

RESEARCH ARTICLE

Research on Training and Development Strategies for Psychological Empowerment of Medical Staff in the Context of Public Health

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ABSTRACT

Emotionally worn-out healthcare professionals may suffer detrimental effects on their physical and mental well-being, limiting their capacity to perform their duties. So, the study aims to assess the training and development strategies for the psychological empowerment of medical staff. This study surveyed 130 different health workers. Self-Esteem Scale (SES) was used to assess an individual's overall self-esteem and self-worth. Psychological Empowerment Scale (PES) has been used for psychological empowerment. A 12-item measure with four subscales: meaning, competence, self-determination, and effect, was assessed. The Workplace Assertive Behaviour Questionnaire (WABQ) was used to determine the degree of assertiveness exhibited by healthcare workers in their work setting. The self-esteem composite score of the medical staff was found to be 33.58 ± 2.85 . The composite scores for psychological empowerment and leader-empowering behaviors were 4.69 ± 0.36 and 4.03 ± 0.31 , respectively. The composite score for assertiveness in the workplace was found to be 3.88 ± 0.47 . A significant and moderate correlation was observed between the level of self-esteem among medical staff ($r = 0.32$; $p = 0.002$) and their assertiveness, as well as the perception of empowering behaviors exhibited by their leaders ($r = 0.32$; $p = 0.002$) and assertiveness among staff nurses. The regression analysis results indicated a significant relationship between structural empowerment and occupational mental health ($F=21.25$, $p < 0.001$). The study concludes that a positive relationship exists between self-esteem, psychological empowerment, empowering behaviors of leaders, and workplace assertiveness among medical staff. The findings practically implicated that nurses who possess a sense of empowerment also demonstrate assertiveness in their professional roles. Moreover, providing support to medical in fostering positive self-esteem and enhancing their confidence can facilitate the development of assertive behaviors within the professional context.

INTRODUCTION

Research on medical practitioners' psychological empowerment in the context of public health should be prioritized when developing training and development plans. The research results ultimately improve the standard of public health care while protecting medical personnel's welfare. This field of study has looked at various approaches and areas of inquiry. Research has demonstrated the effectiveness of training programs designed to address stress management and resilience in healthcare professionals in public health. These interventions often include mindfulness-based stress reduction, coping mechanisms, and methods for emotional regulation. Schumaker and Alexandre (2017) determined that implementing these treatments has been associated with a significant decrease in stress levels and a concomitant enhancement in the feeling of empowerment among healthcare professionals. This study examined the correlation between developmental strategies for psychological empowerment and leader-empowering behaviors on medical staff assertiveness in the workplace. The scholarly investigation has assessed the effects of leadership development courses specifically designed for public health contexts. Research has shown that leadership styles that promote active engagement, cooperation, and proficient communication positively impact the psychological empowerment of healthcare staff. Adopting programs that prioritize developing empowering leadership styles may effectively foster a feeling of freedom and influence among healthcare professionals (Schumaker and Alexandre, 2017). Research consistently emphasizes lifelong learning and skill development in public health. High feelings of value and capacity are associated with training for healthcare providers. It helps them advance their careers, hone their clinical abilities, and keep them informed about public health initiatives. Research indicates that integrating medical personnel in formulating public health strategies and policies can enhance their sense of empowerment (Connolly et al., 2018). Active involvement in policy creation, fund distribution, and program building boosts feelings of power and impact. Cassiani and Lira Neto (2018) proved the role of workplace culture in enhancing psychological empowerment. An ambiance that

is welcoming and accepting, values employees' efforts, supports transparent Communication, and provides support systems is directly tied to increased empowerment by public health professionals. Studies reveal that teamwork and communication across departments influence healthcare providers' feelings of empowerment in public health services. Teamwork elevates patient care quality and nurtures a sense of unity and impact, uplifting feelings of empowerment (Cassiani and Lira Neto, 2018).

Studying the operation of empowerment initiatives is typical. This research is developing tools for examining the impact of these actions on healthcare workers. These instruments assess how training or development initiatives have affected an individual's sense of independence, competence, and power. According to Crisp and Iro (2018), assertiveness is the ability to speak up and communicate ideas, feelings, and desires while still respecting and not violating the rights of others. Medical staff must develop this ability. Workers in the healthcare industry must be forceful due to its rapid growth. This results in better patient safety and collaboration with other experts (Yildiz et al., 2018).

Most hospital employees are trained medical professionals who can recommend essential adjustments to a patient's treatment plan. Medical personnel must possess strong communication skills and a better knowledge of patient concerns, rule violations, and incorrect procedures. However, healthcare professionals sometimes need help with sharing information with confidence. In certain nursing conditions, this could result in quietness. In the nursing field, assertiveness is beneficial. It first builds trust among nurses, patients, and other healthcare workers, which improves Communication. Furthermore, assertiveness is essential to the profession and guarantees patient safety. Additionally, a medical worker's responsibility is to fight for the patient's rights and to question any incorrect or confusing instructions from a doctor (Bostanabad et al., 2018). A significant aspect of nursing is advocacy. Nurses speak up for their patients' needs and advocate for them—specific state laws in the US mandate that medical staff members act as patient advocates. The Nurses' Code of Ethics in the Philippines mandates that nurses uphold

patients' rights. Being assertive includes taking the initiative to protect patients' rights. To safeguard both themselves and their patients, medical personnel must be assertive. According to Darawad et al. (2020), assertiveness can be a valuable strategy for overcoming difficult circumstances, enhancing Communication, and promoting empowerment. Given the importance of assertiveness in nursing, it is crucial to identify the traits that influence or support the growth of assertiveness. Multiple prior studies conducted in different settings have investigated the factors that impact assertiveness among nursing students. Numerous studies have investigated the effectiveness of assertiveness training in nursing, explicitly targeting practicing staff and medical students. The research found a strong association between assertiveness and factors such as self-esteem and psychological empowerment. However, most studies found an association between these attributes and assertiveness in a general sense rather than specifically in the context of assertiveness in the workplace among medical personnel. According to a study conducted by Darjan et al. (2020), leadership, management, and administrative support have been shown to influence speaking up and voicing behaviors. Nevertheless, the influence of leader-empowering behaviors on assertiveness remains unexplored. Furthermore, the study above was conducted in several countries and does not explicitly relate to the context of healthcare personnel (Saleh et al., 2022). As described in COR theory, the loss spiral posits that people have increasing challenges in making investments when they experience resource depletion, such as in a dynamic setting. The depletion of resources induces stress, resulting in a cyclical cycle. Throughout this process of stress iteration, both people and organizations will face a shortage of resources to cope adequately with the further loss of resources. As a result, the intensity and scale of the loss spirals will escalate quickly (Hobfoll et al., 2018). Ultimately, this results in emotional fatigue. Psychological safety is a beneficial asset that enables individuals to overcome fear and defensiveness. Psychological empowerment may avert resource loss spirals by promoting psychological safety. This mitigates the employee's emotional fatigue. Although there has been a growing amount

of research on the assertiveness of medical staff in various nations, there still needs to be more published studies exploring the factors associated with staff assertiveness in a mostly collectivist country like the Philippines. The Chinese culture often favors conformity, collectivism, and group orientation rather than independence and assertiveness. The display of assertiveness is often seen unfavorably since it may be interpreted as a sign of arrogance, and specific cultural traits within the Filipino setting may impede its development. In light of this setting, the current study was conducted to investigate how self-esteem, psychological empowerment, and empowering leader behaviors influence employees' workplace assertiveness.

LITERATURE REVIEW

According to Oducado (2019), assertiveness is the ability to respectfully and openly express one's demands, wants, and interests while communicating them clearly, boldly, and honestly. Healthcare professionals must actively develop assertiveness as a critical skill (Yoshinaga et al., 2018). Due to the progress and improvements in healthcare, staff are required to demonstrate assertiveness and collaborate successfully with other healthcare professionals, positively influencing patient safety and outcomes (Bijnen et al., 2014). Nurses, the most significant hospital workforce, have a distinct advantage in advocating for critical changes in their patients' treatment plans (Hall, 2016). Healthcare professionals must assert themselves or alert a healthcare team member when they see issues related to patient care, deviations from established protocols, or instances of incorrect procedures. Nevertheless, nurses often struggle to express themselves assertively and speak out, and a culture of silence is prevalent in several nursing scenarios (Bijnen et al., 2014; Schwappach and Richard, 2018). Assertiveness is essential for promoting the willingness to express one's thoughts and opinions openly. It plays a crucial role in protecting the safety of patients and is a fundamental aspect of professional responsibility (Nacioglu, 2016). In addition, healthcare workers have an ethical, moral, and legal obligation to challenge any doctor's order that is improper or inaccurate and to voice their

concerns to safeguard the rights and safety of the patients (Rainer, 2015). Nursing professionals are crucial in patient advocacy (Gerber, 2018). HCWs have a vital role as patient advocates, acting as the representatives and champions of their patients (Palatnik, 2016). State Practice Acts in nations such as the United States of America require nurses to serve as patient advocates (Gerber, 2018). The Code of Ethics for HCWs stipulates that nurses are obligated to take necessary measures to protect the rights and privileges of their patients. Nurses must possess sufficient assertiveness to safeguard their rights as well as the rights of their clients (Mushtaq, 2018). Assertiveness is an effective tool for addressing and resolving unpleasant and stressful circumstances such as mobbing and conflicts. It also helps improve communication and empower individuals.

Various global health agencies emphasize the significance of empowerment in nursing. The Munich Declaration was introduced by the World Health Organisation (WHO) at the Second WHO Ministerial Conference on Nursing and Midwifery in Europe in 2000. The conference specifically emphasized the role of nurses and midwives in promoting health. Consequently, the World Health Organisation (WHO) advises all member nations to allocate resources towards enhancing its nurses' and midwives' skills and capabilities to enhance and maintain public health (World Health Organization, 2001). The International Council of Nurses (ICN) acknowledges nurses at every level as a substantial influence in formulating and executing health policies to provide, plan, and advance public health. Catton, 2020 says that nurses worldwide should assume accountability for these issues.

A literature review on the empowerment of HCW focuses on the impact of SE (Self-Efficacy) and PE (Psychological Empowerment) on NGNs, as examined by Kuokkanen et al. (2016), Laschinger et al. (2013), and Laschinger et al. (2006). Most studies show a moderately to highly beneficial association between HCW attitudes toward Psychological Empowerment (PE) and Supportive Settings (SE) (Laschinger et al., 2013). According to research, a variety of factors, including the degree of professional commitment, the attitudes of managers and team members, the organizational culture, and the features and

conditions of the work environment, can impact how empowered a healthcare worker feels (D'ambra and Andrews, 2014). Both the findings from the research in the literature and Our observations suggest that the first year at work is of utmost importance. Hence, educators, researchers, decision-makers, legislators, and administrators must focus on empowering HCWs. This will facilitate the provision of high-quality and secure healthcare services and enhance nurses' dedication to their profession and the organizations they work for. A literature study indicates a need for more research investigating the degrees of empowerment and associated variables in HCW. Furthermore, the existing literature on this issue needs more research that uses mixed approaches. This underscores the need to do mixed methods research to thoroughly investigate the aspects that impact the processes of empowering HCW. This study will address a gap in the existing literature, increase awareness, and serve as a foundation for administrators, educators, policymakers, and researchers to make informed decisions and develop strategies to empower HCWs.

MATERIAL AND METHODS

The researchers used a cross-sectional study design. The research included individuals who were formally enrolled as medical practitioners. Tertiary or teaching and training hospitals were selected for their higher staffing levels compared to lower-level hospitals. One hundred thirty questionnaires were randomly delivered to medical practitioners, resulting in 120 responses. The response rate achieved was 92.31%. The survey only consisted of persons who were engaged in the healthcare sector. The study excluded persons in administrative roles, trainees, volunteers, and those aged 65 or above employed at other hospitals. The data-collecting method included four Well-recognised self-reported measures verified in previous nursing research in various international contexts. The authors of the scales approved using the instruments in the present investigation via email contact.

The Self-Esteem Scale (SES) is a prevalent self-report survey created by sociologist Morris Rosenberg in 1965 (Al-Bsheish et al., 2019). It has gained substantial attention and use in academic and

scientific settings. This assessment aims to evaluate an individual's comprehensive self-esteem and self-worth. The evaluation often has 10 queries, in which participants must score each issue using a four-point scale ranging from strongly agree to disagree. The nurses were directed to assess each item using a 4-point scale, where 1 represents significant disagreement, and 4 represents strong agreement. Al-Bsheish et al. (2017) found that the Social Economic Status (SES) showed satisfactory internal consistency. A coefficient of 0.75 was discovered in nursing samples, but in Filipino youths and adolescents, the coefficient was 0.77.

The Psychological Empowerment Scale (PES) is a simple tool invented by Gretchen Spreitzer in 1995 (Reyes et al., 2019). Its main aim was to measure feelings of empowerment at work. It looks at how people see their work in terms of importance, skill, freedom, and the impact one makes. Researchers used a 12-question test split into four sections: meaning, ability, independence, and influence. The responses are on a scale of 1 to 6, with 1 meaning strong disagreement and 6 meaning strong agreement. Past studies on nurses and other health workers have shown high cronbach's alpha coefficients, usually over 0.80.

The Leader Empowering Behaviour Questionnaire (LEBQ) measures how much leaders empower others (Spreitzer, 1995). It examines how workers see their bosses' empowered actions. The aim of this survey? To understand how much leaders inspire their people. The LEBQ looks at various aspects of leadership, and depending on the research project, it may differ slightly. The LEBQ primarily measures things like the importance of work, granting independence, having confidence, and opportunities for gaining knowledge. It is used often to see how leadership affects workers' views on power and motivation in places like hospitals and clinics. It helps us understand how leadership affects the workplace and workers, which benefits organizations and scholars. There were 19 questions in the study, covering 6 different topics. The areas examined were accountability for outcomes, decision-making, information sharing, skill development, authority transfer, and guidance on inspiring creativity. A 5-point scale is used to rate the responses, with 1 representing significant

disagreement and 5 representing strong agreement. A pilot study by Oducado (2019) used Filipino nurses to test LEBQ. A 2005 study by Timmins et al. found reliability coefficients ranging from 0.82 to 0.88.

The Nurse Workplace Assertiveness Scale (WABQ) was used in a study to gauge how assertive nurses were at work. Nurses reported how frequently they act assertively with doctors, nurses' leaders, peers, and coworkers. They rated their conduct on a five-point Likert scale, ranging from 1 (never) to 5 (always). A cronbach's alpha of 0.88 indicates that the WABQ exhibits continuous reliability, per earlier research conducted by Timmins and McCabe in 2005. It is important to note that this study found that higher exam scores were associated with higher levels of empowerment, assertiveness, self-esteem, and leadership. Additionally, data on nurse qualities were gathered by researchers.

Data collection

Data was collected from healthcare workers. The participants had enough time to fill out the survey correctly. Checks were made during the form collection to make sure the info provided was accurate and complete. Data was collected from healthcare workers. The participants had enough time to fill out the survey appropriately. Checks were made during the form collection to make sure the info provided was accurate and complete.

Data analysis

The data was validated and cleaned before encoding and processing the replies using SPSS software, specifically version 25.0, developed by IBM. After collecting the data, statisticians looked at it using tools like Mean (M), Standard Deviation (SD), percentage (%), and frequency (n). There needs to be more evidence provided by the statistical studies, namely the Kolmogorov-Smirnov test ($p = 0.20$) and the Shapiro-Wilk test ($p = 0.31$), to support the claim that the data substantially differ from a normal distribution. To find out how closely related the study's primary variables were, researchers used the Pearson correlation coefficient (r). To determine statistical significance, a p -value of 0.05 or less was used.

Ethical consideration

The institution's Ethics Committee authorized the study after it completed a comprehensive

review. Every participant provided written informed consent by signing a consent form. No personal identifiers were gathered to protect the information's confidentiality and the participants' anonymity.

RESULTS

Table 1 presents the findings indicating that the mean age of the participants was 33.85 ± 3.25 , while the average duration of nursing work experience was 6.89 ± 0.58 years. The majority of the participants in

the study were female, accounting for 74 individuals or 61.67% of the total sample. Furthermore, 89 participants, equivalent to 74.17%, held a Bachelor's degree. The private hospital had more participants (64.17%) than the government hospital (35.83%). Ninety-nine medical staff members, accounting for 82.5% of the total, were assigned to specialty areas, while the remaining 21 individuals, for 17.5% of the total, were allocated to medical and surgical units (Fig 1).

Table 1: Basic profile of the participants

	Number =120	Percentage	p - value
Gender			0.36
Male	46	38.33	
Female	74	61.67	
Age			0.41
Below 25	25	20.83	
25-35	57	47.5	
35-45	23	19.17	
45-55	8	6.67	
Above 55	7	5.83	
Mean Age	33.85 ± 3.25		
Education			0.22
Graduate	89	74.17	
Post Graduate	21	17.5	
Any Others	10	8.33	
Type of Hospital			0.15
Private	77	64.17	
Government	43	35.83	
Hospital Unit			0.15
Specialty	99	82.5	
Non Specialty	21	17.5	
Experience	6.89 ± 0.58		0.19

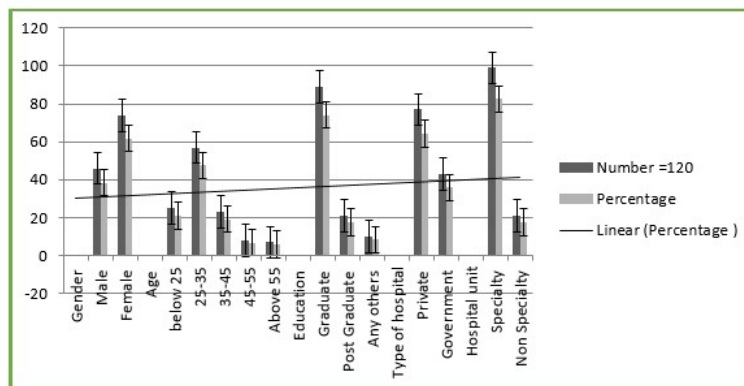


Figure 1: Basic profile of the participants

In general, the composite scores of the critical factors in this research had values that exceeded the midway, as seen in Table 2 and Fig 2. The self-esteem composite score of the medical staff was found to be 33.58±2.85. The composite scores for psychological

empowerment and leader-empowering behaviors were 4.69±0.36 and 4.03±0.31, respectively. The composite score for assertiveness in the workplace was found to be 3.88±0.47.

Table 2: Details of parameter

Parameters	Mean	SD
Self-Esteem	33.58	2.85
Empowerment Psychology	4.69	0.36
Meaning	4.88	0.28
Competence	4.58	0.33
Self-Determination	4.36	0.37
Impact	4.05	0.25
Leader Empowering Behaviors	4.03	0.31
Accountability for Outcomes	4.55	0.29
Self-Directed Decision-Making	4.36	0.28
Information Sharing	4.66	0.34
Skills Development	4.03	0.54
Delegation of Authority	3.99	0.69
Coaching for Innovative Performance	3.91	0.18
Assertiveness in the Workplace	3.88	0.47
Toward Nursing Colleagues	3.97	0.38
Toward Medical Personnel	4.02	0.47
Toward Management Personnel	3.96	0.44

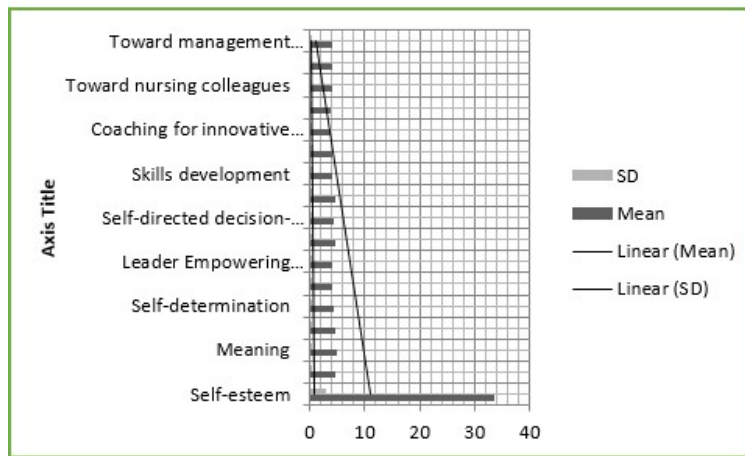


Figure 2: Details of parameter

Table 3 shows the correlation between the components. A significant and moderate correlation was observed between the level of self-esteem among medical staff ($r = 0.32$; $p = 0.002$) and their assertiveness, as well as the perception of

empowering behaviors exhibited by their leaders ($r = 0.32$; $p = 0.002$) and assertiveness among staff nurses. Moreover, the statistical analysis carried out in this research revealed a significant and relevant correlation between psychological empowerment and

assertiveness in the workplace. The findings revealed a substantial and moderate correlation ($r = 0.51, p = 0.002$) between the two variables, as seen in Figure 3.

Table 3: Correlation of independent variables to assertiveness

Independent variables	Pearson's Correlation (r)	p - value
Self-Esteem	0.32	0.002
Psychological Empowerment	0.51	0.002
Competence	0.53	0.001
Impact	0.54	0.001
Self-Determination	0.44	0.001
Meaning	0.37	0.001
Leader Empowering Behaviors	0.32	0.002
Accountability for Outcomes	0.33	0.001
Delegation of Authority	0.37	0.001
Self-Directed Decision-Making	0.22	0.002
Information Sharing	0.25	0.003
Coaching For Innovative Performance	0.27	0.01
Skills Development	0.18	0.07

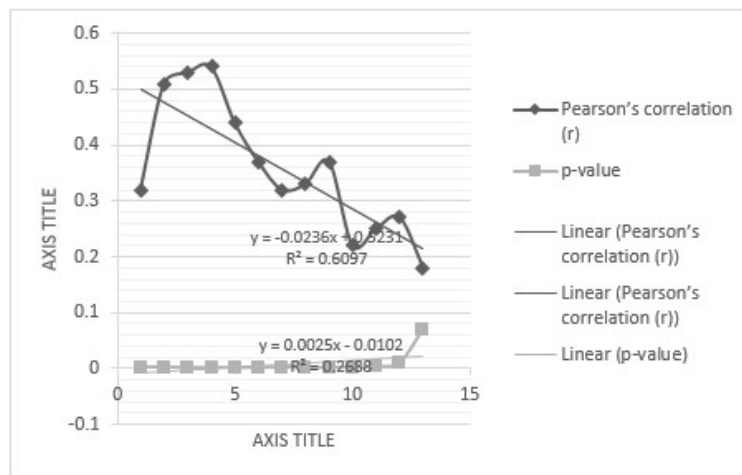


Figure 3: Correlation of independent variables to assertiveness

The regression analysis results indicated a significant relationship between structural empowerment and occupational mental health ($F=21.25, p < 0.001$). The regression analysis revealed a slope of -0.14, indicating that a one-unit rise in structural empowerment is associated with a fall of -0.14 in the occupational mental health score. The standardized coefficients ($Beta = -0.41, 95\% CI = -0.21 to 0.07$) further support this relationship. The

regression analysis results indicate a significant relationship between psychological empowerment and occupational mental health ($F= 18.25, p < 0.001$). The regression analysis revealed a negative slope of -0.61, indicating a loss of -0.61 in occupational mental health for every one-unit rise in psychological empowerment. The standardized coefficients ($Beta = -0.32, 95\% CI = -0.79 to 0.29$) further support this relationship. (Table 4).

Table 4: Predicting the occupational mental health

Predictors	B	Std. Error	Beta	t	Sig.	95% CI for B	
						Lower	Upper
Structural Empowerment	-0.13	0.03	-0.41	-5.25	0.01	-0.21	-0.07
Psychological Empowerment	-0.61	0.22	-0.32	-5.36	0.002	-0.79	-0.29

DISCUSSION

Empowerment may be seen in either structural or psychological manifestations. Structural empowerment encompasses the work environment factors that promote optimal job performance and enable people to access information, support, resources, and chances for personal and professional growth (Oducado, 2021). Resources are crucial to structural empowerment, allowing employees to get the tools, supplies, time, and financial resources they need to perform their job duties. Access to opportunities is an extra aspect related to the possibility of progress and developing knowledge and skills inside a business. Hence, employees must gain formal and informal learning and actively seek guidance, feedback, and counsel from their superiors, peers, and subordinates to proficiently execute their duties (Schwappach and Richard, 2018). The present study investigated the influence of self-esteem, psychological empowerment, and leader-empowering behaviors on the assertive behaviors of medical workers in the workplace. This research's findings indicate that a positive, if modest, but statistically significant relationship exists between self-esteem and nurses' assertiveness in the workplace. Cultivating a robust sense of self-worth is crucial for acquiring the skill of assertiveness, as reciprocally, the practice of assertiveness may engender elevated levels of self-esteem. The presence of a strong sense of self-worth is an essential attribute or indispensable characteristic in cultivating assertiveness. Nurses may have challenges in expressing themselves assertively if they possess diminished self-esteem. Individuals with a diminished sense of self-worth are prone to facing challenges when asserting their viewpoints or exercising autonomy in decision-making processes. Research conducted among nurses in Japan and India revealed that implementing assertiveness training significantly enhanced nurses' self-esteem (Schober et al., 2018; Shapira-Lishchinsky and Benoliel, 2019). Research

done in India among nurses and Nepal among nursing students found a noteworthy positive link between assertive behavior and self-esteem. This research posits a need to enhance and attain a state of robust and equitable self-esteem among nurses to improve their communication skills and assertiveness within the professional setting (Azizi et al., 2020; Ibrahim, 2011).

The present research also revealed a substantial association between psychological empowerment and assertiveness in the workplace, characterized by a moderate positive connection. The present research findings also demonstrated a statistically significant association between the psychological empowerment components and workplace assertiveness. This discovery suggests that increased psychological empowerment, defined by granting nurses the autonomy to make choices and strengthening their professional skills, leads to elevated levels of assertiveness. The present finding aligns with the results reported in the research conducted by (Azizi et al., 2020; Ibrahim, 2011). The researchers discovered a statistically significant and favorable correlation between psychological empowerment and assertiveness among midwifery and nursing students in Iran and nursing students in Egypt. A comparable discovery was documented among the population of newborn nurses in Iran. The findings of this research indicate the significance of enhancing the empowerment of nurses to promote assertive behavior. Therefore, it is essential to prioritize the enhancement of nurses' proficiency, self-reliance, and self-governance while concurrently fostering enhanced avenues for nurses to recognize the significance and worth of their contributions, enabling them to demonstrate assertiveness.

The present research ultimately showed a statistically significant, although small, positive correlation between leader-empowering behaviors and workplace assertiveness among staff nurses. The revelation has been made that providing managerial and organizational support is crucial in fostering

assertiveness and empowerment among nurses, enabling them to voice concerns about harmful practices. Furthermore, the management's attitudes and behaviors towards nurses often impact the development of assertiveness skills and the ability to speak up (Wong et al., 2010). According to Garon (2012) findings, it was also observed that nurses were more inclined to voice their opinions when they saw a climate of openness inside the organization, often fostered by leaders such as managers and administrators.

A study highlighted the importance of a good work environment. It helps nurses voice their concerns better. Another research by Wong et al. (2010) showed that solid leadership helps, too. It boosts the trust nurses have in their boss. And guess what? This trust level predicts how much nurses will share their thoughts. Studies tell us that having the support of the admin team at hospitals is vital. Plus, how leaders behave influences them, too. It decides how willing nurses and healthcare professionals are to reimport safety issues. This research points out why nurse leaders and managers are essential. They encourage nurses to be bolder in expressing their thoughts. Nurses are more open when the work culture supports bold behavior. Therefore, nurse leaders must develop such environments. They should encourage nurses to be independent and responsible. In that way, nurses can make independent decisions. To make nurses more assertive, we need support from managers and organizations. They should employ nurses and provide the necessary resources. This will help nurses showcase bold behavior (Larijani et al., 2017).

Practical implementations

Analyzing and examining these elements might assist nursing management in formulating methods to enhance and cultivate nurses' assertiveness. Initiating interventions and essential platforms to strengthen the self-esteem of nurses is crucial. Simultaneously, it is necessary to promote more empowerment at both the individual and organizational levels to encourage assertiveness in the workplace. The self-evaluation of nurses and the presence of empowering situations have a notable impact on medical staff assertiveness and their preferred mode of communication during social encounters. Examining and comprehending these elements might assist medical staff management

in formulating methods to cultivate and enhance medical staff assertiveness. Launching interventions and establishing appropriate platforms specifically designed to enhance the self-worth of medical staff is essential. For future implications, it is necessary to allocate resources toward cultivating enhanced empowerment at both the individual and organizational levels to facilitate assertiveness within the workplace.

CONCLUSION

This study's findings indicate a positive relationship between self-esteem, psychological empowerment, empowering behaviors of leaders, and workplace assertiveness among medical staff. The behaviors shown by medical leaders and the empowerment of medical staff are crucial factors in fostering assertiveness within the medical workforce. The findings practically implicated that nurses who possess a sense of empowerment also demonstrate assertiveness in their professional roles. Moreover, providing support to medical in fostering positive self-esteem and enhancing their confidence can facilitate the development of assertive behaviors within the professional context. This, in turn, may aid medical in establishing and maintaining appropriate boundaries to promote their overall well-being.

Limitations and future directions

Several limitations were identified in this study that future researchers may address. The scope of this study was restricted to nursing personnel employed at two tertiary institutions. It is advisable to use caution when generalizing the current research findings to include all Chinese nurses and nurses employed in other nations and healthcare sectors. Replicating the research on a broader scale, including nurses from other countries, could provide valuable insights. One further constraint is the study's cross-sectional design, which imposes time limits and precludes the establishment of causal relationships between the variables. The use of survey questionnaires is susceptible to the presence of self-reported bias. Future research may consider the use of method triangulation as a means of validating self-reported data. Additional characteristics that might impact nurses' assertiveness, such as personality traits and emotional intelligence, should have been considered

in the present investigation. However, this study has contributed value to enhancing our comprehension of the many aspects that impact nurses' assertiveness within their professional environments.

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