	
Government	11(36.7)	19(63.3)	0.081
Private	68(54.4)	57(45.6)	
PCL	60(60.6)	39(39.4)	0.001
Bachelor	19(33.9)	37(66.1)	
Staff Nurse	66(50.8)	64(49.2)	0.403 f
Senior Staff Nurse	10(62.5)	6(37.5)	
Nursing Officer	3(33.3)	6(66.7)	0.130
Yes	25(43.1)	33(56.9)	
No	54(55.7)	43(44.3)	0.044
<18 months	45(59.2)	31(40.8)	
≥18 months	34(43.0)	45(57.0)	

Significance level at 0.05, f=Fisher's exact test

There was statistically significant association between level of assertiveness and educational level ( $p=0.001$ ) and work experiences ( $p=0.044$ ) of the respondents whereas no statistically significant association found between level of assertiveness

and educational institute, professional designation and job satisfaction of the respondents [Table 6].

**Table 7 |** Association between respondents' level of self-esteem and socio-demographic variables (n=155)

Characteristics	Level of Self-esteem		p-value
	High self-esteem No. (%)	Low self-esteem No. (%)	
<23 years	50(74.6)	17(25.4)	<0.001
≥23 years	35(39.8)	53(60.2)	
Brahmin/Chhetri	41(49.4)	42(50.6)	0.144
Others	44(61.1)	28(38.9)	
Hinduism	79(56.8)	60(43.2)	0.141
Non-Hinduism	6(37.5)	10(62.5)	
Rural	15(62.5)	9(37.5)	0.412
Urban	70(53.4)	61(46.6)	
Unmarried	61(55.5)	49(44.5)	0.810
Married	24(53.3)	21(46.7)	
Nuclear	64(53.3)	56(46.7)	0.486
Joint	21(60.0)	14(40.0)	

Significance level at 0.05, Others=Dalit, Janjati, Non-Hinduism= Buddhist, Christian, Islam

**Table 8 |** Association between respondents' level of self-esteem and profession related variables (n=155)

Characteristics	Level of Self-esteem		p-value
	High self-esteem No. (%)	Low self-esteem No. (%)	
Government	18(60.0)	12(40.0)	0.527
Private	67(53.6)	58(46.4)	
PCL	62(62.6)	37(37.4)	0.010
Bachelor	23(41.1)	33(58.9)	
Staff Nurse	74(56.9)	56(43.1)	0.321 <sup>f</sup>
Senior Staff Nurse	6(37.5)	10(62.5)	
Nursing Officer	5(55.6)	4(44.4)	<0.001
Yes	18(31.0)	40(69.0)	
No	67(69.1)	30(30.9)	0.086
<18 months	47(61.8)	29(38.2)	
≥18 months	38(48.1)	41(51.9)	

Significance level at 0.05, f=Fisher's exact test.

There was statistically significant association between level of self-esteem and age ( $p<0.001$ ) of the nurses whereas no statistically significant association between self-esteem and ethnicity, religion, area of residence, marital status and type of family [Table 7]. There was statistically significant association between level of self-esteem with educational level ( $p=0.010$ ) and job satisfaction ( $p<0.001$ ) of the respondents whereas there was no

statistically significant association between self-esteem and educational institute, professional designation and work experiences [Table 8].

## DISCUSSION

The findings of this study shows that 51.0% of the respondents have high level of assertiveness whereas 49.0% of the respondents have low level of assertiveness. In contrast, inconsistent finding found in the study conducted by Hamouda, Eid, & Saleh (2018),[6] which showed that 80.9% of the nursing personnel were highly assertive and only 19.1% were partially assertive. This discrepancy may be due to lack of educational and training programme related to assertiveness to the nursing staffs involved in the current study.

The findings of the present study showed that there is statistically significant association between assertiveness and age of nurses ( $p=0.004$ ). In the same way, study conducted by Maheshwari & Gill (2015)[10] revealed that there was statistically significant association between level of assertiveness and age of nurses ( $p<0.001$ ) whereas, incongruent finding found in the study conducted by Hamouda, Eid & Saleh (2018),[6] which showed the statistically non-significant association between assertiveness and age of nurses. This may be due to difference in age group of the nurses in this study and current study.

This study showed that there is statistically significant association between assertiveness and ethnicity ( $p<0.001$ ). This study is inconsistent with the study conducted by Maheshwari and Gill (2015),[10] which revealed that there was no statistically significant association between level of assertiveness and ethnic group of people.

This study showed that there is statistically significant association between assertiveness and area of residence ( $p=0.020$ ). In contrast, the finding is inconsistent with the study conducted by Maheshwari and Gill (2015),[11] which revealed that there was no statistically significant association between assertiveness and area of residence. This may be due to different setting.

The present study revealed that there is statistically significant association between assertiveness and marital status of the nurses ( $p=0.005$ ). This finding is incongruent with the study conducted by Maheshwari and Gill (2015),[10] which showed no

statistically significant association between level of assertiveness and marital status of the nurses.

This study shows that there is statistically significant association between level of assertiveness and educational level of the nurses ( $p=0.001$ ). In contrast, the finding is inconsistent with the study conducted by Kilkus (1993)[8] ; Hamouda, Eid & Saleh (2018)[6] ; Maheshwari & Gill (2015)[10] which showed no statistically significant association between level of assertiveness and educational qualification of the nurses. This study shows that there is statistically significant association between level of assertiveness and work experiences of nurses ( $p=0.044$ ). This finding is inconsistent with the study conducted in USA by Kilkus (1993)[8] & Hamouda, Eid & Saleh (2018)[6], which showed that there was no statistically significant difference on length of experiences of nurses. This could be due to a disparity in minimum and maximum length of work experience in these study and current study.

The findings of the present study shows that, there is no statistically significant association between assertiveness and educational institute. In the contrary, study conducted by Maheshwari & Gill (2015),[10] showed the statistically significant association between level of assertiveness and type of college ( $p=<0.001$ ). This may be due to difference in sample size.

This study showed that there is no statistically significant association between level of assertiveness and self-reported job satisfaction of the nurses. This finding is inconsistent with the study conducted in Egypt by Hamouda, Eid & Saleh (2018), [6] which showed that there was a positive correlation between nurses' assertiveness and their job satisfaction ( $p=<0.001$ ). This could be related to differences in self-reported and the use of a standard tool to assess job satisfaction. The present study showed that there is no statistically significant association between level of assertiveness and religion, type of family and professional designation of the nurses . Similarly, consistent finding found in the study conducted by Maheshwari and Gill (2015),[11] which revealed no statistically significant association between level of assertiveness and religion, type of family and professional designation of the nurses.

Regarding the level of self-esteem, this study revealed that only 54.8% of the nurses have high level of self-esteem but still 45.2% of the nurses have low level of assertiveness. The finding is inconsistent with the study conducted by Ibrahim (2015),[7] which showed that only 29% of the subjects had high self-esteem. This variation may be due to difference in setting and sample size.

The findings of the present study shows that there is statistically significant association between level of self-esteem and age of the nurses ( $p < 0.001$ ). Similarly, study conducted by Maheshwari & Gill (2015)[10] also showed the statistically significant association between self-esteem and age of the nurses ( $p = 0.027$ ). This findings is inconsistent with the study conducted by Eckert, Gaidyas & Martin, (2012)[5] which revealed that there was no statistically significant association between level of self-esteem and age of nurses.

This study shows that there is statistically significant association between self-esteem and educational level of the nurses ( $p = 0.010$ ). Unlike, study conducted by Maheshwari & Gill (2015),[10] showed that there was no statistically significant association between self-esteem and educational level of the nurses. This could be attributed to sample population variation because the GNM course is not included in the current study.

The present study shows that there is no statistically significant association between self-esteem and ethnicity, religion, type of family and professional designation of the nurses. This finding is inconsistent with the study conducted by Maheshwari & Gill (2015),[10] which showed the statistically significant association between self-esteem and religion ( $p = 0.025$ ), type of family ( $p = 0.020$ ) and professional designation of the nurses ( $p = 0.035$ ) with Christian and Nuclear family having more self-esteem. This could be attributed to

a variation in sample stratum, as the public health nurse was not included in this study. A probable reason for public health nurses' greater assertiveness is that they have a superior communication style because they have to deal with the public on a daily basis.

The findings of the present study shows that there is no statistically significant association between self-esteem and area of residence, marital status and educational institute of the nurses. This finding is consistent with the study conducted by Maheshwari & Gill (2015),[10] which showed that there is no statistically significant association between self-esteem with these variables. The study is limited to only a teaching hospital, CMC-TH. The self-reported technique was used to assess assertiveness and self-esteem. Though it is regarded as a powerful approach of behavior measurement, it only offers introspective features of the observed behaviors. As a result, it may not accurately reflect actual assertiveness and self-esteem.

## CONCLUSIONS

In the light of the present study it can be concluded that more than half of nurses have high assertiveness and high self-esteem. Age, ethnicity, place of residence, marital status, educational level, and work experiences all have an impact on nurses' assertiveness. Similarly, the self-esteem is influenced by age, educational program, and job satisfaction.

Therefore, hospital management should plan and implement educational and training program that can boost nurses' assertiveness and self-esteem at least twice a year. Appropriate effective educational strategies should be planned and implement in nursing curriculum to make nurses more assertive and have high self-esteem.

## ADDITIONAL INFORMATION AND DECLARATIONS

**Acknowledgements:** Authors wish to thank all the participants for all their supports during this study.

**Competing Interests:** The authors declare no competing interests.

**Funding:** Self-funded

**Author Contributions:** Study design, reviewed literatures, inscription of 1st and final draft of manuscript- USM and DK; Data collection, data analysis, involved in writing first draft- USM and DK. Both authors have read and agreed with the contents of the final manuscript towards publication.

**Data Availability:** Data will be available upon request to corresponding authors after valid reason.

## REFERENCES

1. Arrindell WA, Ende J. Cross-sample invariance of the structure of self-reported distress and difficulty in assertiveness. *Advances in Behaviour Research and Therapy*. 1985; 7(4): 205–243.
2. Arthur D. Measuring the professional self-concept of nurses: a critical review. *Journal of Advanced Nursing*. 1992; 17(6): 712–719.D
3. Davies M, Stankov L, Roberts RD. Emotional intelligence: In search of an elusive construct. *Journal of Personality and Social Psychology*. 1998; 75(4): 989–1015. doi:10.1037//0022-3514.75.4.989.
4. Deltsidou A. Undergraduate nursing students' level of assertiveness in Greece: A questionnaire survey. *Nurse Education in Practice*. 2009; 9(5): 322–330.
5. Eckert SV, Gaidys U, Martin CR. Self-esteem among German nurses: does academic education make a difference? *Journal of Psychiatric and Mental Health Nursing*. 2012; 19(10): 903-910.
6. Hamouda SE, Eid NM, Saleh HA. The relationship between Assertiveness and Job Satisfaction among Nursing Personnel at Benha University. *Egyptian Journal of Health Care*. 2018; 9(3): 138–148.
7. Ibrahim RH. Assessment of Self Esteem among Nursing Students. *Journal of Health, Medicine and Nursing*. 2015; 16(300): 34–36.
8. Kilkus SP. Assertiveness among professional nurse. *Journal of Advanced Nursing*. 1993; 18: 1324-1330.
9. Macaden L. Assertiveness in Nursing . *Indian Journal of Continuing Nursing Education*. 2015; 6(2): 5–8.
10. Maheshwari KS, Gill KK. Relationship of assertiveness and self esteem among nurses. *International Journal of Health, Science & Research*. 2015; 5(6): 440-449.
11. Maheshwari KS, Gill KK. Relationship of Assertive Behavior and Stress among Nurses. *Delhi Psychiatry Journal*. 2015; 18(2): 356–364.
12. Mc Cabe C, Timmins F. Teaching assertiveness to undergraduate nursing students. *Nurse Education in Practice*. 2004; 3(1): 30–42. doi:10.1016/S1471-5953(02)00079-3.
13. McCormick IA. A simple version of the Rathus Assertiveness Schedule. *Behavioral Assessment*. 1984; 7: 95-99.
14. Rosenberg M. *Society and the Adolescent Self-Image*. 1965. Retrieved from: <https://www.wwnorton.com/college/psych/psychsci/media/rosenberg.htm>
15. Townsend CM 2007 Psychiatric mental health nursing. Concept of care in evidenced-based practice. 5<sup>th</sup> ed. New Delhi: Jaypee Brothers Medical Publishers (P)LTD.

**Publisher's Note**

MJMMS remains neutral with regard to jurisdictional claims in published materials and institutional affiliations.



CCREACH will help you at every step for the manuscript submitted to MJMMS.

- We accept pre-submission inquiries.
- We provide round the clock customer support
- Convenient online submission
- Plagiarism check
- Rigorous peer review
- Indexed in NepJOL and other indexing services
- Maximum visibility for your research
- Open access

Submit your manuscript at:

Website: [www.medspirit.org](http://www.medspirit.org)

e-mail: [editormjms@gmail.com](mailto:editormjms@gmail.com)

