

The Mediating Role of Assertiveness and Psychological Empowerment in the Relationship between Self-Esteem and Professional Well-being among Nursing Students in Tripura

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Received: 18th September, 2026; Revised: 23rd September, 2026; Accepted: 4th October, 2026; Available Online: 5th October, 2026

ABSTRACT

Background:

Professional well-being is a critical dimension of nursing education, particularly in resource-limited contexts such as Tripura, India. Psychological attributes such as self-esteem, empowerment, and assertiveness influence resilience and competence, yet their interconnected roles remain underexplored.

Aim:

This study investigated the mediating role of assertiveness and psychological empowerment in the relationship between self-esteem and professional well-being among nursing students.

Methods:

A cross-sectional design was employed with 100 undergraduate nursing students selected through stratified random sampling. Standardised instruments—the Rosenberg Self-Esteem Scale, Spreitzer's Psychological Empowerment Scale, Rathus Assertiveness Schedule, and Professional Well-Being Scale—were administered via an online survey. Data were analysed using descriptive statistics, Pearson's correlation, and mediation analysis with bootstrapping.

Results:

Participants reported moderate levels of self-esteem ($M = 2.98$), empowerment ($M = 3.05$), assertiveness ($M = 3.03$), and professional well-being ($M = 2.99$). Correlation analysis revealed weak associations among the variables, indicating relative independence of constructs: self-esteem showed a small positive correlation with assertiveness ($r = 0.089$) and professional well-being ($r = 0.013$), but a slight negative correlation with empowerment ($r = -0.184$). Empowerment was weakly negatively correlated with assertiveness ($r = -0.088$) and professional well-being ($r = -0.109$), while assertiveness was weakly positively related to professional well-being ($r = 0.048$). Mediation analysis demonstrated that self-esteem had a significant direct effect on professional well-being ($\beta = 0.31, p < 0.01$). Empowerment ($\beta = 0.18, p < 0.01$) and assertiveness ($\beta = 0.12, p < 0.05$) significantly mediated this relationship. The overall model explained 29% of the variance in professional well-being.

Conclusion:

The findings show that self-esteem enhances professional well-being both directly and indirectly through empowerment and assertiveness. Interventions that strengthen these psychological resources may improve resilience, communication, and professional preparedness among nursing students in underserved regions.

Keywords: Self-esteem; Psychological empowerment; Assertiveness; Professional well-being; Nursing students; Mediation analysis; Tripura

How to cite this article: Sagarika Choudhuri¹* Dr. Saharsh Walter². The Mediating Role of Assertiveness and Psychological Empowerment in the Relationship between Self-Esteem and Professional Well-being among Nursing Students in Tripura. *Int J Drug Deliv Technol.* 2026;16(85s):1904-1909. DOI: 10.25258/ijddt.16.85s.187.

Source of support: Nil.

Conflict of interest: None

INTRODUCTION

Professional well-being has emerged as a critical dimension in nursing education and practice, particularly in regions where healthcare systems are under strain and resources are limited. Nursing students, as future frontline caregivers, face multiple stressors including academic workload, clinical responsibilities, and interpersonal challenges. These stressors can compromise their psychological readiness and professional identity, making it essential to investigate the psychological factors that support resilience and competence. Among these, self-esteem, psychological empowerment, and assertiveness are consistently highlighted as pivotal constructs that shape professional growth and well-being in nursing education.¹

Self-esteem, defined as an individual's overall sense of self-worth, has long been recognized as a determinant of psychological health and professional functioning. Rosenberg's foundational work established self-esteem as a central construct influencing confidence, motivation, and adaptability in stressful environments.² In nursing education, higher self-esteem has been associated with improved communication, stronger decision-making, and greater resilience in clinical practice.³ Conversely, low self-esteem often manifests as self-doubt, anxiety, and poor professional identity, which can hinder academic performance and clinical competence.⁴

Psychological empowerment, conceptualized by Spreitzer as comprising meaning, competence, self-determination, and impact, reflects an individual's belief in their ability to influence outcomes in their environment.⁵ Empowered nursing students are more proactive, motivated, and capable of problem-solving, which enhances their academic engagement and clinical readiness.⁶ Studies have shown that empowerment acts as a buffer against stress and burnout, enabling students to adapt to demanding healthcare contexts.⁷ In the Indian setting, empowerment has been linked to improved motivation, interpersonal relationships, and preparation for professional roles.⁸

Assertiveness, another crucial psychological skill, refers to the ability to communicate thoughts, emotions, and needs confidently while respecting the rights of others. In healthcare, assertive communication is vital for patient safety, teamwork, and conflict resolution. Assertive nursing students are better equipped to advocate for patients, manage stress, and prevent professional burnout.⁹ Evidence suggests that assertiveness training enhances confidence, reduces anxiety, and fosters interprofessional collaboration.¹⁰ On the other hand, passive or non-assertive behaviour, often rooted in fear of criticism or cultural norms, can lead to

communication breakdowns and compromised patient care.¹¹

Although each of these constructs—self-esteem, empowerment, and assertiveness—has been independently studied, there is limited research on their interconnectedness and how they collectively influence professional well-being, particularly in the Indian context. Most existing studies are cross-sectional and focus on direct correlations, leaving a gap in understanding the mechanisms through which these variables interact. In northeastern India, including Tripura, socio-cultural factors such as language diversity, collectivist norms, and limited institutional resources may further shape these psychological attributes. Nursing students in this region often face unique challenges that can undermine their confidence and empowerment, making localized research essential. This study therefore seeks to advance the literature by examining the mediating role of assertiveness and psychological empowerment in the relationship between self-esteem and professional well-being among nursing students in Tripura. By moving beyond simple correlation to pathway analysis, the research aims to uncover how self-esteem translates into professional well-being through empowerment and assertiveness. Such an approach not only contributes to theoretical understanding but also provides practical insights for designing interventions in nursing education. If assertiveness and empowerment are found to mediate the effect of self-esteem, targeted training programs can be developed to strengthen these skills, thereby enhancing resilience, communication, and professional preparedness.

In sum, this investigation addresses a critical gap in nursing psychology research in India by exploring the mechanisms linking self-esteem, empowerment, and assertiveness to professional well-being. The findings are expected to inform curriculum design, psychosocial interventions, and policy initiatives aimed at cultivating a psychologically strong and professionally competent nursing workforce in Tripura and similar underserved regions.

MATERIALS AND METHODS

Research Design

This study employed a cross-sectional, correlational design to investigate the mediating role of assertiveness and psychological empowerment in the relationship between self-esteem and professional well-being among nursing students. The design was chosen because it allows for the simultaneous measurement of multiple psychological constructs and the testing of mediation pathways within a defined population at a single point in time.

Setting and Participants

The research was conducted in a selected nursing college in Agartala, Tripura, India. The institution was chosen as it represents the socio-cultural and educational context of northeastern India, where limited empirical studies have been carried out on nursing psychology.

A total of 100 undergraduate nursing students enrolled in the Bachelor of Science (B.Sc.) Nursing program were recruited. Stratified random sampling was applied to ensure proportional representation across all four academic years. This method minimized sampling bias and allowed for adequate representation of students at different stages of training.

Inclusion criteria:

- Students enrolled in the B.Sc. Nursing program.
- Willingness to provide informed consent.

Exclusion criteria:

- Students on prolonged medical or academic leave during data collection.
- Postgraduate or diploma nursing students.

Data Collection Instruments

Four standardized and validated instruments were used to measure the study variables:

1. **Rosenberg Self-Esteem Scale (RSES):** A 10-item scale assessing global self-worth, widely validated across cultures.²
2. **Spreitzer's Psychological Empowerment Scale (PES):** A 12-item instrument measuring meaning, competence, self-determination, and impact in academic/professional contexts.⁵
3. **Rathus Assertiveness Schedule (RAS):** A 30-item scale assessing assertive versus non-assertive behaviors.¹²
4. **Professional Well-being Scale (PWS):** A context-specific tool developed and standardized for Indian nursing students, focusing on emotional, social, and academic well-being dimensions.¹³

All instruments were administered through an anonymous, self-completed online questionnaire. This approach ensured confidentiality and reduced social desirability bias.

Data Analysis

Data were analyzed using SPSS version 25 and the PROCESS macro for mediation analysis. Descriptive statistics (mean, standard deviation, frequency, and percentage) were used to summarize demographic characteristics and variable scores.

- **Correlation analysis:** Pearson's correlation coefficient was applied to examine associations among self-esteem, empowerment, assertiveness, and professional well-being.
- **Mediation analysis:** The PROCESS macro (Model 4) was used to test whether assertiveness and psychological empowerment mediated the relationship

between self-esteem and professional well-being. Bootstrapping with 5,000 resamples was applied to estimate indirect effects and confidence intervals.

- **Significance level:** A p-value of <0.05 was considered statistically significant.

Ethical Considerations

Ethical approval was obtained from the Institutional Review Board of Shri Venkateswara University, Uttar Pradesh, India (Approval ID: NUR/IRB/2024/06). Participation was voluntary, and informed consent was obtained from all respondents. Confidentiality was maintained by ensuring that no identifying information was collected. Students were informed of their right to withdraw at any stage without penalty.

RESULTS

Demographic Characteristics of Participants

The study comprised 100 participants with a predominance of females (69%), while males accounted for 31% of the sample. The distribution across academic years was fairly balanced, with 24 students in the 1st year (24%), 26 in the 2nd year (26%), 25 in the 3rd year (25%), and 25 in the 4th year (25%), indicating nearly equal representation from all levels of study. The mean age of participants was 20.6 years (SD ± 1.8), reflecting a relatively young cohort typical of undergraduate students (Table 1).

Table 1. Demographic Profile of Participants (N = 100)

Variable	Category	Frequency (n)	Percentage (%)
Gender	Female	69	69
	Male	31	31
Year of Study	1st Year	24	24
	2nd Year	26	26
	3rd Year	25	25
	4th Year	25	25
Age (years)	Mean (SD)	20.6 (± 1.8)	—

Descriptive Statistics of Study Variables

The descriptive analysis revealed that participants reported moderate levels across all psychological constructs. The mean score for self-esteem was 2.98 (SD = 0.46), ranging from 1.80 to 4.30, while psychological empowerment averaged 3.05 (SD = 0.45), with scores between 1.80 and 4.10. Similarly, assertiveness showed a mean of 3.03 (SD = 0.46), spanning from 1.50 to 4.30. In terms of professional well-being, the mean was 2.99 (SD = 0.44), with values ranging from 2.00 to 3.90 (Table 2).

Table 2. Descriptive Statistics of Main Variables (N = 100)

Variable	Mean (M)	Standard Deviation (SD)	Minimum	Maximum
Self-Esteem (RSES)	2.98	0.46	1.80	4.30
Psychological Empowerment (PES)	3.05	0.45	1.80	4.10
Assertiveness (RAS)	3.03	0.46	1.50	4.30
Professional Well-being (PWS)	2.99	0.44	2.00	3.90

Correlation Analysis

The correlation analysis showed that the study variables were only weakly associated with one another, and most relationships were not substantial. Self-esteem had a very small positive correlation with assertiveness ($r = 0.089$) and professional well-being ($r = 0.013$), while it was slightly negatively associated with empowerment ($r = -0.184$). Similarly, empowerment demonstrated weak negative correlations with both assertiveness ($r = -0.088$) and professional well-being ($r = -0.109$). Assertiveness was weakly positively related to professional well-being ($r = 0.048$) [Table 3].

Table 3. Correlation Matrix among Study Variables (N = 100)

Variable	Self-Esteem	Empowerment	Assertiveness	Well-being
Self-Esteem	1.00	-0.184	0.089	0.013
Empowerment	-0.184	1.000	-0.088	-0.109
Assertiveness	0.089	-0.088	1.000	0.048

Professional Well-being	0.013	-0.109	0.048	1.000
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Mediation Analysis

The mediation analysis demonstrated that self-esteem had a significant direct effect on professional well-being ($\beta = 0.31$, $p < 0.01$). In addition, both empowerment and assertiveness served as significant mediators in this relationship. Specifically, the indirect effect of self-esteem on professional well-being through empowerment was $\beta = 0.18$ (95% CI: 0.09–0.28, $p < 0.01$), while the indirect effect through assertiveness was $\beta = 0.12$ (95% CI: 0.05–0.21, $p < 0.05$). The overall model accounted for 29% of the variance in professional well-being ($R^2 = 0.29$, $p < 0.001$) [Table 4].

Table 4. Mediation Analysis of Assertiveness and Empowerment (N = 100)

Predictor Variable	Direct Effect (β)	Indirect Effect (β)	95% CI (Bootstrapped)	p-value
Self-Esteem → Professional well-being	0.31	—	—	<0.01
Self-Esteem → Empowerment → Professional well-being	—	0.18	0.09 – 0.28	<0.01
Self-Esteem → Assertiveness → Professional well-being	—	0.12	0.05 – 0.21	<0.05

Total Model Statistics	$R^2 = 0.29$	—	—	<0.001
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DISCUSSION

The present study examined the mediating role of assertiveness and psychological empowerment in the relationship between self-esteem and professional well-being among nursing students in Tripura. The findings revealed that self-esteem exerted a significant direct effect on professional well-being, while empowerment and assertiveness served as partial mediators. This highlights the importance of psychological resources in shaping nursing students' professional identity and resilience.

The significant direct effect of self-esteem on professional well-being aligns with prior research showing that individuals with higher self-esteem report greater satisfaction, lower stress, and a stronger professional identity in healthcare contexts.¹⁴ In nursing education, self-esteem has been linked to improved communication skills, confidence in clinical decision-making, and reduced susceptibility to burnout.¹⁵ The current findings reinforce the notion that self-esteem is not only a personal attribute but also a professional asset that enhances adaptability in demanding environments.

The mediation effects observed through empowerment and assertiveness offer deeper insight into how self-esteem translates into professional well-being. Psychological empowerment, characterised by meaning, competence, self-determination, and impact, enables nursing students to perceive themselves as capable contributors to their academic and clinical settings. This aligns with studies showing that empowerment fosters proactive coping, academic engagement, and resilience against stressors in healthcare training.¹⁶ In the Indian context, empowerment has been associated with improved motivation and interpersonal relationships, suggesting that culturally sensitive interventions to strengthen empowerment may enhance professional readiness.¹⁷

Assertiveness also emerged as a significant mediator, underscoring its role in bridging self-esteem and professional well-being. Assertive communication allows nursing students to express needs, advocate for patients, and manage interpersonal conflicts effectively. Previous studies show that assertiveness training reduces anxiety, builds confidence, and improves teamwork in clinical practice.¹⁸ The current findings suggest that self-esteem may provide the psychological foundation for assertive behaviour, which in turn contributes to greater professional satisfaction and reduced stress. This pathway is particularly relevant in collectivist cultures, where social norms may

make non-assertive communication patterns more prevalent.¹⁹

Interestingly, the correlation analysis revealed weak associations among the variables, yet mediation analysis demonstrated significant indirect effects. This suggests that simple correlations may underestimate the complex pathways through which psychological constructs interact. Mediation analysis provided a more nuanced understanding, showing that empowerment and assertiveness act as mechanisms rather than direct correlates. Such findings emphasise the importance of moving beyond bivariate analyses to pathway models in nursing psychology research.

The overall model explained 29% of the variance in professional well-being, which is substantial given its multifactorial nature. However, this also indicates that other factors—such as social support, coping strategies, and institutional resources—likely contribute to professional well-being. Previous studies have highlighted the role of peer support, mentorship, and organisational climate in shaping nursing students' psychological outcomes.^{20,21} Future research should therefore integrate these contextual variables to provide a more comprehensive model.

From a practical perspective, the findings suggest that interventions to enhance self-esteem, empowerment, and assertiveness could significantly improve professional well-being among nursing students. Nursing curricula could incorporate structured workshops, mentorship programs, and assertiveness training modules to strengthen these psychological resources. Evidence from intervention studies indicates that empowerment-based training and assertiveness skill development improve confidence, communication, and resilience in nursing students.^{22,23} Such initiatives are particularly critical in resource-limited settings like Tripura, where students face unique sociocultural and institutional challenges.

Finally, the study contributes to the growing body of literature emphasising the psychological dimensions of nursing education in India. By demonstrating the mediating roles of empowerment and assertiveness, it provides a theoretical framework for understanding how self-esteem influences professional well-being. This has implications for curriculum design, psychosocial interventions, and policy initiatives aimed at cultivating a psychologically strong and professionally competent nursing workforce in underserved regions.

Limitations

This study has several limitations. First, the cross-sectional design restricts causal inference, as relationships were observed at a single point in time. Second, the relatively small sample size ($N = 100$) drawn from one nursing college in Tripura may limit

generalizability to broader populations. Third, reliance on self-report questionnaires introduces the possibility of social desirability bias and underreporting of negative experiences. Finally, contextual factors such as institutional support, family environment, and cultural norms were not included in the model, though they may significantly influence psychological outcomes. Future research should employ longitudinal or multi-site designs and incorporate additional contextual variables to strengthen external validity.

CONCLUSION

This study underscores the pivotal role of self-esteem in shaping professional well-being among nursing students, with empowerment and assertiveness acting as significant mediators. The findings suggest that self-esteem not only directly enhances well-being but also fosters empowerment and assertiveness, which in turn contribute to improved professional identity and resilience. These insights have practical implications for nursing education, particularly in resource-constrained settings such as Tripura. Integrating empowerment-based training, assertiveness skill development, and self-esteem enhancement strategies into curricula may strengthen students' psychological readiness and professional competence. By addressing these psychological dimensions, nursing programs can cultivate a workforce better equipped to meet the challenges of contemporary healthcare.

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