THE RELATIONSHIP BETWEEN ASSERTIVENESS AND EMOTIONAL INTELLIGENCE FOR NURSING PERSONNEL

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Abstract

Background: Assertiveness is an important and valuable skill in the nursing professional so it should be developed from the beginning of nursing studentship. The Emotional intelligence is a necessary competence for nurse's work performance **Aim of the study**: this study aimed to assess the relationship between assertiveness and emotional intelligence for nursing personnel. **Design:**Adescriptive-correlational research design was used. **Setting:** The study was conducted at all available department at Helwan public hospital which is governmental hospital affiliated to the Ministry of Health (MOH) in Helwan, Cairo, Egypt.**Subjects:** all available nursing personnel (79) at the time of data collection in previous setting. **Data collection tools:** Two tools were used to collect data**:**Assertiveness Questionnaire and Emotional Intelligence Questionnaire. **Result:**study it concluded that, more than two-thirds of nursing personnel had assertiveness followed by nearly one- third of them were passive level, while the tiny percentage of them were aggressive. Moreover, more than one-half of nursing personnel had an enhanced skill of emotional intelligence, followed by more than two-fifths being effective functioning, while tiny percentage of them with an area for enrichment.**Conclusion:** This study concluded that, there was a high statistically positive correlation between total assertiveness and total emotional intelligence among nursing personnel. **Recommendations:** Periodical systematic assessment of nurse's assertiveness and emotional intelligence, build assertive and emotional intelligence behavior to be included in the curriculum of nursing program.

INTRODUCTION

Assertiveness is part of interpersonal and behavioral skills, is one of the most important social skills. Having the assertiveness skill is one of importance skill for health care nurses working in healthcare system **(Omura et al., 2019).** Acquiring knowledge on the effective use of assertive behavior and becoming more assertive in the workplace are important for professional nurses to effectively establish good teamwork, manage complex human situations, deal with the challenges in their workplace, and aid in the development of confidence **(Ilyas et al., 2018 and Mansour et al., 2020).**

According to **Hemavathy& Christy (2019)**, certain characteristics of assertive head nurses are involving that making direct, open feelings, opinions and needs, standing up for their rights without apologizing or feeling guilty with taking into account the rights of others, listening attentively and letting other people know that they have heard them. Also, they respected other people, dealing effectively with criticism, being open to negotiate and willing to exert high level of efforts toward achievement of goals. Moreover, nurses who develop assertive skills are able to develop and maintain a relationship with their colleagues and supervisors, which leads to better performance **(Abdelaziz et al., 2020).**

Emotional intelligence is of great importance in the nursing profession, in developing therapeutic nurse–patient relationships, providing quality care and using the counseling roles of the nurse effectively. Lack of emotional intelligence results in poor communication and behaviors, presence of emotional intelligence results in have

greater social support, work engagement, creativity productive at work, and had greater job satisfaction **(White &Grason, 2019)**.

Emotional intelligence is acknowledged as an influence that contributes to working cooperatively and improving staff well-being, because individuals who are more socially aware are more competent in distinguishing the best ways to act in different social circumstances **(Karimi et al., 2021).** Emotional intelligence is proposed as an essential competency to enable collaboration, because it allows nurses to understand the demands of their patients and develop relationships that promote successful collaboration. Healthcare settings are continuously changing, and nurse–nurse collaboration is becoming extremely important in meeting people's needs and ensuring patient safety **(Ylitörmänen, et al., 2019).**

1. Significance of Study

Assertiveness is an important requisite for today's professional nurse. As nurses move away from traditional subservient roles and perceived stereotypes it is increasingly being recognized that a nurse needs to be assertive. It mitigates against personal powerlessness and results in personal empowerment. Nursing has determined that assertive behavior among its practitioners is an invaluable component for successful professional practice. It enables us to express ideas while respecting the ideas of others, overcome burnout and to reduce distress, to solve problems **(Ranasinghe et al., 2017)**.

EI is characterized by self-awareness, self-management, social awareness, and relationship management. This mental skill helps the individual in a variety of personal, social, occupational, communicative, and financial domains, such as time management, decision-making, customer services, accountability, empathy, presentation skills, stress tolerance, trust, and communication management. In healthcare teams, communication plays a key role in the diagnosis, care, and treatment of patients. Therefore, recognizing and enhancing EI plays an important role in health promotion **(Celik GO,2020).**

2. Aim of the Study

This study aimed to investigate the relationship between assertiveness and emotional intelligence for nursing personal

Research Hypothesis

Is there a relationship between assertiveness and emotional intelligence for nursing personnel at Helwan public hospital?

Subject and Methods

Research Design:

Descriptive correlational research design was utilized to conduct in this study.

Study Setting

The study was conducted at all available department at Helwan public hospital which is governmental hospital affiliated to the Ministry of Health (MOH) in Helwan, Cairo, Egypt.

Subjects:

Study subjects will include all available nursing personnel (79) with full time work at the time of data collection at Helwan public hospital.

Tools of Data Collection

Two tools was used to collect necessary data

Frist Tool: - Assertiveness Questionnaire Sheet: It consisted of two parts

Part 1 - This part was intended to collect data related to personnel demographic characteristics of the study subjects.

Part 2 - Assertiveness Questionnaire Sheet:A self-administrated questionnaires was used to assess the level of assertiveness among nursing personnel at Helwan Public hospital.It was consisted of (47 statements) which cover (6) dimensions as following {Verbal and non-verbal style-interactive skill (10 items), Active orientation-interactive skill (6 items), Work habits-work attitudes (6 items), Control of anxiety and fear-self-awareness (15 items), Relation to coworkers-interactive skill (6 items) and negotiating the system-problem solving skill (4 items)}.

Scoring system This tool consisted of (47 items) with total grade (235). This tool rated on a 5- point Likert scale which ranged from 1 (strongly disagree) to 5 (strongly agree).Subject responses were calculated and summed and converted its percentage as the following:

- **Passive,** if the total score was less than 60%, it means less than (<140points).

- **Assertive,** if the total score was equal or more than 60%, to less than or equal 75%, it means less than (>141<176points).

- **Aggressive,** if the total score was more than 75%, it means more than (>177points).

Second Tools: Emotional Intelligence Questionnaire Sheet:

This tool was used to identify the level of Emotional Intelligence, it was developed by **(Emily and Sterrett, 2000)** and (**Paul Mohapel**), it was consisted of (59 items), which divided into four categories includes: (Emotional Awareness (15 items), Emotional management (14 items), social-Awareness (15 items), Relationship management (15 items)).

Scoring system this toot consisted of (59 items) with a total grade (295). It rated on a 5-pointLikert scale from 1 (strongly disagree) to 5 (strongly agree). Subject responses were calculated and summed and converted into percentage as the following:

- **Area for enrichment,** if the total score was less than or equal 60%, it means(<177points).

- **Effective functioning,** if the total score more than 60%, to less than or equal 80%, it means (>178<236points).

- **Enhanced,** skills, if the total score was more than 80%, it means more than (>237points).

Tool Validity and Reliability

The developed tool was formulated and submitted to five experts in community health nursing to assess the content validity, needed modification will be done. Reliability the Cronbach's Alpha model was used to determine the internal reliability of the tool.

Ethical considerations

Prior study conduction, approval was obtained from the Scientific Research Ethical Committee in Faculty of Nursing, Helwan University. In addition, an approval was obtained from the nursing director of Helwan General Hospital. Before starting data collection, the participants were informed about the aim of the study. They were reassured that confidentiality would be guaranteed, and they informed that they allowed choosing to participate or not in the study and that they have the right to withdraw from the study at any time. Ethics, values, culture, and beliefs were respected.

Pilot study

A pilot study was conducted to test feasibility and applicability of the study tools used in this study. It was carried out on (10%) (8 nursing personnel) of total study subjects (79).There were no modifications of tools and the nursing personnel included in the pilot study were included in the main study group.

Field work

Once official permission were obtained, the field work was startedData was collected in the morning and afternoon shifts, 2hours/day, 3day/week by the researcher. Subjects full filling the questionnaire in the presence of the researcher to ascertain all questions were answered. The time required for each nurse to fill the questionnaire was estimated to be 15-20 minutes. The researcher checked completed of each filled sheet after the participants completed it to ensure the absence of any missing data.

Administrative design

To conduct the study, anofficial letter issued from the Faculty of Nursing Helwan University to explain the aim of the study to the director of Helwan General Hospital either medical or nursing for obtaining the permission for data collection. Individual oral consent was also obtained from each nurse in the study.

Statistical design

The data were collected and coded. Then the collected data were organized, analyzed using appropriate statistical significance tests using the Computer Statistical Package for Social Science (SPSS), version 24. Data were presented using descriptive statistics in the form of frequencies and percentages.

Degrees of significance of results were considered as follow:

P-value > 0.05 Not significant (NS)

P-value≤0.05Significant(S)

P-value≤0.01HighlySignificant(HS)

- Standard deviation (SD) & arithmetic mean ($\overline{X}$) for quantitative data: age and

years of experience.

- Frequency and percentage for qualitative data: gender and marital status.
- Chi-square test used to compare between two or more groups.

RESULTS

Part (I): Personal characteristics of the studied nursing personnel

Table (1): Frequency distribution of the studied Nurses according to their personal characteristics (n=79)

Personal characteristics Items		No.	%
Age	▪ 20 < 30 years	25	31.6
	▪ 30<40 years	34	43.0
	▪ 40 <50 years	16	20.3
	▪ 50 <60 years	4	5.1
	▪ **Mean± SD**	**34.03±8.50**	
Gender	▪ Male	23	29.1
	▪ Female	56	70.9
	▪ Female to male ratio	2.4:1	
Marital status	▪ Single	16	20.3
	▪ Married	61	77.2
	▪ Divorce	1	1.3
	▪ Widow	1	1.3
Educational qualification	▪ Secondary school of nursing	52	65.8
	▪ Associated degree of nursing	12	15.2
	▪ Bachelor's degree in nursing	14	17.7
	▪ Master /doctorate degree	1	1.3
Years of experience	▪ < 3 years	12	15.2
	▪ ≥ 3 to < 5 years	14	17.7
	▪ ≥ 5 to < 10 years	24	30.4
	▪ ≥ 10 to < 15 years	15	19.0
	▪ ≥ 15 years	14	17.7
	▪ **Mean± SD**	**8.67±6.21**	
Previous training	▪ Yes	18	22.8
	▪ No	61	77.2
job position	▪ Staff nurse	57	72.2
	▪ Head nurse	11	13.9
	▪ Supervisor nurse	11	13.9

Table (1): as regard to personal characteristic of the studied nurses. It illustrates that (43%) of the age of the studied nurses was ranged from (30 < 40) with a mean age of (34.03±8.50). Also, more than two- thirds (70.9%) of the studied nurses were female with a female to male ratio = 2.4:1. Moreover, the (77.2%)more than three quarters of them were married, holding secondary school nursing degree, staff nurse and didn't attend previous training with the percentage of (77.2%, 65.8%, 72.2% &77.2%) respectively. Considering years of experience, it shows that about one-third of the studied nurse' experiences were ranged between (≥ 5 to < 10 years) with a mean of (**8.67±6.21).**

Table (2): Frequency distribution of the studied nurses according to working department (n=79)

	Departments		N	%
1	Administrative office	▪ Director office	1	1.3
2		▪ Infection control office	2	2.5
3		▪ Training office	2	2.5
4		▪ Quality department	2	2.5
5		▪ Health and safety department	1	1.3
6	Inpatient department	▪ Medical department	7	8.9
7		▪ Nephrology department	4	5.1
8		▪ Emergency department	5	6.3
9		▪ Obstetrics department	9	11.4
10		▪ Operating room	7	8.9
11		▪ Orthopedic department	6	7.6
12		▪ Intensive care units	10	12.7
13		▪ Pediatrics department	5	6.3
14		▪ Neonates	9	11.4
15	Outpatient	▪ Surgical department	4	5.1
16		▪ Dental clinic	2	2.5
17		▪ Ear and nose clinic	2	2.5
18		▪ Family planning clinic	1	1.3
Total			79	100.0

Table (2): as regard to working department of the studied nurses. It illustrates that more than one-tenth (12.7%) working in ICU. While the (1.3%) the tiny percentage of them working in director office, health and safety department and family planning clinic with the same percentage of (1.3%)

Table (3): Frequency distribution of levels of assertiveness regarding verbal and non-verbal style-interactive skill among the studied Nurses personnel (n= 79)

	I . Verbal and non-verbal style-interactive skill items:	Passive		Assertive		Aggressive		χ^2	P-value
		No.	%	No.	%	No.	%		
1	Point out when others interrupt you and request that they listen to what you are saying to them.	35	44.3	25	31.6	19	24.1	4.96	0.084
2	Receive compliments from others without discounting or dismissing what they are saying to you.	47	59.5	20	25.3	12	15.2	25.5	0.000**
3	Speak up with people in positions of power and authority.	40	50.6	25	31.6	14	17.7	12.9	0.002**
4	Finding it difficult to keep eye contact when talking to another person.	28	35.4	25	31.6	26	32.9	0.17	0.91
5	*Continue to pursue an argument after the other person has had enough.	39	49.4	23	29.1	17	21.5	9.8	0.007**
6	*Showing the anger by name-calling or obscenities.	47	59.5	15	19.0	17	21.5	24.4	0.000**
7	Reluctant to speak up in a discussion or debate.	18	22.8	24	30.4	37	46.8	7.16	0.020*
8	*Shout or use bullying tactics to get others to do as you wish.	62	78.5	7	8.9	10	12.7	72.6	0.000**
9	*Finishing other people's sentences for them.	52	65.8	11	13.9	16	20.3	38	0.000**

10	*Getting into physical fights with others, especially with strangers.	34	43.0	26	32.9	19	24.1	4.2	0.11
	Total	**21**	**26.6**	**50**	**63.3**	**8**	**10.1**	**35.1**	**0.000****

*Aggressive behavior   *Significant p ≤ 0.05   **Highly significant p ≤0.01

Table (3) represents the total levels of assertiveness regarding verbal and non-verbal style-interactive skill among the nursing personnel. It displays that, more than two-thirds (63.3%) of the studied nurses were Assertive, followed by more than quarter (26.6%) with passive level, while the one tenth of them (10.1%) were Aggressive regarding verbal and non-verbal style-interactive skill among the studied nurses. In addition to the presence of a difference between observed and expected values, with a highly statistically significant difference at (P = 0.000).

Table (4): Total mean score of emotional intelligence among the Nursing personnel (n= 79)

Emotional intelligence dimensions			No	%	Min	Max	$\bar{x}$	SD	F test	P value
I	Emotional awareness	Area for enrichment	8	10.1	26	44	37.7	7.8		
		Effective functioning	30	38.0	47	60	53.7	3.5		
		Enhanced skills	41	51.9	61	75	67.5	3.7		
		Total	**79**	**100.0**	**26**	**75**	**59.27**	**10.61**	**209**	**0.000****
II	Emotional management	Area for enrichment	6	7.6	38	41	39.17	1.47		
		Effective functioning	31	39.2	43	56	48.74	3.40		
		Enhanced skills	42	53.2	57	70	63.88	3.98		
		Total	**79**	**100.0**	**38**	**70**	**56.06**	**9.44**	**223**	**0.000****
III	Social emotional awareness	Area for enrichment	1	1.3	43	43	43	0.0		
		Effective functioning	30	38.0	48	60	54.27	3.6		
		Enhanced	48	60.8	61	75	68.81	4.0		
		Total	**79**	**100.0**	**43**	**75**	**62.9**	**8.37**	**141**	**0.000****
IV	Relationship management	Area for enrichment	4	5.1	39	44	42.25	2.36		
		Effective functioning	29	36.7	48	60	54.28	3.74		
		Enhanced skills	46	58.2	62	75	68.70	4.17		
		Total	**79**	**100.0**	**39**	**75**	**62.06**	**9.16**	**170**	**0.000****
	Total	Area for enrichment	1	1.3	177	177	177	0.0		
		Effective functioning	37	46.8	179	236	212	16.0		
		Enhanced skills	41	51.9	239	295	267	12.6		
		Total	**79**	**100.0**	**177**	**295**	**240.35**	**31.94**	**155**	**0.000****

*Significant p ≤ 0.05   **Highly significant p ≤0.01   F: ANOVA Test

Table (4) represents that the total mean score of emotional intelligence among the nursing personnel was ($\bar{x}$ ± SD= **240.35±31.94)** with a highly statistically significant difference among total mean score of emotional intelligence at (P .000). Regarding to sub items; the total mean score of emotional awareness was ($\bar{x}$ ± SD= **59.27±10.61)** with a highly statistically significant difference at (P = 0.000). Moreover, the total mean score of emotional management was ($\bar{x}$ ± SD= **56.06±9.44)** with a highly statistically significant difference at (P = 0.000).

Considering, the total mean score of social emotional awareness was ($\bar{x}$ ± SD= **62.9±8.37)** with a highly statistically significant difference at P = 0.000. Finally, the total mean score of relationship management was ($\bar{x}$ ± SD= **62.06±9.16)** with a highly statistically significant difference at (P = 0.000).

Table (5): Correlational matrix between total assertiveness and total emotional intelligence among the Nursing personnel

Items		Assertiveness	Emotional intelligence
I. Assertiveness	r		0.962
	P		0.000**
II. Emotional intelligence	r	0.962	
	P	0.000**	

Table (5) illustrates correlational matrix between total of assertiveness and total emotional intelligence among the nursing personnel. It clarifies that, there was a highly statistically positive correlation between total assertiveness and total emotional intelligence among the studied nurses at (r= 0.962, P= 0.000).

DISCUSSION

This study aimed to assess the relationship between assertiveness and emotional intelligence for nursing personnel through answering the following research question: Part I: Socio-demographic characteristics of the studied nurses. **Pertaining to nurse's age**, the findings of the present study revealed that more than two fifths of the studied nurses were in age group 30 -< 40 with age 34.03±8.50 years. This result was consistent with **Mohammed and Fekry (2018).** In a study entitled "Relationship between Head Nurses Emotional Intelligence and Staff Nurses Job Satisfaction "who found that more than two fifths of nurses were in the age group ranged from 30 to less than 40 years old. This result was agreed with **Saleh and Eldeep (2020)**. In a study entitled "Relationship between Self Esteem and Emotional Intelligence among Nursing Managers "who found that about half of nurses were in the age group ranged from 30 to less than 40 years old. This result was supported with **Hadavi and Nejad (2018).** In a study entitled "Assertive Behaviors among Nursing Staff in a Local Hospital in Iran" who found that the mean of nurse's age was (31.49 ± 7.3).This result was disagreed with **Mazzella-Ebstein etal, (2021).** In a study entitled "The emotional intelligence, occupational stress, and coping characteristics by years of nursing experiences of newly hired oncology nurses "who found that more than three quarters of nurses were in age group 21-30 years. **Regarding nurse's gender,** the findings of the present study revealed that more than two thirds of the studied nurses were females. From researcher point of view, this result could be attributed to the dominance of females in the nursing profession and recency of males involvement in nursing. Additionally, male nurses prefer to work at private hospitals for higher salaries, unlike most of female nurses prefer to work in the governmental hospitals.

This result was consistent with **Yoshinaga etal, (2018).** In a study entitled "Is modified brief assertiveness training for nurses effective? A single-group study with long-term follow-up" who found that near to three quarters of nurses were females. This result was supported by **Torres etal, (2021).** In a study entitled "Relationship between emotional intelligence, sleep quality and body mass index in emergency nurses" who documented that more than three quarters of nurses were females.

This result was contradicted with **Yarbeigi etal, (2021).**In a study entitled "Investigating the relationship between demographic variables and emotional intelligence and spiritual health in the nurses working in the teaching hospitals of ilam", who reported that, three fifths of the nurses were males.

Pertaining to marital status, the findings of the present study revealed that more than, three quarters of the studied nurses were married. This result was in agreement

with **Hadavi and Nejad (2018).** In a study entitled "Assertive Behaviors among Nursing Staff in a Local Hospital in Iran" who found that most of nurses were married.Also, this result was agreed with **Yarbeigi etal, (2021).** In a study entitled "Investigating the relationship between demographic variables and emotional intelligence and spiritual health in the nurses working in the teaching hospitals of ilam", who reported that, majority of the participant nurses were married

Concerning nurse's educational qualification, the findings of the present study revealed that, slightly less than two thirds of the studied nurses had nursing school. The researcher believes that, school diploma holder nurses are less assertive than graduate nurses as academic degree level of nurses may affect their assertiveness. This result was consistent with **Yoshinaga etal, (2018).** In a study entitled "Is modified brief assertiveness training for nurses effective? A single-group study with long-term follow-up, "who found that, the highest nursing educational level in about three quarters of nurses was professional school of nursing.

Also, this result was supported by **Revathi and Malarvizhi (2018).** In a study entitled "Assessment of emotional intelligence and assertive communication among nurses", who found that, the majority of the nurses were diploma holders.

In relation to nurse's occupational position, the findings of the present study revealed that, slightly less than three quarters of the studied nurses were staff nurses. The researcher believes that, head nurses are more assertive than staff nurses. This result was in agreement with **Hadavi and Nejad (2018).** In a study entitled "Assertive Behaviors among Nursing Staff in a Local Hospital in Iran" who found that about three quarters of the studied nurses were staff nurses.

This result was supported with **Ilyas etal, (2018).** In a study entitled "Assertive Behavior of Nurses and Head nurses in Government Hospital Lahore, Pakistan, "who found that, two thirds of nurses were staff nurses.

Pertaining to attending training courses, the findings of the present study revealed that more than three quarters of the studied nurses hadn't attended training before. This result was consistent with **Ahmed etal, (2021).** In a study entitled "Assertiveness among Nurses in El Fayoum University Hospitals" who found that more than half of nurses hadn't attended training courses in the managerial field.

Owing to nurse's years of experiences, the findings of the present study revealed that about one-third of the studied nurse's experience was ranged between ≥ 5 to < 10 years old with a mean of (8.67±6.21).This result was consistent with **Ahmed etal, (2021).** In a study entitled "Assertiveness among Nurses in El Fayoum University Hospitals", who found that, number of years of experiences of the most of nurses was 5- <10 years with mean (7.15±2.67).This result was disagreed with **Torres etal, (2021).** In a study entitled "Relationship between emotional intelligence, sleep quality and body mass index in emergency nurses", who found that, more than one third of nurses had (1-5) years of experience.

Concerning Levels of assertiveness among the studied nurses. In relation to total level of assertiveness, the findings of the present study revealed that more than two thirds of the studied nurses had assertive level and more than one quarter of them were passive of assertiveness.

From researcher point of view, this finding of passive assertiveness among studied nurses might be due to the unawareness of their legal rights, their low self-confidence, physicians' dominance in healthcare settings and managers' reluctance to engage nurses in decision-making and policy-making and give them greater professional autonomy.

This result was consistent with **Ali, Shazly and AbdElrahman (2017),** in a study entitled "Factors affecting assertive behavior among head nurses," who found that there was low assertiveness level in all study sample, where more than half of study sample had low level of assertiveness. Also, this result was in agreement with **Hadavi and Nejad(2018),** in a study entitled "Assertive Behaviors among Nursing Staff in a Local Hospital in Iran" who found that about half of the studied nurses had of assertiveness level and only more than one fifth of them were passive.

Regarding verbal and non-verbal style-interactive skill, the findings of the present study revealed that more than three fifths of the studied nurses had an assertiveness level.The researcher believe that assertive behavior has large positive correlation with interpersonal communication satisfaction and this indicate that increasing in assertive behavior associated with increasing interpersonal communication satisfaction.

This result was supported by **Revathi and Malarvizhi (2018),** in a study entitled "Assessment of emotional intelligence and assertive communication among nurses" who documented that, majority of nurses felt that they had difficulty with assertive communication. On the other hand, this result was contradicted with **Ali, Shazly and AbdElrahman (2017),** in a study entitled "Factors affecting assertive behavior among head nurses" who found that two thirds of the nurses have high assertiveness regards communication.

In relation to the correlation between total level of assertiveness and total level of emotional intelligence, the findings of the present study revealed that there highly statistically positive correlation between total of assertiveness and emotional intelligence among the studied nurses. From researcher's point of view, this finding of significant relation between emotional intelligence of nurses and their gender is well expected as women tend to present greater attention to emotions than men not in this profession only but at a general level.

From researcher's point of view, this finding is well expected as the appropriate level of emotional intelligence allows nurses to use their abilities to the maximum level and express their feelings and rights. Also, the researcher believes that the significant correlation between these variables indicates a need for regular assessment among nurses and training in assertiveness that helps the nurses to use their emotions wisely and improve emotional intelligence.

This result was in agreement with Niyogi, Yesodharan and Dsa (2020), in a study entitled "Relationship between emotional intelligence, self-esteem, and assertiveness among South Indian youth: A descriptive, cross-sectional study from Karnataka, "who documented that, emotional intelligence and assertiveness are significantly correlated. Also, this result was supported with Jiméneza etal. (2020), in a study entitled "Development of emotional intelligence and assertiveness in physiotherapy students and effects of clinical placements", who display that, a significant correlation was found between assertiveness and emotional intelligence.

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