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**LEVEL OF ASSERTIVENESS OF NURSES IN A REHABILITATION AND
MEDICAL HOSPITAL IN RIYADH, KSA**

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26 August 2024

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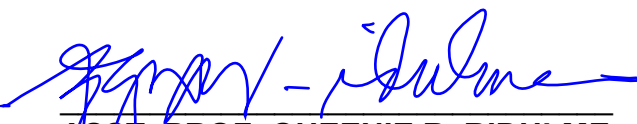
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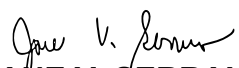
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Biographical Sketch

The author, Zenaida Yoshioka Datumanong was born on July 19, 1977, in Cotabato City, Mindanao Philippines. She is the second child among the seven children of Mr. Madrigal Datumanong and Ma. Sarieta Manuel Yoshioka. In year 1994, she enrolled at Notre Dame University, Cotabato City under the Bachelor of Science in Nursing. She finished her secondary education in Cotabato City National High School from the academic year 1990 – 1994. Furthermore, she took her primary education at Lugay Lugay Central Elementary School from the academic year in 1988-1994 in Cotabato City Mindanao. She is currently a member of the Saudi Council for Healthcare Specialty in Saudi Arabia as a specialist. She started her nursing profession year 2000 as ICU in Madina, Saudi Arabia and pursue her passion in nursing for more than 20 years. She worked as a Clinical Resource Nurse for 14 years. She is now working as a Quality Accreditation coordinator.

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DEDICATION

I dedicate my work to my family, friends, and nurses alike. A special feeling of gratitude to my loving husband Mansoor Al Matere for the untiring support and advice, who always push me up to the completeness of my study. My sincere gratefulness to my parents Mr. and Mrs. Datumanong for their unending support, especially for the words of encouragement during the time that I almost wanted to give up, love and comfort given by the whole family. I also dedicate this research to my friends who have supported me throughout the process. I will always appreciate all they have done, especially for helping me develop my technology skills. I dedicate this work and give special thanks to my best friend Annabelle Guiamelon for being there for me throughout the entire program.

Abstract

This study was conducted to describe the relationship between self-esteem and the level of assertiveness of nurses and if their demographic data such as age, years of experience in SBAHC and years of experience working as a nurse have a relationship with their self-esteem and level of assertiveness. The objective of the study is to describe the level of self-esteem and level of assertiveness of nurses in terms of their Assertive communication, Empowering behavior, Conflict management, Decision Making, Self-confidence and to determine the relationship between self-esteem and level of assertiveness of nurses to their demographic profile.

Through an extensive literature review, various studies and theoretical frameworks related to assertiveness and self-esteem were analyzed. The findings suggest that individuals who exhibit assertive behavior tend to experience higher levels of self-esteem. Assertiveness facilitates effective communication, allowing individuals to express their needs, desires, and boundaries clearly and respectfully. Further research is required to investigate the factors that may improve the level of assertiveness and other factors that may affect their work as nurses working in a hospital and perhaps a longitudinal study may be conducted to assess the effects of assertive training on assertive behavior and self-esteem of nurses with comparison of the different interventional strategies.

A descriptive – correlational research design since this design arises to further refinement of variable measurement or clarification of relationships among variables. A simple descriptive correlational design was used. Surveys and questionnaires were used as data collection methods with a simple random sample of 150 nurses. A concrete inclusion and exclusion criteria were specified before the selection to be performed. The researcher selected participants that fit the defined scope of study.

In conclusion, this research highlights that nurses were assertive, and their level of assertiveness is correlated with their age, years of experience in and their length of experience working as a nurse. concluded that communicating assertively can help nurses to gain self-confidence and self-esteem; understand and recognize their Level of Assertiveness of Nurses in a Rehabilitation and Medical Hospital in Riyadh, KSA

feelings; earn respect from others; improve communication; improve decision-making skills and create honest relationships. there is also a correlation on their aggressive behavior with their age, years of experience in SBAHC and their length of experience as a nurse.

Keywords: Nurses, Level of Assertiveness, Self-esteem, Behavior

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Chapter I

THE RESEARCH PROBLEM

In this chapter, the study's history, problem statement, aims, significance, scope, and limitations are all presented.

Background of the Study

Nurses working in a diverse cultural environment is quite challenging, oftentimes not being heard is one of the frustrations that being dealt or understood differently by leaders or managers as well as the organization. Sharing your frustrations, challenges and issues with your leaders and managers is one of the channels that gives hope to resolve those frustrations. But what if nurse leaders or managers do not care, do not have the voice to escalate the issues because they are not assertive enough to share or open the frustrations of the staff and does not empower nurses to speak up and express their ideas for some reasons. According to Binujah & Nagarajaiah (2020), assertiveness is an essential skill required for nurses. It can also be defined as the capacity to be at ease with a strong will regarding one's thoughts, feelings, and actions; it is a type of behavior that is marked by a confident declaration of a statement without the need for proof, and it is neither inhibited nor aggressive in actions for the betterment of oneself in the surrounding environment. Furthermore, assertiveness entails expressing thoughts, feelings, and limits in a way that respects the rights of others, upholds the receiver's dignity, and takes into account any possible repercussions of the expression. However, there are some factors that can affect assertiveness in addition to communication, such as empowering behavior,

how they manage conflict, decision making and their self-confidence or self-esteem. In addition, a nurse's profile, or demographic data such as years of experience, position or job role, age, gender and nationality or cultural background are additional variables that affect assertiveness of nurses in healthcare organizations.

Several studies conducted say that being assertive has an impact on the overall performance of a nurse. Apart from the different domains to be studied, the demographic factors may pose a relationship on the assertiveness of nurses in general. In healthcare settings, assertive behavior by nurses can help improve therapeutic communication, ensure patient safety, efficiently manage conflicts, boost self-confidence, and take on more professional duties (Bucco, 2015). In addition, it was also shown that assertiveness is a cultural construct. For instance, students who work in an environment that values fairness report feeling more confident and experiencing less fear of consequences and issues when they speak up. (Fagan, Lea, & Parker, 2016). Assertiveness maximizes the benefits of social encounters by encouraging straightforward, polite, positive, and goal-directed behavior.

In the professional realm of nursing, the idea of assertive behavior and the various aspects listed have not been well-studied especially in a diverse cultural setting and particularly in a huge internationally accredited Rehabilitation hospital in Riyadh Saudi Arabia. According to Alberti and Emmons (2000), assertive behavior is conduct that permits people to act in their own best interests, defend themselves without excessive fear, communicate their true emotions without discomfort, or exercise their rights without impairing those of others. Furthermore, few researchers have concluded nurses must put in place training or educational initiatives to support their assertiveness and confidence, which will enhance the standard of treatment and

satisfy patients.

In a clinical setting, assertive behavior by nurses has a big impact on the quality of care provided to patients; their performance and productivity are essential. Because of the traditional hierarchical structure of the nursing profession, assertiveness is not always promoted among nurses. In addition, nurses strive for the public perception of kindness (Timmins & McCabe, 2005). Additionally, a nurse who exhibits assertive behavior may be able to accomplish a number of goals, including expressing to senior nurses clearly reasonable requests to enhance work environments, preventing needless conflict in the unit setting, and encouraging assured and transparent communication within the units (Mellish, Brink & Paton, 2004).

For 23 years in nursing, it disturbs me a lot to experience and observe the lack of assertiveness of nurses in the hospital. Moreover, it also compromises patient care. Developing assertiveness can lead to improved self-confidence, enhanced relationships, and more effective problem-solving abilities, which from my own experience needs a strong foundation for nurses to benefit themselves, patients, and other stakeholders. For me an assertive nurse will always provide the quality care that patients expect to receive.

Statement of the Problem

This study was conducted to describe the relationship between self-esteem and the level of assertiveness of nurses and if their demographic data such as age, years of experience in SBAHC and years of experience working as a nurse have a relationship with their self-esteem and level of assertiveness.

Specific Objectives of the Study

The specific objectives of the study are:

1. To describe the level of self-esteem of nurses in terms of their:
 - a. Assertive communication
 - b. Empowering behavior
 - c. Conflict management
 - d. Decision Making
 - e. Self-confidence
2. To describe the level of assertiveness of nurses in terms of their:
 - a. Assertive communication
 - b. Empowering behavior
 - c. Conflict management
 - d. Decision Making
 - e. Self-confidence
3. To determine the relationship between self-esteem and level of assertiveness of nurses.
4. To determine the relationship of the demographic profile of nurses and their:
 - a. Self-esteem
 - b. Level of assertiveness

Significance of the Study

Assertiveness is a skill that can empower one's self esteem and have an optimal impact on one's happiness and earn other's respect. Stress management can be aided by assertiveness, particularly if one has a tendency to take on excessive obligations. (Mayoclinic, 2019). Developing this skill is one of the utmost importance, especially for leaders. The study's findings will be helpful to managers, administrators, nurse leaders, and nurses.

Self-esteem is necessary for nurses as it helps them to have better communication and collaboration with the patients, colleagues, and other medical staff. This also affects their caring capabilities since not being confident could affect decision making skills, communication skills, and handling adversities.

Nurse Leaders and managers will benefit from the result of this study to help them enhance their skills and will be able to stand for their team. Staff nurses will acquire and develop their assertiveness skills and self-esteem that will enable them to speak up for their rights and for the patient. Patients being recipients of nursing care will benefit as well since they will be given quality service throughout their hospitalization and their concerns will be attended to right away.

Stakeholders such as patients will benefit from this study since they are the receivers of healthcare. To support nurses' assertive behaviors, nursing management must ascertain the current state of assertiveness and self-esteem among their workforces. This will enable them to establish empowering work environments that include greater accountability, autonomy, and self-directed decision-making.

For the **academia**, this is noteworthy because the necessity for this investigation was bolstered by the paucity of knowledge regarding the connection

between nurses' demographic characteristics and assertiveness.

Scope and Limitation of the Study

The researcher conducted a study about the assertiveness of nurses in a Rehabilitation and Medical Hospital in Riyadh with 500-bed capacity to determine the level of assertiveness of nurses and the relationship of it to their attribute behavior such as communication, conflict management, decision making, and self-confidence as well as self-esteem and to determine the level of assertiveness of nurses and the relationship in terms of self- esteem and determine if nurse's demographic data has a relationship in their assertiveness.

If the study was to be expanded to include private teaching hospitals, public hospitals, other sectors, and foreign nations, it would be feasible to investigate any potential relationships between nurses' self-esteem and assertiveness levels.

Chapter II

THEORETICAL BACKGROUND

Review of Literature

This review of the literature aims to give a broad overview of the assertiveness research and evidence that is currently available. The available research on the scope and character of diverse perspectives on assertiveness from various sources pertaining to nurses in general will be presented in this review of the literature. Additional related ideas, such as assertive communication, empowering conduct, conflict management, decision-making, and self-confidence or self-esteem, were discovered during a review of the literature on assertiveness.

Assertive Communication Behavior

There were various definitions of assertive communication, the term "assertiveness" refers to a broad characteristic of people from hierarchical life development. It improves quality of life by giving one's actions more purpose and support (Mushtaq, 2018). In today's professional nursing environment, assertiveness is a crucial communication style that fosters successful interactions with clients, families, and coworkers (Haldin et al., 2015).

Some nurses demonstrated assertive behavior by asking clarifying questions to ascertain the opinions of other professional nurses, correcting coworkers who were doing tasks incorrectly, interacting positively with others, coming to a decision that was acceptable to both parties, carrying out professional responsibilities by setting priorities, and making decisions based on their own judgment. It is well known that one of the most important tactics for reducing unfavorable events in healthcare and raising

patient safety is assertive communication (Lo, 2011). Researchers have been working to strengthen the aggressive communication and collaborative abilities of healthcare professionals for the past ten years, and the results have been encouraging (Lyndon et al., 2012). McCabe and Timmins (2010) discovered that although assertiveness training can boost the self-esteem of individuals currently working in the nursing field or planning to enter it, it is also essential for fostering efficient communication between nurses and their patients. Furthermore, while examining the degree to which nurses exhibit assertive conduct at work, researchers discovered that, generally speaking, people struggle to effectively communicate their own demands, which is the foundation of assertive behavior.

Researchers also discovered that while a limited percentage of the study sample exhibited low assertiveness, the remaining participants shown a high degree of communication, which was followed by the domains of self-confidence, conflict, and personal/professional rights and responsibilities. Additionally, there were strong, favorable relationships found between total assertiveness and the categories of communication, rights and responsibilities, conflict, and self-confidence. Additionally, there was a somewhat favorable association between the domains of communication and rights/responsibilities, self-confidence, and conflicts.

In order to connect and communicate with one another in a way that is acceptable to everyone and to negotiate professionally, nurses in general need to use certain tactics. Various researchers and advocates have found several skills that are beneficial in improving assertive communication. Saying “no” for example in an assertive way is important in everyone’s job. Learning to say no to requests can be beneficial for both the one making the request and the person receiving it, whether the

cause is an inner conflict, guilt feelings, or the mistaken belief that one can accomplish everything (Scott, 2007).

In a recent study by Bannur (2023), it was determined that assertive behavior has enormous possible benefits for nurses, such as improved patient care, staff performance, self-awareness, and multidisciplinary cohesion and collaboration. Therefore, the ability to be assertive is a critical quality that nurses must possess in order to attain true autonomy, professional position, or empowerment.

Empowering Behavior

According to Arnold et al., (2000), empowerment is described as the process of putting in place measures that boost workers' sense of control and self-efficacy (such participatory decision making) and taking away those that encourage helplessness. Ahearne et al., (2005) asserts that an effective leader must exhibit an empowering style of behavior.

A study conducted by Yau Yuen Ching (2012) concerning empowering leadership activities discovered that the relationship between empowering leadership behaviors and work results is mediated by a positive correlation with psychological empowerment (in-role actions and emotional commitment). The results show that, in contrast to some academics' suggestions, empowering leadership is appropriate in the Hong Kong setting. This study indicates that Asian workers are receptive to and like empowerment. Empowered nurses are "highly motivated and are able to motivate and empower others by sharing the sources of power," based on a body of reliable, continuous research (Laschinger & Havens, 1996). Less job strain and burnout are experienced by empowered nurses (Laschinger et al., 2003; Lassig, Finegan, & Shamian, 2001). On the other hand, even though they may still be held accountable,

staff nurses who feel disempowered—that is, unable to act—feel frustrated and like failures (Laschinger & Havens, 1996). In nursing, empowerment has mostly been examined from two angles. According to the majority of nursing experts, empowerment can be attributed to one's psychological condition (Manojlovich, 2005; Spreitzer, 1995) or the surroundings (Laschinger et al., 2001). One possible explanation for nurses' lack of authority could be their ignorance of Chandler's initial proposal (1992) that power arises from relationships. Nursing research findings show that leadership styles of nurse managers enhance retention of nurses in hospitals (Force, 2015). Managers communicate with team members the information required to guarantee excellent work and supply the information required to satisfy clients (Lin & Hsiao, 2014). It is the duty of organizational leaders to establish a work environment that is both satisfying and productive for their staff. Additionally, it is his or her responsibility to guide and assist the staff in fostering such an environment (Wang, 2013). The nurse manager holds the nursing staff accountable for the tasks they assign and for their output and performance. She can hold department employees accountable for meeting client needs. It is expected of nursing leaders to foster staff fulfillment at work by providing structured work environments, outlining the roles and responsibilities of medical caregivers, and assisting them in finding meaning and purpose in their work.

It seems that providing patients with high-quality care requires that nurses be empowered (Goedhart, van Oostveen, & Vermeulen, 2017). Conversely, nurses who lack empowerment or power are inefficient, unproductive, and unhappy (Javier, Fauni, & De Vera, 2014). Stated differently, nurses who lack authority are less likely to provide their patients with the best care available.

In the local setting, Oducado (2019) conducted a study in Iloilo City which sought

to gauge how young staff nurses felt about psychological and leader-empowering actions. The present study underscores the beneficial impact of leaders' empowering actions on augmenting the psychological empowerment of staff nurses. Additionally, he said that nurse supervisors must always exhibit the kind of leadership characteristics that support staff nurses on the unit.

Although the idea of empowerment is not new to the nursing field, there aren't much published research on the subject of nurses' empowerment in Philippine settings.

Conflict management

Resolving disagreement through assertiveness is the most effective strategy. The straightforward communication of one's thoughts, feelings, and desires in interpersonal situations is valued in most definitions of assertiveness (Eskin, 2003). "Assertion is the direct and proper communication of an individual's needs, wants, and opinions without threatening and putting others down," according to Galassi & Galassi (1977). According to Ames and Flynn (2007), assertiveness is a characteristic that characterizes a person's propensity to stand up for, defend, and act in support of their own beliefs, preferences, and objectives. Healthy disagreement can be facilitated by an aggressive, cooperative approach, which in turn helps teams do more tasks, be more innovative, and reach more objectives (Mayson, 2018). Since assertiveness is a balanced approach to dealing with others and guarantees that people are not left with the impression that they are susceptible to pressure or manipulation, it can be a helpful tool in managing rudeness, anger, threats, or insults in a calm manner (Davies, 2009). Additionally, assertiveness is a crucial tactic in conflict management since poorly handled conflict situations can cause participants to feel stressed, angry, and

frustrated (Davies, 2009). Then again Tillman (2011) understood assertiveness as a communication style in which a person respects both parties by standing up for their beliefs. According to Alberti and Emmons (1990), assertive people are more inclined to act independently, defend themselves, and exercise their rights, among other three categories of actions. Similarly, Ma and Jaeger (2010) clarified that the capacity to recognize one's own interests, present arguments, and listen to the opposing side are all necessary for strong assertiveness in a negotiating setting.

On the other hand, in conflict resolution strategies where self-interest is high or moderate, negotiators seek to maximize their own outcomes, either ignoring or negatively evaluating the outcomes attained by their opponent (De Dreu et al., 2000) or at the very least, they attempt to get integrative agreements and engage in effective problem solving which ultimately leads to good outcomes for all parties as well. As a result, someone employing a dominating approach needs to be forceful since they will try to persuade the other side that their conclusion is correct, whereas someone utilizing an integrating style would look for a win-win scenario where the objectives of both sides are fully met. Furthermore, aggressive employees publicly argue for their interests, which facilitates clearer communication between the parties and contributes to integrative outcomes (Ma and Jaeger, 2010). Negotiators that are assertive often wind up with a significant portion of the pie. It follows that a higher level of assertiveness is associated with a higher propensity to use conflict management techniques where self-care is either moderate or high. Conversely, those who lack assertiveness forfeit their rights to stand up for others. When they disregard their own needs or allow others to disregard their rights, their rights are infringed. They exhibit submissive and withdrawn conduct because they strive to hide their thoughts and wishes, prefer to remain in the background, let others speak for them, and let others

make decisions for them (Troutman et al., 2000). (Alberti & Emmons, 1974).

Negotiators who have poor self-esteem do not focus on maximizing their results during dispute resolution; instead, they try to allay their own worries in order to appease those of the opposing party. They might also try to avoid conflict with the other side or put off the matter until a more convenient moment. An indifferent attitude toward the problem or the other person is frequently indicative of this type of behavior (Rahim et al., 2000).

In the study of Abd El-Rahman et al (2019), it was found that, when it came to managing conflicts with their peers and clinical instructors, most nursing students adopted compromising and collaborative approaches, while the minority employed competitive approaches. Additionally, the largest proportion of them reported being moderately stressed and having a high level of assertiveness. Additionally, a statistically significant positive link was observed between the overall assertiveness score of nursing students and their clinical teachers' utilization of all conflict management methods. Similarly, there were strong positive connections found between the overall assertiveness score of nursing students and their usage of the cooperating, accommodating, competing, and avoiding conflict management approaches with their peers.

Decision Making

According to earlier psychological research by psychologists, assertiveness is the self-aware aspect of an individual who takes the initiative, demonstrates and maintains self-assured behavior and a positive attitude toward others and himself

while also taking responsibility for his own actions that are directed toward personal (Shiltsova, 2012). According to Wolpe (1958), a high degree of anxiety is a sign that assertiveness has not yet developed, whereas a low level of anxiety is a sign of communication success. Thus, one of the elements of assertiveness is also having a low level of nervousness.

Research on the components of assertiveness called autonomy (making decisions independently) and dominance factors (want to express one's own point of view) have demonstrated that people who are assertive are less likely to follow the herd when assessing their circumstances. Thus, assertive individuals, for instance, assess sporting events based on their own observations rather than those of others (Scheer et al., 1983). As a result, aggressive people are less likely to believe unfavorable information at face value, which is how a bad reputation arises. In high school pupils, Jinsi (2006) found a strong relationship between assertiveness and emotional intelligence. It is crucial to foster aggressive conduct throughout this era of development because the growing phase represents a big developmental leap. Assertive children and adults behave in a happier, more honest, healthier, and less manipulative way. When they grow into adults, they accomplish their goals more successfully because they feel confident. Additionally, highly assertive participants in Bruch's study outperformed participants with low assertiveness in completing tasks of higher complexity, which suggests that assertive people are more likely to view situations from multiple perspectives and use their own methods when making decisions (Bruch, 1981). As assertiveness is "an act of protecting human rights without violating the fundamental rights of others," according to Patricia Jakubowski (Jakubowski-Spector, 1973). It meant keeping things stable in terms of the limits that separate one person's rights from those of others. The first list of fundamental

assertive rights was developed and published by Jakubowski and Lange in 1978. The writers made a distinction between the capacity to recognize and uphold one's rights and the capacity to control oneself from developing a personal, self-centered mindset. Assisting others in getting what they are entitled to is the aim of assertiveness. The idea that one's own rights should be respected and enjoyed without violating the rights of others implies a greater responsibility for others. Every human being has the right, according to the writers, regardless of gender, color, or religious affiliation (Jakubowski & Lange, 1978). One of the rights is the right to take a break. Efficient decision-making and automatic responses are counterproductive in both personal and professional contexts; efficacy and adaptability necessitate time to de-stress, recuperate, and make well-informed decisions based on precise planning, reason identification, and action steps.

Assertiveness helps people make more thoughtful judgments, maintain control over situations, forge close connections, and succeed better academically. It also helps people reach goals, improve communication skills, and feel more competent and self-assured. In their interactions with others, assertive people are more likely to achieve favorable outcomes, prefer to base their findings on their own observations, and are generally happier in their relationships and in life (Postolati, 2017).

In the recent study of El-Sharkawy et al., (2023) aimed to assess the relation between head nurses' assertiveness and their decision-making abilities at Tanta University Hospitals. Most of head nurses (98.3%) as their participants and more than three quarters (77.6%) of staff nurses reported that head nurses had a high level of assertiveness. For the overall decision-making abilities, the majority (93.0%) of head

nurses had a high level of decision-making abilities. There was a positive correlation between head nurses' assertiveness, head nurses' assertiveness as perceived by staff nurses and head nurses' decision making abilities. The authors recommended that the head nurses need to continuously support newly developed assertive behavior to solidify the new pattern of communication.

Self-Esteem

Being assertive boosts our self-esteem and makes us feel good about ourselves. Self-esteem is a person's total sense of value or their emotional evaluation of their self-concept. When someone feels competent, worthy, and capable, their self-esteem is positive. A person who has a healthy sense of self-worth has learnt to accept and even celebrate their shortcomings. A person who has a high sense of self-worth accepts who they are, suffers less anxiety, and interacts with others well. McCabe and Timmins findings in their study on nurses' assertiveness capabilities revealed that although nurses are skilled at using assertive behaviors, their usage is hindered and prevented by specific workplace conditions. The respondents stated that while dealing with nursing supervisors, they employ assertive behavior less frequently than when dealing with other coworkers. According to nurses, nursing management is the primary factor influencing their use of assertive conduct at work. In light of this, a Japanese study demonstrated the significance of the managers' and leaders' personal assertiveness in preventing burnout among nurses (Suzuki et al., 2009). Therefore, a person's degree of self-confidence is greatly influenced by how much they assert themselves. (Timmins & McCabe, 2005).

In a recent study, it is mentioned that nursing education helps future nurses to

have higher level of self-esteem but there is still a need to enhance nurses' self-esteem so that they can be content with their profession and the path that they have chosen. This can be formed during their educational years, to form in their mind that their well-being and mental health also affects their self-esteem (Dancot et al., 2022).

Additionally highlighting the value of self-assurance, a UK study discovered that assertiveness allows one to make their own decisions without resorting to harmful aggressive, manipulative, or passive actions (Lawton & Steward, 2005).

Shrestha conducted another study. It was shown that assertiveness and self-esteem have a positive link among nursing students at Manipal College of Medical Science in Pokhara, Nepal. This means that high assertiveness is positively correlated with high self-esteem. According to studies, those who are more forceful value and respect themselves more (Bal, 2003; Ayaz, 2002; Yilmaz, 2000). Lack of awareness of one's own and one's profession's rights, anxiety brought on by low self-esteem and lack of confidence, hostility, fear of other people, and inadequate self-expression are some of the obstacles that keep nurses from being assertive (Timmins & McCabe, 2005).

The findings of the study of Maheshwari & Gill (2015) shown a positive and significant correlation between assertive behavior and self-esteem. Because assertive conduct influences communication within the healthcare system and self-esteem, nurses should evaluate it on a regular basis. Nurses with low self-esteem and lack of assertiveness may benefit from starting an assertiveness training program or other intervention.

Research involving nurses who treat patients with COVID-19 has shown that several personal traits, including self-esteem, have an impact on resilience (Ou et al.,

2020). Dysfunctional self-esteem can lead to negative psychological consequences, such as inadequate social interactions and insufficient confidence to manage circumstances (Neff, 2011).

In the local setting, Santiago (2021), revealed a strong and favorable correlation between assertiveness and self-esteem. Regular examinations of assertiveness are advised for nurses since it impacts their self-esteem, which in turn leads to the development of therapeutic communication skills. Workshops on assertiveness training or other interventions could be started in order to empower people and raise their levels of self-esteem and assertiveness.

Synthesis




Low self-esteem impacts on hospital and medical settings have been the subject of numerous research that have attempted to characterize assertiveness and self-esteem in nurses. Because they can defend their rights and turn down irrational requests, assertive nurses are more likely to provide good patient care. Conversely, non-assertive and subservient behavior by nurses leads to stress, low self-esteem, and a lack of communicative satisfaction. It significantly affects behavior and psychological responses related to interpersonal interactions, communication style, rivalry or competition, compliance or submission, and how one treats oneself in relation to one's surroundings in general. It demonstrated how crucial self-esteem is to the nursing profession because nurses must interact and communicate with those around them to guarantee that treatment is provided in accordance with protocol.

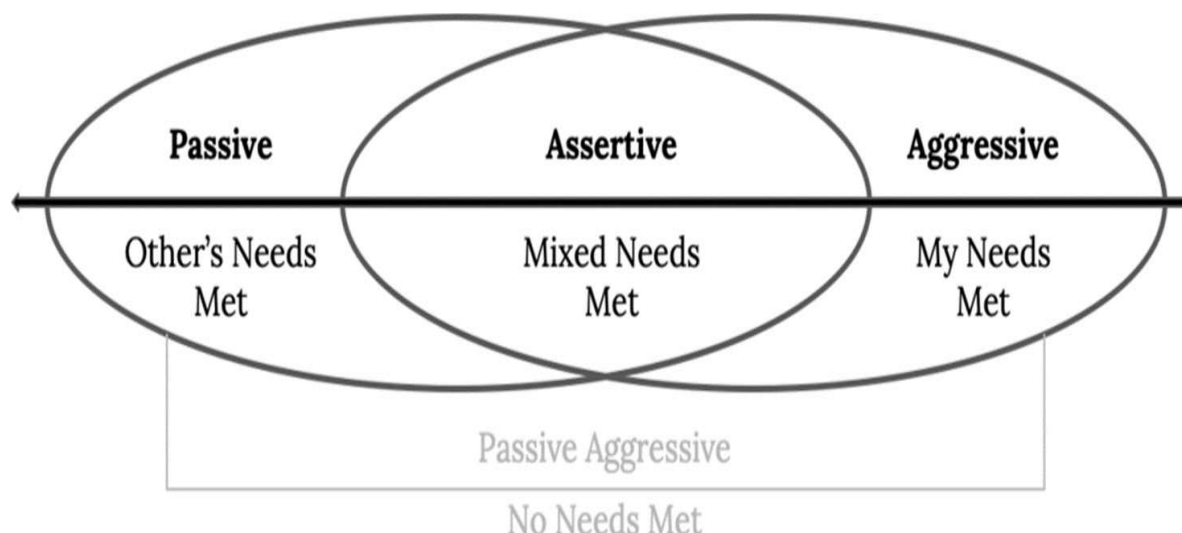
Theoretical Framework

The study's definition of assertive behavior will be based on Alberti and Emmons (2000), who define it as "behavior that enables individuals to act in their own best interests, to stand up for themselves without undue anxiety, to express their honest feelings comfortably, or to exercise their own rights without denying the rights of others." According to Alberti and Emmons (2005), communication that is assertive is far more adaptable than communication that is submissive or hostile. The view that assertiveness promotes "equality in interpersonal relationships, allowing us to act in our own best interests, defend ourselves without feeling overly anxious, freely express our true feelings (needs, wants, or opinions), exercise our personal rights (and place boundaries on others' behavior) without violating, threatening, controlling, or harming others" is well-known from its subsequent definitions (Alberti & Emmons, 2008). Positively viewing people as equals, with the same interpersonal fundamental rights to be respected (Alberti & Emmons, 2008), deserving of respect, and capable of engaging in thought-provoking conversation without casting doubt on their inherent worth or sincerity, is another aspect of assertiveness. Alberti and Emmons are credited with developing the first assertiveness training program. Their goal was to activate human potential rather than treat nervous problems clinically by emphasizing that everyone has the same rights regardless of social standing. The writers contend that regardless of one's socioeconomic advantages, one should never elevate oneself above others in interpersonal relationships. Everybody has the right to be the boss of their own life, to behave in accordance with their own interests and convictions, and to openly express their opinions and sentiments. According to Alberti and Emmons, it is not only desirable but also essential for everyone to acquire an assertive behavior

pattern and sense of self-worth. They also acknowledged that being assertive did not guarantee that one would never have difficulties or failures, but that by facing obstacles head-on and remaining confident, issues could be handled as effectively and as best they could (Alberti & Emmons, 2008).

Figure 1. Relationship of assertive, aggressive, and nonassertive behaviors.

Nonassertive Behavior	Aggressive Behavior	Assertive Behavior
		
<i>Sender</i>	<i>Sender</i>	<i>Sender</i>
Self-denying	Self-enhancing at the expense of another	Self-enhancing
Inhibited	Expressive	Expressive
Hurt, anxious	Controlling	Feels good about self
Allows others to choose	Chooses for others	Chooses for self
Does not achieve desired need or goal	Achieves desired need or goal by hurting others	May achieve desired goal
<i>Receiver</i>	<i>Receiver</i>	<i>Receiver</i>
Guilty or angry	Self-denying	Self-enhancing
Depreciates sender	Hurt, defensive, humiliated	Expressive
Achieves desired need or goal at sender's expense	Does not achieve desired need or goal	May achieve desired need or goal

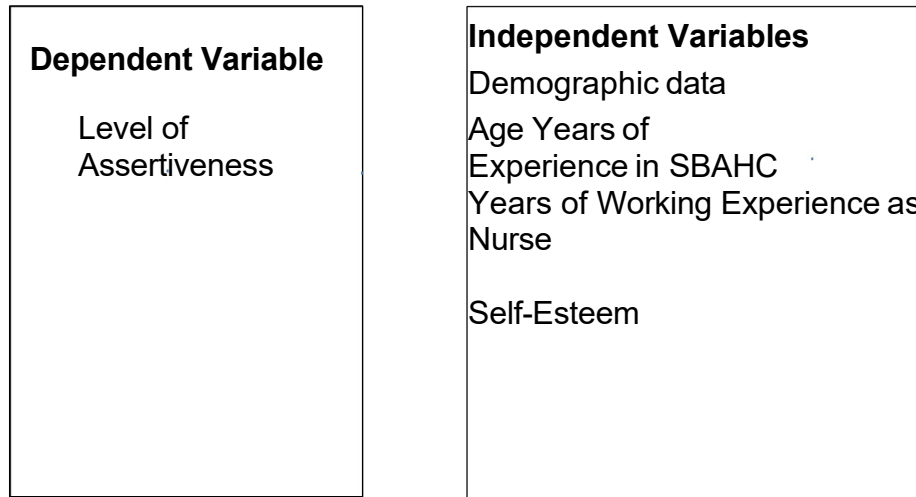


The figure above shows on the lowest end of the spectrum is passive. Other people's needs and desires took precedence over our own in this realm. Everything is given. Conversely, the aggressive domain is characterized by our emphasis on meeting our needs first, taking control of the relationship, and only accepting what we want. Everything is TAKE. The delicate balance between these two extremes is assertiveness. Our wants and the needs of others are brought together by assertiveness. Give and Take are there. It is important to remember that we do not aim to always be at the exact center of the continuum. Rather, our goal is to be in the middle, as shown in the model, where we may adjust the level of assertiveness without going overboard.

Finally, passive-aggressive communication is an environment in which no needs are addressed. Although we are expressing ourselves indirectly and silently in this situation, we are being aggressive (trying to have our demands addressed). We are not articulating our needs clearly or getting to the root of the issue. We are thereby failing to meet not just our own wants but also the needs of others.

Conceptual Framework

Figure 2. The conceptual paradigm shows the relationship of all variables of the study.



Hypotheses

The hypotheses for this study are:

H₁ There is a significant relationship between the levels of assertiveness of nurses and their self-esteem.

H₁ There is a significant relationship in the level of assertiveness of nurses and their demographic profile.

H₁ There is a significant relationship in the level of self-esteem of nurses and their demographic profile.

Operational Definitions

Age - refers to the number of years existed from time of existence (birth) to present (last birthday). Age ranges of nurses is from 24 -55 years old.

Assertiveness - the capacity to communicate freely, honestly, and openly about one's

needs, feelings, and ideas without infringing on the privacy of others.

Assertive communication - is the capacity of nurses to communicate thoughts and emotions to their administration and nurse leaders/managers in an honest, straightforward, and open manner.

Empowering behavior - is to have the ability or the right of nurses to exercise their own power to facilitate the participation of others and including them in the actions to be taken within the team.

Level of Assertiveness – the degree of how assertive the nurses are. This is measured by using the Assertiveness inventory (Alberti and Emmons)

Nurses – refers to all clinical nurses such as Staff Nurses in all levels, nurse managers, charge nurses, and nurse specialists who are working in a Rehabilitation Hospital in Riyadh.

Nurse Managers/Leaders – refers to the head nurses, charge nurses, and nurse specialists who are working in a Rehabilitation Hospital in Riyadh.

Self-Esteem - is described as the capacity for an individual to appraise themselves and, in light of the findings, make decisions about their life, overcome obstacles, and accomplish their objectives.

Chapter III

RESEARCH METHODOLOGY

The researcher will describe and go over the best practices for design, sample selection, data collecting, and analysis in this chapter.

Research Design

This study determined the relationship between the levels of assertiveness of nurses in terms of their assertive communication, empowering behavior, conflict management, decision making and self-confidence and self-esteem in a rehabilitation hospital utilizing the descriptive – correlational research design since this design arises to further refinement of variable measurement or clarification of relationships among variables. A simple descriptive correlational design was used. Finding links between variables and using current knowledge to anticipate future events are the goals of correlational research (Stangor & Walinga, 2019).

Sampling Technique

Surveys and questionnaires were used as the data collection methods with a simple random sample of 150 nurses working in Prince Sultan Humanitarian Hospital in Riyadh being selected as participants in the study.

A concrete inclusion and exclusion criteria were specified before the selection to be performed. The researcher selected participants that fit the defined scope of study.

Inclusion Criteria

- Registered nurses posted as nurses regardless of job title or position in any area or setting in the hospital.

- Minimum of two years continuous experience.
- Either male or female
- Any nationality Aged 22 years old and above.

Exclusion Criteria

- Limited to Prince Sultan Humanitarian Hospital's Nurses.
- Nurse Aides

Nurses from Prince Sultan bin Abdulaziz Humanitarian City Hospital were chosen as participants. The hospital's Human Resources Department provided the names of all qualified nurses to the researcher. This list of nurses served as a sample frame from which the researcher will randomly choose nurses by "picking the numbers out of a hat"—that is, by giving each name a number (Proctor et al., 2011).

Research Setting

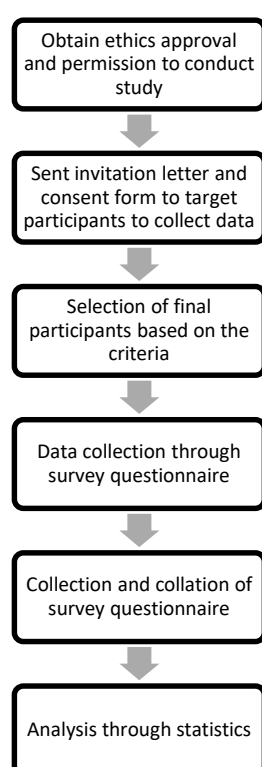
The study was conducted in a semi government hospital, a 500-bed capacity specializing in Rehabilitation and Medical services located in Banban, Riyadh. The services are extended in the Riyadh region in a specialized center (SCMC) and Home Health Care services. The hospital has an inpatient and outpatient setting. The patient has 8 Pediatric Units, 2 Spinal Cord injury unit, 2 Stroke Unit, 2 Brain Injury unit, 3 Surgical units, 1 Wound Care Unit and 2 Women's health unit. All Inpatient units have 25 bed capacity. Around 151 nurses out of 350 total number of nurses employed in the hospital responded and participated to the survey study. After filtering, only 148 to 149 has completed the questionnaire. Outpatient settings consist of Surgical/Operating areas, Intensive Care Unit and Ambulatory/Clinic settings. In which this research focused on all Nurses regardless of work location as long as employed under the Sultan Bin Abdelaziz Humanitarian City.

Data Collection

Before obtaining participant consent, letters of authorization were given to the boards to conduct the study. The letter was addressed to the CEO of the Hospital, Ethics Committee and Director of Nursing. This study was approved by the ethics review board and all request letters were received back with a positive response to conduct the study. After all requests were granted, a letter of invitation in a consent form was given to all selected nurses, inviting them to participate in the study. The letter provided a brief explanation of the study's goals, the requirements for participation, participant rights, and a brief statement about the confidentiality of the discussion, allowing participants to ask any questions. Using this consent letter form, which the study participant needs to read, sign, and send back to the researcher. The researcher gave themselves a week before choosing the final participants to make sure there was enough time to consider the participant's decision to participate in the study and to allow for any questions or concerns. This allowed ample time for all nurse leaders and managers to receive, to read and to return the invitation to a final decision.

Data was collected utilizing an electronic online survey and questionnaires that were sent through Microsoft forms and link were shared to 150 nurses working at Prince Sultan Humanitarian Hospital in Riyadh being selected as participants in the study.

Figure 3. Schematic Diagram of Data Collection Procedure.



Research Instrument

The data gathering instruments utilized questionnaires for the participants and statistical instrumentations for the evaluation of the data gathered. The questionnaire was researcher-made and comprised three (3) parts: nurses' profile or demographic data, Rosenberg Self-Esteem Scale and Assertiveness inventory (Alberti and Emmons) to be given to a selected sample of nurses (n=150).

Morris Rosenberg, a psychologist, created the 10-item Rosenberg Self-Esteem Scale in 1965. It is the most widely used self-esteem metric in research. The response's total score might vary from 10 to 40. The scale goes from 0 to 4, with 0 denoting "strongly disagree" and 4 denoting "strongly agree." Higher scores correlate with higher levels of self-esteem, where 0–20 is seen as low, 21–33 as normal, and 34–40 as high (Rosenberg, 1965). Numerous investigations conducted in a range of

cultural contexts have demonstrated reliability, with alpha reliabilities ranging from 0.72 to 0.90 (Joy et al., 2023).

A set of questions called the Assertiveness Inventory can be used to gauge someone's assertiveness. Taking this inventory could help them become more conscious of how they behave when they should be responding assertively. The questionnaire included the following rating systems: 0 = no or never; 1 = somewhat or occasionally; 2 = average; 3 = generally or a fair deal; and 4 = almost always or totally.

Items 1, 2, 4, 5, 6, 7, 9, 10, 11, 12, 14, 15, 16, 17, 18, 19, 21, 22, 24, 25, 27, 28, 30, and 35. These questions are oriented toward nonassertive behavior. While 3, 8, 13, 20, 23, 26, 29, 31, 32, 33, and 34 are questions are oriented towards aggressive behavior.

Plan for Data Analysis

The statistical package for social sciences (SPSS) software (Version 20) was used to examine the data. The goal of the data analysis was to gather as much data as possible that was relevant to the research topics, specifically the assertiveness level of nurses. The questionnaire was divided into two sections: Section B (Likert scale), where numbers were assigned to attributes, and Section A (Demographic data), which employed nominal measurements; Burns & Grove, 2009)

Table 1*Objectives and Statistical Analysis Utilized*

Objectives	Statistical Analysis
Objective 1	Ordinal measurement, descriptive statistics
Objective 2	Ordinal measurement, descriptive statistics
Objective 3	Ordinal measurement, inferential statistics
Objective 4	Nominal measurement, inferential statistics

Data Management

The collected data was transformed into useful information (Egger & Carpi, 2008). The results that will be presented in the next chapter were based on quantitative data analysis, containing both descriptive and inferential statistics. Measurements of variability such as standard deviation and average range were included in descriptive statistics, as were measurements of central tendency (averages expressed as mean, median, and mode). These figures give a summary of the information gathered and applied to the study (Hunter & Leahey, 2008).

Ethical Considerations

The ethics and higher degree committees of the Sultan Bin Abdelaziz Hospital Research Center Committee and the Faculty of FMDS at the University of the Philippines Open University reviewed and approved the proposed research project. Their roles included overseeing and evaluating the ongoing research's adherence to ethical standards.

Participants were given complete control over whether or not to participate; no coercion was used. There was no discrimination during the research. To protect participants, the inclusion criteria were carefully examined.

Before they participated, they were given all the information they needed to understand the goal of the study, its advantages and disadvantages, any possible injury or pain, how long it would take them to complete the survey, and how the data would be collected. Participants could leave at any moment for any reason. To ensure privacy, each consent form had a unique code that could be matched to all other records pertaining to specific participants. After the forms were finished, all instruments were gathered, and the informed consent was separated from each questionnaire and placed in a sealed envelope. Participants were given the researcher's email address and phone number in case they had any questions about the thesis' progress.

The researcher approached participants about the study with their consent, and they responded at a time that worked best for them. The only possible risk is that the survey took up the participant's personal time and required their undivided attention. Other than being able to contribute to the goal of improving nursing procedures, there was no immediate advantage for the participants.

Chapter IV

RESULTS AND DISCUSSION

The data presented in this chapter was organized to address the research objectives. Data was analyzed by means of SPSS and results were related to several reviewed literature for further discussion.

Demographic Profile of Respondents

Table 2

Sociodemographic Profile of the Respondents (N=149)

Characteristics	Mean	Standard Deviation
Age	34.68	12.084
Years of Experience in SBAHC	7.584	5.4875
Years of Working Experience as a Nurse	11.70	6.489

There are a total of 150 respondents who participated in the study but only 149 questionnaires were considered in the data analysis since one participant did not finish answering the questionnaire. Majority of the respondents were from the age group of middle to late adults (*Mean (M) =34.68, Standard Deviation (SD)=12.084*). In terms of years of experience in SBAHC (*M=7.584, SD=5.4875*), most of the respondents have experience for more than five years. Although the majority of respondents had more than ten years of experience in the nursing field. It's possible that in this study, age, years of experience, and length of service all correlated, with younger people generally having less years of experience and longer service.

Self Esteem

Self-esteem is an assessment of our general, positive or negative, self-perception. Positive self-perception is associated with high self-esteem, whilst

negative self-perception is associated with poor self-esteem (Park & Park, 2019). According to Dimunova et al (2020), The degree to which people value and accept who they are and have a healthy relationship with themselves is measured by their self-esteem. Feedback from the social environment has a big impact on one's sense of self-worth. The table 2 below presents the mean and standard deviation of the Rosenberg Esteem Scale responses from the participants.

Table 3

Mean and Standard Deviation of Rosenberg Esteem Scale Responses

Variables	Mean	Standard Deviation
On the whole, I am satisfied with myself	3.34	0.555
At times I think I am no good at all.	2.70	0.723
I feel that I have a number of good qualities.	3.23	0.562
I am able to do things as well as most other people.	3.15	0.612
I feel I do not have much to be proud of.	3.06	0.737
I certainly feel useless at times.	3.01	0.834
I feel that I'm a person of worth, at least on an equal plane with others.	3.19	0.651
I wish I could have more respect for myself.	2.40	0.950
All in all, I am inclined to feel that I am a failure	1.67	0.775
I take a positive attitude toward myself.	3.45	0.711

For the Esteem Scale, the highest mean score is the statement “*I take a positive attitude toward myself*” (M=3.45) while the lowest is the statement “*All in all, I am inclined to feel that I am a failure*” (M=1.67). This implies that most of the respondents have a positive attitude towards their self-esteem since they are not thinking about

failure or likely to fail. This is similar to the study of Godse & Thokchom (2020) wherein they stated that an individual's overall subjective emotional evaluation of their own worth always reflects in self-esteem. The individual made choices for attitude towards himself. A person who has positive feelings about himself or herself will have more self-esteem.

Additionally, Feng et al. (2108) demonstrate that nurses who have a high sense of self-worth typically possess more resources for career adaptation and, as a result, are more engaged in their work. On the other hand, low-self-esteem nurses show few coping mechanisms and believe their work environment is uncontrollable; these traits raise their risk of psychological distress.

Table 4

Correlation between Age and Self Esteem

Variables	Pearson Correlation	Sig (2-tailed)
On the whole, I am satisfied with myself	0.150	0.068
At times I think I am no good at all.	0.067	0.416
I feel that I have a number of good qualities.	0.111	0.178
I am able to do things as well as most other people.	0.094	0.255
I feel I do not have much to be proud of.	0.036	0.667
I certainly feel useless at times.	0.122	0.139
I feel that I'm a person of worth, at least on an equal plane with others.	0.225	0.006
I wish I could have more respect for myself.	0.085	0.303
All in all, I am inclined to feel that I am a failure	-0.062	0.455
I take a positive attitude toward myself.	0.076	0.360

The table above shows the relationship of the age of the respondents as to their

level of self-esteem. There is no significant relationship between their age on the following items: item 1 ($r=.150$, $p>.05$), item 2 ($r=.067$, $p>.05$), item 3 ($r=.111$, $p>.05$), item 4 ($r=.094$, $p>.05$), item 6 ($r=.122$, $p>.05$), item 7 ($r=.225$, $p>.05$), item 8 ($r=.085$, $p>.05$), item 9 ($r=-.062$, $p>.05$) and item 10 ($r=0.76$, $p>.05$). There is only a significant relationship between age and item 5 (*I feel I do not have much to be proud of*) ($r=.036$, $p>.05$). Age is the length of time something has existed, or a person has lived. Self-esteem generally rises in focus and on time during childhood, stays constant (but does not decline) during adolescence, increases significantly in young adulthood, keeps growing during focus adulthood, peaks between the ages of 60 and 70, and then declines in development, with a more severe decline in status after that (Orth, Erol, & Luciano, 2018).

Age and Item 7, "I feel that I'm a person of worth, at least on an equal plane with others," differ significantly. The average level of self-esteem varies throughout life in tandem with changes in an individual's capabilities (social, cognitive, etc.) and environmental factors (social, economic, etc.) (Ogihara & Kusumi, 2020). In a study by Robins et al (2002), They discovered that while self-esteem is high during childhood, it falls during adolescence and then rises again during maturity. Subsequently, self-esteem reaches its peak in the mid-60s and then begins to decline. According to this research, nurses who believe they are valuable individuals in an equal position with others may have an average degree of self-esteem depending on their age.

Table 5*Correlation between Years of Work Experience in SBAHC and Self Esteem*

Variables	Pearson Correlation	Sig (2-tailed)
On the whole, I am satisfied with myself	0.150	0.068
At times I think I am no good at all.	0.067	0.416
I feel that I have a number of good qualities.	0.111	0.178
I am able to do things as well as most other people.	0.094	0.255
I feel I do not have much to be proud of.	0.036	0.667
I certainly feel useless at times.	0.122	0.139
I feel that I'm a person of worth, at least on an equal plane with others.	0.225	0.006
I wish I could have more respect for myself.	0.085	0.303
All in all, I am inclined to feel that I am a failure	-0.062	0.455
I take a positive attitude toward myself.	0.076	0.360

Table 5 above presents the correlation between the nurses' years of work experience in SBHAC and their self-esteem. There is no significant relationship between this variable and on the following items: item 1 ($r=.093$, $p>.05$), item 3 ($r=-.003$, $p>.05$), item 5 ($r=-.026$, $p>.05$), item 7 ($r=.145$, $p>.05$), item 8 ($r=.119$, $p>.05$), item 9 ($r=-.056$, $p>.05$) and item 10 ($r=.067$, $p>.05$). There is a significant relationship between this variable and item 2 "*At times I think I am no good at all.*" ($r=.067$, $p>.05$), item 4 "*I am able to do things as well as most other people*" ($r=.015$, $p>.05$), and item 6 "*I certainly feel useless at times.*" ($r=.026$, $p>.05$). In the study of Serafin et al (2022), it has been determined that novice nurses have poor levels of self-esteem. Higher competency level nurses have poorer self-esteem.

The majority of research participants have over five years of SBHAC experience. Thus, boosting new nurses' self-esteem should go hand in hand with improving competence early in nursing practice, which is critical for patient outcomes.

Table 6*Correlation between Years of Work Experience as a Nurse and Self Esteem*

Variables	Pearson Correlation	Sig (2-tailed)
On the whole, I am satisfied with myself	0.111	0.178
At times I think I am no good at all.	0.109	0.186
I feel that I have a number of good qualities.	0.014	0.869
I am able to do things as well as most other people.	0.001	0.987
I feel I do not have much to be proud of.	0.018	0.829
I certainly feel useless at times.	0.074	0.370
I feel that I'm a person of worth, at least on an equal plane with others.	-0.003	0.973
I wish I could have more respect for myself.	0.155	0.059
All in all, I am inclined to feel that I am a failure	0.034	0.678
I take a positive attitude toward myself.	0.006	0.947

Table 6 presents the correlation between years of work experience of the respondents as a nurse and their self-esteem. There is no significant relationship between this variable and on the following items: item 1 ($r=.111$, $p>.05$), item 2 ($r=.109$, $p>.05$), item 6 ($r=-.074$, $p>.05$), and item 8 ($r=.155$, $p >.05$). There is a significant relationship between item 3 *"I feel that I have a number of good qualities"* ($r=.014$, $p >.05$) and the respondents' years of experience.

There is a significant relationship between item 4 *"I am able to do things as well as most other people"* ($r=.001$, $p >.05$) and their experience as a nurse. Also, in Item 5 *"I feel I do not have much to be proud of"* ($r=.018$, $p > .05$).

There is a negative correlation between item 7 *"I feel that I'm a person of worth, at least on an equal plane with others"* ($r=-.003$, $p >.05$). When two variables or components constantly move against each other, they are said to have a negative correlation.

Positive correlation between item 9 *"All in all, I am inclined to feel that I am a*

failure” ($r=.034$, $p>.05$), as well as item 10 “*I take positive attitude toward myself*” ($r=.006$, $p>.05$). It is hypothesized that people's experiences at work have an impact on their self-esteem, and that self-esteem has an impact on work experiences. The study by Krauss & Orth (2021) shows a reciprocal relationship between the dimensions as their meta-analysis thoroughly synthesizes the available evidence on the relationship between people's job experiences and their self-esteem. Therefore, the results imply that individuals' work experiences are influenced by their degree of self-esteem in addition to the fact that success or failure in the workplace has an impact on people's self-esteem. Furthermore, the findings even suggested that the relationship between job experiences and self-esteem is somewhat stronger than the relationship between work experiences and self-esteem.

Assertiveness Inventory (Non-Assertive Behaviors)

Table 7

Mean and Standard Deviation of Assertiveness Inventory Responses (N=149)

Variables	Mean	Standard Deviation
1. When a person is highly unfair, do you call it to attention?	1.85	0.81
2. Do you find it difficult to make decisions?	1.12	0.64
4. Do you speak out in protest when someone takes your place in line?	1.21	0.84
5. Do you often avoid people or situations for fear of embarrassment?	2.06	0.68
6. Do you usually have confidence in your own judgment?	1.70	1.04
7. Do you insist that your spouse or roommate take on a fair share of household chores?	1.16	0.81
9. When a salesperson makes an effort, do you find it hard to say “no” even though the merchandise is not really	1.56	0.75

what you want?

10. When a latecomer is waited on before you are, do you call attention to the situation?	1.16	0.77
11. Are you reluctant to speak up in a discussion or debate?	1.60	0.88
12. If a person has borrowed money (or anything of value) and is overdue in returning it, do you mention it?	1.96	0.77
14. Do you generally express what you feel?	1.32	0.91
15. Are you disturbed if someone watches you at work?	2.02	0.91
16. If someone keeps ticking or bumping in your chair in a movie or lecture, do you ask the person to stop?	.76	0.84
17. Do you find it difficult to keep eye contact when talking to another person?	1.64	0.89
18. In a good restaurant, when your meal is improperly prepared or served, do you ask the waiter/waitress to correct the situation?	2.06	0.81
19. When you discover merchandise is faulty, do you return it for an adjustment?	2.06	0.81
21. Do you try to be a wallflower or a piece of furniture in social situations?	.82	0.71
22. Do you insist that your property manager make repairs, adjustments, or replacements which are his/her responsibility?	1.64	0.92
24. Are you able to express love and affection properly?	2.08	0.81
25. Are you able to ask your friends for small favors or help?	1.74	0.76
27. When you differ with a person you respect, are you able to speak up for your own viewpoint?	1.83	0.73
28. Are you able to refuse unreasonable requests made by friends?	1.79	0.85
30. If you are disturbed by someone smoking near you, can you say so?	1.76	0.90
35. When you meet a stranger, are you the first to introduce yourself and begin a	1.09	0.82

conversation?

Table 7 above shows the mean and standard deviation of the assertiveness inventory scale questions that are oriented toward nonassertive behaviors. Of all the questions, the highest mean score is when the respondents were asked if they can express love and affection properly ($M=2.08$, $SD=0.81$). Most of them usually express their love and affection properly. This is because the foundation of professional nursing is compassion. Respect and affection are combined to provide care when engaging with others (Adib-Hajbaghery & BolandianBafghi, 2020).

Findings also found that the respondents frequently stay away from persons or circumstances because of humiliation ($M=2.06$, $SD=0.68$). Shame is a common experience and struggle for nurses in their work lives. It lowers their sense of value, which negatively impacts their mental health and productivity at work. Some nurses react to mistakes they make at work by blaming others or themselves, or they may feel embarrassed of themselves. Because of this guilt, nurses find it difficult to accept their errors or may even feel compelled to conceal them (Laurent et al., 2014). Thus, most of them answered just to avoid embarrassment.

There is also the same mean regarding asking the waiter/waitress to correct the situation in a restaurant ($M=2.06$, $SD=0.81$). This is also one of the factors that can be considered in being assertive. Being able to express wants and feelings openly and honestly while yet showing people respect and regard is what it means to be assertive. You do not feel the need to apologize or apologize when you defend your rights and yourself. Assertiveness is essentially accepting accountability for meeting your own needs in a way that upholds the dignity of others. (Assertive Communication, n.d.).

Table 8*Correlation between Age and Assertiveness of Nurses (N=149)*

Variables	Pearson Correlation	Sig 2-tailed
Item 1.	-0.076	0.361
Item 2.	0.134	0.105
Item 4.	0.053	0.526
Item 5.	0.037	0.655
Item 6.	-0.059	0.476
Item 7.	0.014	0.867
Item 9.	0.079	0.338
Item 10.	0.69	0.406
Item 11.	0.239	0.003
Item 12.	-0.019	0.820
Item 14.	-0.077	0.353
Item 15.	0.-019	0.822
Item 16.	0.037	0.659
Item 17.	0.095	0.252
Item 18.	-0.056	0.499
Item 19	-0.21	0.798
Item 21.	0.145	0.109
Item 22.	0.012	0.883
Item 24.	-0.051	0.540
Item 25.	0.117	0.157
Item 27.	0.101	0.224
Item 28.	0.174	0.035
Item 30.	0.064	0.438

*. Correlation is significant at the 0.05 level (2-tailed).

Findings suggest that there is a correlation between age and the respondents often avoiding people or situations for fear of embarrassment ($r=.037$, $p > .05$). In the previous section, it was mentioned that nurses experience and struggle with shame in their professional lives. With age, most respondents might have experienced embarrassing situations before that they do not want to repeat again thus avoiding instances not just in fear, but they also have learned not to be in those situations.

There is a correlation between insisting that their spouse or roommate take on a fair share of household chores and their age ($r=.014$, $p>.05$). This is also included in one of the principles of assertive behavior which is effective communication. The three most important traits in this situation are being honest, open, and direct in conversation—but never at the price of another person's feelings (Rakhmatullaevna, 2018).

Table 9

Correlation between Years of Experience in SBAHC and Assertiveness of Nurses (N=148)

Variables	Pearson Correlation	Sig 2-tailed
Item 1.	0.087	0.290
Item 2.	0.095	0.250
Item 4.	-0.087	0.294
Item 5.	0.097	0.238
Item 6.	-0.105	0.203
Item 7.	0.090	0.275
Item 9.	-0.042	0.608
Item 10.	-0.60	0.468
Item 11.	0.157	0.055

Item 12.	0.006	0.946
Item 14.	-0.046	0.577
Item 15.	-0.015	0.853
Item 16.	-0.055	0.502
Item 17.	0.254	0.002
Item 18.	-0.213	0.010
Item 19	0.109	0.185
Item 21.	-0.020	0.811
Item 22.	-0.164	0.045
Item 24.	0.045	0.585
Item 25.	0.098	0.235
Item 27.	0.068	0.410
Item 28.	-0.050	0.543

*. Correlation is significant at the 0.05 level (2-tailed).

The association between the respondents' years of work experience in SBAHC and assertiveness is shown in Table 9 above, along with the question "If a person has borrowed money (or anything of value) and is delayed in returning it, do you discuss it? ($r=.006$, $p>.05$). Additionally, in their ability to approach friends for assistance or minor favors ($r=.045$, $p>.05$). Since nursing is an interpersonal process involving people, the capacity to build relationships with others is extremely important in the nursing sector. It is impossible to develop a therapeutic relationship or carry out nursing intervention without efficient communication between the nurse and the patient (King, 2007)

According to one study, a critical person possesses a mental development level that enables him to control his actions and conduct. A fully developed individual is defined by their own beliefs and dispositions, moral standards, and judgments that

help them become comparatively steady and unaffected by external circumstances (Rakhmatullaevna, 2018).

Table 10

Correlation between Years of Experience Working as a Nurse and Assertiveness

Variables	Pearson	Sig 2-tailed
Item 1.	-0.057	0.492
Item 2.	0.081	0.326
Item 4.	0.018	0.832
Item 5.	0.111	0.177
Item 6.	-0.129	0.117
Item 7.	0.003	0.974
Item 9.	-0.021	0.800
Item 10.	0.011	0.895
Item 11.	0.231	0.005
Item 12.	0.080	0.332
Item 14.	-0.083	0.312
Item 15.	0.031	0.710
Item 16.	-0.063	0.449
Item 17.	0.175	0.033
Item 18.	-0.164	0.047
Item 19	-0.046	0.578
Item 21.	0.090	0.274
Item 22.	0.052	0.528
Item 24.	-0.044	0.595
Item 25.	0.084	0.308
Item 27.	0.145	0.077
Item 28.	0.040	0.632
Item 30.	0.014	0.865

*. Correlation is significant at the 0.05 level (2-tailed).

Table 10 presents the correlation between the years of work experience as a nurse and their assertiveness. Results show that there is a correlation between the length of their work experience and speaking out in protest when someone takes their place in a line ($r=.018$ $p>.05$) which pertains to conflict management and decision-making.

Findings also show a relationship between insisting that your spouse or roommate take on a fair share of household chores and length of experience as a nurse ($r=.003$ $p>.05$). As well as calling attention to a situation about latecomers ($r=.011$ $p>.05$) and being able to refuse unreasonable requests made by friends ($r=.040$, $p>.05$). Because nurses find it difficult to say no, assertiveness helps them manage their stress, particularly if they have a tendency to take on too many duties. An effective and diplomatic communication style that is built on mutual respect and assertiveness is essential for nurses to control their stress and anger as well as to enhance their coping mechanisms (Elder, Evans and Nizette, 2013).

Results show that there is a correlation between this demographic data and being disturbed if someone watches them at work ($r=.031$ $p>.05$) and saying that they are disturbed by someone smoking ($r=.014$, $p>.05$). This also encompasses the conflict management factor.

Assertiveness Inventory (Aggressive Behaviors)

Table 11

Mean and Standard Deviation of Assertiveness Inventory Responses (Aggressive Behaviors) (N=149)

Variables	Mean	Standard Deviation
3. Are you openly critical of others' ideas, opinions, behavior?	1.82	0.916
8. Are you prone to "fly off the handle"?	0.88	0.775
13. Do you continue to pursue an argument after the other person has had enough?	0.66	0.776
20. Do you show your anger by name-calling or obscenities?	0.67	0.809
23. Do you often step in and make decisions for others?	0.81	0.759
26. Do you think you always have the right answer?	1.21	0.867
29. Do you have difficulty complimenting or praising others?	0.49	0.742
31. Do you shout or use bullying tactics to get others to do as you wish?	0.28	0.626
32. Do you finish other people's sentences for them?	0.79	0.887
33. Do you get into physical fights with others, especially with strangers?	0.21	0.552
34. At family meals, do you control the conversation?	0.85	0.811

Table 11 above presents the mean and the standard deviation of the second part of the assertiveness inventory that were pointed towards aggressive behaviors. The highest mean is (M=1.82, SD=916), wherein respondents are usually openly critical of others' ideas, opinions, and behavior. The second one is thinking that they always have the right answer (M=1.21, SD=867). This point out that they have the confidence to be critical as well as showing that they are knowledgeable and skilled enough to communicate their responses and think that they always have the right answers.

The lowest mean score is (M=.21, SD=.552), this means that the respondents

never get into physical fights with others, especially with strangers. It can be said that their level of aggression is not within this bracket, and they tend to resolve conflict in a more assertive manner than aggression. This is also consistent with the findings of Gaumer et al. (2016), who defined assertive behavior as an honest expression of oneself free from hostility, anxiety, or inactivity and aimed at optimizing interpersonal interactions.

Table 12

Correlation Between Age and Assertiveness Inventory Responses (Aggressive Behaviors) (N=149)

Variables	Pearson	Sig 2-tailed
Item 3.	0.015	0.854
Item 8.	-0.012	0.889
Item 13.	0.111	0.180
Item 20.	0.115	0.163
Item 23.	-0.018	0.831
Item 26.	0.053	0.522
Item 29.	-0.179	0.030
Item 31.	-0.042	0.612
Item 32.	0.060	0.470
Item 33.	-0.018	0.827
Item 34.	-0.015	0.852

Table 12 above presents the correlation between age and the assertiveness inventory items pointed towards aggression. Like the previous results, there is a correlation between being critical of other's ideas, opinions, and behavior and the respondents' age ($r=.015$, $p>.05$). Aside from these there are no other items that have relationship with the respondents' age. It can be stated that since the respondents are

all adults, they are not aggressive persons. An aggressive person puts himself first at the expense of others, overpowers others, says and obtains what they want at the price of others' needs, dominates others, and defends their rights without considering the rights of others (Immanuel, 2019).

Table 13

Correlation Between Years of Experience in SBHAC and Assertiveness Inventory Responses (Aggressive Behaviors) (N=149)

Variables	Pearson	Sig 2-tailed
Item 3.	0.073	0.375
Item 8.	0.011	0.896
Item 13.	0.024	0.771
Item 20.	0.017	0.838
Item 23.	-0.068	0.409
Item 26.	-0.001	0.990
Item 29.	0.040	0.631
Item 31.	-0.071	0.392
Item 32.	0.056	0.495
Item 33.	0.010	0.907
Item 34.	-0.074	0.367

Table 13 presents the correlation between years of experience in SBAHC and assertiveness inventory items that are geared towards aggression. There is a correlation between this demographic and being fly off the handle ($r=.011$, $p>.05$). Fly off the handle means losing temper suddenly and unexpectedly. There is also correlation when it comes to pursuing an argument after the other person has had enough ($r=.024$, $p>.05$) and having difficulty complimenting or praising others ($r=.040$, $p>.05$). The ability to respectfully advocate for your own interests while respecting the

rights and viewpoints of others is known as assertiveness. It follows that the association between assertiveness and job performance in organizational contexts is not surprising, given the importance of assertiveness in fostering and sustaining strong working relationships as well as productive teamwork (Riggio et al., 2003). However, these items are linked more into aggressive behavior, the work setting might have a factor on why they have certain responses.

Table 14

Correlation Between Years of Experience as a Nurse and Assertiveness Inventory Responses (Aggressive Behaviors) (N=149)

Variables	Pearson	Sig 2-tailed
Item 3.	0.017	0.842
Item 8.	0.043	0.608
Item 13.	0.100	0.227
Item 20.	0.006	0.944
Item 23.	-0.049	0.555
Item 26.	0.047	0.569
Item 29.	-0.058	0.487
Item 31.	-0.087	0.294
Item 32.	0.009	0.911
Item 33.	-0.059	0.471
Item 34.	-0.033	0.689

Table 14 above presents the correlation between years of experience as a nurse and assertiveness inventory items regarding aggressive behaviors. There is a correlation between this demographic data and being openly critical of others' ideas, opinions, and behavior ($r=.017$, $p>.05$). Being critical is one of the highlights of being assertive. It illustrates how someone can act confidently while undervaluing other

people. Everyone benefits from being forceful. It is simply described as expressing one's own viewpoint that upholds an individual's rights without infringing upon those of others (Mushtaq, 2018).

Chapter V

CONCLUSION AND RECOMMENDATIONS

Summary of Findings

This study aimed to determine the relationship between the levels of assertiveness of nurses in terms of their assertive communication, empowering behavior, conflict management, decision making and self-confidence and self-esteem in a rehabilitation hospital utilizing the descriptive – correlational research design since this design arises to further refinement of variable measurement or clarification of relationships among variables.

The study was conducted in a semi government hospital, a 500-bed capacity specializing in Rehabilitation and Medical services located in Banban, Riyadh. The services are extended in the Riyadh region in a specialized center (SCMC) and Home Health Care services. The data gathering instruments utilized questionnaires for the participants and statistical instruments for the evaluation of the data gathered. The questionnaire was researcher-made and comprised three (3) parts: nurses' profile or demographic data, Rosenberg Self-Esteem Scale and Assertiveness inventory (Alberti and Emmons) to be given to a selected sample of nurses (n=150). The goal of the data analysis was to gather as much data as possible that was relevant to the research topics, specifically the assertiveness level of nurses.

There are a total of 149 respondents who participated in the study by answering the questionnaires. Most of them are female nurses within the middle age group bracket. Most of them have 10 years of experience working as a nurse and have been working in SBAHC for five years. For the Esteem Scale, the highest mean score is the statement *"I take a positive attitude toward myself"* (M=3.45) while the lowest is the statement *"All in all, I am inclined to feel that I am a failure"* (M=1.67). Implying that most of the respondents have a positive mindset towards self-esteem.

In terms of the correlation between the demographic profile and self-esteem, there are relationships between items that show a negative self-esteem level on age and years of experience working as nurse in SBAHC. It has been determined that novice nurses have poor levels of self-esteem. Lower self-esteem was demonstrated by nurses with fewer years of experience.

In terms of the assertiveness inventory responses, it was divided into non-assertive behaviors and aggressive behaviors. Based on the results, it can be implied that the nurses in the rehabilitation center have a mid-level of assertiveness and they are not leaning towards aggression.

Conclusion

In this present study, it can be concluded that most of the nurses in this research were assertive, and their level of assertiveness is correlated with their age, years of experience in SBAHC and their length of experience as a nurse.

The findings support the notion that nurses who communicate assertively are better able to comprehend and acknowledge their emotions, win the respect of others, communicate more effectively, make better decisions, and build sincere connections.

On the other hand, there is also a correlation on their aggressive behavior with their age, years of experience in SBAHC and their length of experience as a nurse.

Research has indicated that nurses possess a moderate level of assertiveness, despite its critical role in safe and effective nursing practice and the provision of high-quality healthcare. Thus, educational initiatives are required to support their assertiveness and communication abilities. Nurse-patient interactions, the standard of care, and patient outcomes can all be enhanced by raising nurses' awareness of and proficiency in assertiveness and communication techniques.

Recommendations

It is recommended that nurse managers and leaders foster an environment that allows nurses to perform assertive behaviors, as they play a crucial role in facilitating or impeding the assertiveness of their staff. To foster good self-esteem, nurses should practice assertive conduct and communication on a regular basis. The nurses may receive assertiveness training to boost their self-esteem.

Our hospital endorses and promotes building a strong positive safety culture. Safety Culture Surveys are done annually to highlight areas of weaknesses and strengths. Developed action plan in rectifying areas for improvement, Review trends in patient safety culture change over time. Analyses the trends in incident reporting & EOC (Environment of Care) rounds and reports in a timely manner. Educating leaders & all staff through the various Educational Sessions is being conducted within the organization in collaboration with the Education and Staff Development. Engagement of leaders & all staff through the linking system in all areas. Involve the frontline staff in conversations about the safety survey results and strategies to optimize the culture

of safety in their work area. The leadership will conduct Leadership Safety Walk Rounds and engage with the frontline staff on safety concerns and risk reduction strategies. In addition, a Tere huddle which is structured communication is also conducted daily to effectively streamline the flow of information, improving collaboration, care coordination, improving safety and ensuring optimal patient outcomes. Assertive communication of nurses is highly suggested and essential in promoting the safety culture.

To evaluate the effects of assertive training on nurses' assertive behavior and self-esteem, a longitudinal study comparing various interventional strategies may be undertaken. Additional research is needed to explore the factors that may enhance nurses' assertiveness and other factors that may affect their work as hospital nurses.

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Appendices

APPENDIX A

Demographic Information (English)

Respondent's Profile

Name: (optional) _____

Age: _____

Gender: ☐ Male ☐ Female

Nationality : _____

Civil Status: ☐ Single ☐ Married
☐ Separated ☐ Widow/ Widower

Highest Educational Attainment:
☐ Elementary Level ☐ College Level
☐ Elementary Graduate ☐ College Graduate
☐ High School Level ☐ Master's Degree
☐ High School Graduate ☐ Doctoral Degree

Years of Experience in SBAHC: _____

Unit Assigned: _____

Job position/specialty: _____

2. Assertiveness Inventory

APPENDIX B

Assertiveness Inventory

Assertiveness Inventory

Robert E. Alberti and Michael L. Emmons

The following questions will be helpful in assessing your assertiveness. Be honest in your responses. All you have to do is draw a circle around the number that describes you best. For some questions the assertive end of the scale is at 0, for others at 3. Key: 0 means no or never; 1 means somewhat or sometimes; 2 means usually or a good deal; and 3 means practically always or entirely.

1. When a person is highly unfair, do you call it to attention?
2. Do you find it difficult to make decisions?
3. Are you openly critical of others' ideas, opinions, and behavior?
4. Do you speak out in protest when someone takes your place in line?
5. Do you often avoid people or situations for fear of embarrassment?
6. Do you usually have confidence in your own judgement?
7. Do you insist that your spouse or roommate take on a fair share of household chores?
8. Are you prone to "fly off the handle"?
9. When a salesperson makes an effort, do you find it hard to say "no" even though the merchandise is not really what you want?
10. When a latecomer is waited on before you are, do you call attention to the situation?
11. Are you reluctant to speak up in a discussion or debate?
12. If a person has borrowed money (or a book, garment, or thing of value) and is overdue in returning it, do you mention it?
13. Do you continue to pursue an argument after the other person has had enough?
14. Do you generally express what you feel?
15. Are you disturbed if someone watches you at work?
16. If someone keeps kicking or bumping your chair in a movie or a lecture, do you ask the person to stop?
17. Do you find it difficult to keep eye contact when talking to another person?
18. In a good restaurant, when your meal is improperly prepared or served, do you ask the server/waiter/waitress to correct the situation?
19. When you discover merchandise is faulty, do you return it for an adjustment?
20. Do you show your anger by name calling or obscenities?
21. Do you try to be a wallflower or a piece of the furniture in social situations?
22. Do you insist that your property manager (mechanic, repairman person, etc.) make repairs, adjustments, or replacements that are his/her or his responsibility?
23. Do you often step in and make decisions for others?
24. Are you able to express love and affection openly?
25. Are you able to ask your friends for small favors or help?
26. Do you think you always have the right answer?
27. When you differ with a person you respect, are you able to speak up for your own viewpoint?
28. Are you able to refuse unreasonable requests friends made by friends?
29. Do you have difficulty complimenting or praising others?
30. If someone smoking nearby disturbs you, can you say so?
31. Do you shout or use bullying tactics to get others to do as you wish?
32. Do you finish other people's sentences for them?
33. Do you get into physical fights with others, especially with strangers?
34. At family meals, do you control the conversation?
35. When you meet a stranger, are you the first to introduce yourself and begin a conversation?

Appendix C

Ethics Approval



مدينة سلطان بن عبد العزيز للخدمات الإنسانية
SULTAN BIN ABDULAZIZ HUMANITARIAN CITY

Date: 07/07/2022
IRB No.: 78-2022-IRB



To: Ms. Zenaida Y. Datumanong
PI: "Level of Assertiveness of Nurses in A Rehabilitation And Medical Hospital In Riyadh, KSA"
University of The Philippines Open University
E-mail: zdatumanong@sbahc.org.sa

Subject: Approval for Research No. 74/SBAHC/MSc/Nsg/2022
Study Title: "Level of Assertiveness of Nurses in A Rehabilitation and Medical Hospital in Riyadh, KSA"
Study Code: 74/SBAHC/MSc/Nsg/2022
Date of Approval: 07/07/2022
Date of Expiry: 05/02/2023
Board approval: All members except the absentees

Dear Ms. Zenaida Y. Datumanong

Your Project has been approved and you have the permission to conduct this study following your submitted documents as follow:

1. Curriculum Vitae for the PI researcher
2. Letter from researcher's affiliating Organization/College
3. Letter from the researcher requesting SBAHC participation in the clinical study
4. Letter from the researcher's supervisor requesting supervision in the clinical study
5. Research proposal according to SBAHC IRB Guidelines
6. SBAHC Informed Consent Template
7. Research Obligatory Agreement. Available upon the completion of the other requirements

You are required to obey by the rules and regulations of the Government of Saudi Arabia, the SBAHC IRB Policies and procedures and the ICH-GCP guidelines. You have to note that this approval mandate responding to IRB's periodic request and surveillance result. Drawing your attention to the following:

- Amendment of the project with the required modification to providing Periodical report for this project specially when study extension is required or expiry before study completion
- All unforeseen events that might affect continued ethical acceptability of the project should be reported to the IRB as soon as possible
- Personal identifying data should only be collected when necessary for research.
- Secondary disclosure of personal identifiable data is not allowed.
- Monitoring: projects may be subject to an audit by the IRB at any time.
- The PI is responsible for the storage and retention of original data pertaining to the project for a minimum period of five (5) years.
- Data should be stored securely so that a few authorized users are permitted access to the database.

The IRB registered with the IRB KACST Registration No. H-01-R-090. It is authorized to conduct the ethical review of clinic studies and operates in accordance with ICH-GCP Guidelines and all applicable national/local and institutional regulations and guidelines which govern Good Clinical Practices.

For Future Correspondence, please quote the project number and project title above and you are requested to keep IRB informed about your study progress and submit project progress report every six (6) months. A final report should be provided upon completion of the study.

Wish you a success in your research project.

Yours sincerely,



Prof. Khalid Al-Rubeaan
Chairman-IRB
Sultan Bin Abdulaziz Humanitarian City



Appendix D

Curriculum Vitae

ZENAIDA YOSHIOKA DATUMANONG, BSN, RN

Apartment 9, Building D, Prince Abdulaziz Bin Ayyaf, Al Yasmeeen, Riyadh KSA

Contact Number: +966509453208

Email Address: zdatumanong@gmail.com

Professional Summary:

Dedicated and compassionate nurse with over 23 years of experience in providing exceptional patient care in various healthcare settings. Skilled in assessing, planning, implementing, and evaluating nursing care plans to meet the diverse needs of patients. Proficient in utilizing critical thinking, clinical expertise, and evidence-based practices to deliver high-quality healthcare services. Experienced in collaborating with interdisciplinary teams to coordinate and optimize patient care. Strong communication and interpersonal skills enable effective patient education and support, fostering positive patient outcomes. Driven by a passion for improving the lives of others and making a positive impact in the healthcare field. Seeking to contribute my skills, knowledge, and compassionate approach to a dynamic healthcare team committed to delivering exceptional quality patient care.

Educational Background

Master of Science in Nursing Major in Nursing Administration (2018 till present)

University of the Philippines Open University
Los Banos, Laguna Philippines

Tertiary Level:

Bachelor of Science in Nursing

Notre Dame University, Cotabato City,
Philippines

Date Graduated: March 1998

Secondary Level:

Cotabato City National High School

Year Graduated: 1994

Qualifications:

- Saudi Commission for Health Specialties- Nurse Specialist (January 2019)
- Saudi Commission for Health Specialties- Nurse Technician (November 2008)
- Philippines Nursing Licensure Examination (November 1999)

Level of Assertiveness of Nurses in a Rehabilitation and Medical Hospital in Riyadh, KSA

Work Experience/Employment History:

- Quality and Accreditation Coordinator -Sultan Bin Abdulaziz Humanitarian City, Quality Management Department – (February 2023 till present)
- Clinical Resource Nurse - Sultan Bin Abdulaziz Humanitarian City- Pediatrics, Surgical and Women’s Health Unit (2010-2023)
- Staff Nurse II - Sultan Bin Abdulaziz Humanitarian City- (November 2008 to March 2010)
- Head Nurse Male Medical ward- Qunfudah General Hospital Jeddah (December 2005 to November 2008)
- Staff Nurse Pediatric Unit -Qunfudah General Hospital Jeddah (November 2002 to December 2005)
- ICU Staff Nurse at King Fahad Hospital, Medina KSA (September 2000-August 2002)

Skills/ Certifications:

- Software skills: Competent in Microsoft Word, Excel, and Power Point.
- Ability to teach and mentor.
- English proficient
- MOH License registered.
- Highly Competent Speaker
- Nursing Auditor
- Wee FIM Educator/Trainer –Completed UDSMR Online Credentialing March 2019
- Back Care Instructor
- BLS Provider
- PALS Provider
- ACLS Provider
- Certificate of National Committee of Bio Ethics (July 2019)
- Certificate of Good Clinical Practice (July 2019)

Seminars/Educations/Trainings Attended:

- Available Upon Request_

I hereby certify that the above-mentioned information is true and correct to the best of my knowledge.

Zenaida Y. Datumanong, BSN, RN