DOI: 10.7860/JCDR/2023/59339.17789

Original Article

Psychiatry/Mental Health Section

Self-assertiveness and Perceived Parenting Style among Medical Students in Southern India: A Cross-sectional Study

MEERA GEORGE[1], NEETHU GEORGE[2], DHARMARAJ ROCK BRITTO[3]

ABSTRACT

Introduction: The youth population particularly medical students should have the ability to express their feelings without hurting others and thus develop proper communication with the patients. The way they express and take decision shows their self-assertiveness. The communication potential and the assertivenss skill is developed mainly during the childhood partially through parental guidance.

Aim: To assess self-assertiveness and perceived parenting style among medical students and to assess any association between the variables.

Materials and Methods: The study was conducted as a cross-sectional study among 400 prefinal and final-year medical students (MBBS) from Travancore Medical College, Kollam district Kerala, India for a period of two months from January-February 2020. The data was collected using a self-reported questionnaire method which includes- socio-demographic details, Rathus assertiveness scale to assess self-assertiveness, and parenting bond instrument to assess perceived parenting style. The association was assessed using Chi-square and Fisher's exact test. The data was collected in Microsoft excel and analysed using Statistical Package for the Social Sciences (SPSS) version 23.0.

Results: The mean age of the study population was 21.34±1.71 years, and there were 132 (33%) males, and 268 (67%) females. The study showed that 206 subjects (51.5%) had low assertiveness scores. Among subjects, most of the subjects {236 (59%) in the father and 252 (63%) in the mother} perceived their parents to have optimal parenting style. The male gender perceived the parents to be affectionless and high protection from the parents showed a significant reduction in the assertiveness scores. The study did not found any significant association between perceived parenting styles and the self-assertiveness score of medical students. In case of father, the Chi-square value was 7.27, and p-value was 0.20 and for mother the Chi-square value was 4.93 and the p-value was 0.08.

Conclusion: Most of the medical students have low self-assertiveness score and perceived their parents to have optimal parenting styles. Even though the study showed an absence of association between the perceived parenting style and self-assertiveness, the importance of being assertive should be established among students and measures can be adopted to make a family consultation.

Keywords: Adulthood, Assertiveness, Mental health, Youth

INTRODUCTION

The youth period is considered as the transition from identity formation in adolescents to more of an identity establishment and with the capacity to commit to maximum amount of social interaction [1]. This early adulthood is characterised with settling down, increased amount of stress, and time to commit to social interaction. During this time strong interpersonal relationships and social skills develop [2,3]. During this phase of behaviour and character formation, a person falls either on one end with assertiveness or the other end with aggressiveness.

Self-assertiveness is one such virtue where an individual expresses his or her feelings or thoughts without disturbing the rights of others or in line with others. The aggression origins from the self-importance at the cost of neglecting others. The trait of self-assertiveness converts the person to an expert to disagree actively, request making, start, engage and divert communications and defend or handle situations positively. Assertiveness brings about the qualities of being open, with increased self-confident, self-esteem, judgment, conscious and other rational abilities [4,5]. This social skill definitely models around or is influenced by the family. The parent children bonding plays a vital role in shaping the behaviour and attitude of the child towards the society and the surrounding. Parenting styles can be defined as a set or a system of behaviours that describes parent and child interactions over a wide range of situations and creates an effective interactive atmosphere [5,6].

The medical students which form a significant proportion of youth and adolescents have a significant role in being assertive. These population has to acquire more social skills and be efficient in their communication as research has proved that people that are good at communicating encounter fewer issues, make fewer mistakes, use fewer resources, and handle challenges more effectively [7].

There are very few studies done on self-assertiveness and perceived parenting styles among medical students. Study on self-assertive behaviour among medical students in Tunsisa showed that identifying subgroups of students who are experiencing anxiety or depression and focusing on their self-esteem and interpersonal communication skills (sending clear messages) have an impact on assertive behaviour [7]. Studies have shown where parenting style actively have a role in formulating one's assertiveness and also higher level of assertiveness among adolescents with authoritative parents [8-10]. Another study revealed that that the authoritative parenting style made a reduction of behavioural disorders and those having powerful parenting methods, had less behaviour-disorders [11]. There is also considerable evidence to show that parenting styles and behaviours related to warmth, communication and disciplinary practices predict academic achievement and psychosocial adjustment [12]. Literatures have showed that medical fraternity particularly nursing students have an assertive behaviour proportion ranging from about 30-70% [13-18]. There is a lacuna of this assessment among medical students and its association with parenting styles. So, the present study aimed to assess the self-assertiveness and perceived parenting style among medical students and to find any association among self-assertiveness and perceived parenting style. The null hypothesis of the study was that,

there was no association between self-assertiveness and perceived parenting style in medical students.

MATERIALS AND METHODS

The cross-sectional study was conducted among the medical students (prefinal year, final year and interns) at a private medical college hospital, Travancore Medical College in Kollam district in Kerala, a south Indian state for a period of two months in January and February 2020. The study was done after obtaining informed consent from the subjects and adhered to the ethical declaration according to Helsinki. The study was done after obtaining institution ethics committee approval (IECHS/IRCHS/MCH no: 83, 23/12/2019) from the private Medical College.

Sample size: The sample size was calculated after considering the prevalence of assertiveness as 33.5% in a study done among late adolescent students with a precision of 5% and 95% confidence interval, with the formula $N=Z^{2}*p*(1-p)/d^{2}$. Thus, the total sample size required for the study was 373 and included 400 samples [19].

Inclusion criteria: The prefinal year, final year and intern students studying in the private medical college hospital was included in the study.

Exclusion criteria: The students who were not willing to participate and those who were absent during the time of data collection were excluded from the study.

The study was done using a questionnaire method where the detailed questions was given as individual sheets and students were asked to mark responses. Each student was given an average time of 30 minutes after which sheets were collected back. The investigator detailed the questions to avoid any doubts regarding the questions in their comfortable language. The questionnaire was not translated, instead only the doubts of the participants were clarified in their comfortable language (Malayalam/English).

Questionnaire: The questionnaire included 65 questions, where 10 questions were based on the socio-demographic variables, self-assertiveness questionnaire had 30 questions and parental bonding instrument had 25 questions.

- Socio-demographic questions including age, gender, type of family, number of family members, marital status, place of stay, education of father and mother were included. The age at which internet usage started, time spent online each day were assessed.
- The Rathus assertiveness schedule comprised of 30 questions with a 6 point Likert scale. There were 14 items for assertive behaviour and 16 items for non assertive behaviour [20].

  Scoring of assertive behaviour was given as:
  - 05 for very much like me
  - 04 for rather like me
  - 03 for somewhat like me
  - 02 for somewhat unlike me
  - 01 for rather unlike me
  - zero for very unlike me.

Reverse scoring is done for the non assertive behaviour. The total score of assertive behaviour ranges from 0-150 for 30 items. Assertiveness score was calculated based on percentiles. Low assertiveness -≤67 (≤50th percentile), moderate assertiveness-between 68-79.75 (50th-75th percentile) high assertiveness- >79.76 (>75th percentile) Using a Pearson product moment correlation coefficient over a two-month period, test-retest reliability was determined (r=0.78), indicating moderate to high test score stability. Split-half reliability, a gauge of internal consistency dependability, was calculated to be 0.77, indicating moderate to high homogeneity [20].

- The parental bonding scale consists of 25 item questionnaires separate for both mother and father [21]. There were questions for both care and protection with score specifying high and low. In addition to generating care and protection scores for each scale, parents can be effectively "assigned" to one of four parenting styles: The studies showed high reliability which was 0.900 [22]. Assignment to "high" or "low" categories is based on the following cut-off scores:
  - For mothers, a care score of >27.0- high a protection score of >13.5- high
  - For fathers, a care score of >24.0- high and a protection score of >12.5- high

The following parenting styles were created for both mother and father.

- "Affectionate constraint"=high care and high protection
- "Affectionless control"=high protection and low care
- "Optimal parenting"=high care and low protection
- "Neglectful parenting"=low care and low protection

STATISTICAL ANALYSIS

The data were entered into Microsoft Excel and analysed using statistical package for SPSS Version 23.0 {IBM Corp. Released 2015. IBM SPSS Statistics for Windows, Version 23.0. Armonk, NY: IBM Corp}. Socio-demographic details and frequencies of each were done by descriptive analysis. Association between socio-demographic details, the self-assertiveness and perceived parenting style, was done by one-way Analysis of Variance (ANOVA), Chi-square test and Fisher's-exact test after assessing the normality of the variables. The p-value <0.05 was taken as significant. The internal consistency of questionnaire was calculated and Chronbach's alpha value came out to be 0.76.

RESULTS

Socio-demographic details: The mean age of the study population was 21.34±1.71 years. The demographic details are given in the [Table/Fig-1].

Variables		N (%)
Age (years)	18-21	236 (59)
	21-25	164 (41)
Gender	Male	132 (33)
	Female	268 (67)
Type of family	Nuclear	334 (83.5)
	Joint	30 (7.5)
	Extended	36 (9)
Number of family members	<5	199 (49.75)
	5-9	192 (48)
	≥10	9 (2.25)
Marital status	Married	4 (1)
	Unmarried	396 (99)
Place of stay	Home	74 (18.5)
	Hostel	321 (80.25)
	Private accommodation	5 (1.25)
Education of father	Postgraduate	93 (23.3)
	Graduate	207 (51.7)
	Higher secondary	64 (16)
	Secondary	28 (7)
	Primary or below	8 (2)
Education of mother	Postgraduate	83 (20.8)
	Graduate	204 (51)
	Higher secondary	79 (19.8)
	Secondary	28 (7)
	Primary or below	6 (1.5)

Use of internet at present	Yes	388 (97)
	No	12 (3)
Years of internet usage	<5 years	116 (29)
	5-9 years	217 (54.3)
	≥10 years	67 (16.7)

[Table/Fig-1]: Demographic details among the population.

Self-assertiveness: The mean±SD assertiveness score of the study population was 67.10±19.48 with a minimum of 16 and maximum of 120. In the study among 400 subjects, majority had 206 (51.5%) had low assertiveness, 94 (23.5%) had moderate assertiveness and 100 (25%) had high assertiveness.

Parenting style: The [Table/Fig-2] below showed the different parenting style of the parents (n=800) based on the score. Among 400 parent of study subjects, 236 (59%) in father and 252 (63%) in mothers displayed optimal parenting style.

Parenting style	Father, n (%)	Mother, n (%)
Affectionate constraint-high care and high protection	108 (27%)	90 (22.5%)
Affectionless control-low care and high protection	44 (11%)	45 (11.2%)
Optimal-high care and low protection	236 (59%)	252 (63%)
Neglectful-low care and low protection	12 (3%)	13 (3.3%)

[Table/Fig-2]: Perceived parenting style according to the subjects.

Inferential Statistics

Self-assertiveness and other variables: Self-assertiveness categories didn't show any association with mean age of the subjects (One-way Anova test, p-value> 0.05). There was no significant association between gender, place of stay, type of family, number of family members and self-assertiveness categories [Table/Fig-3].

Parenting style categories and other variables: The association of parenting style with gender shows that significant proportion of male gender perceived the parenting style of mother and father to be affectionless in comparison to female gender (18.2% vs 7.5% father, chi-square test value- 13.45, p-value- 0.005 and 18.9% vs 7.2% mother, chi-square test value- 13.13, p-value-0.005). There was no significant association between, place of stay, type of family, number of family members and perceived parenting styles of father and mother [Table/Fig-4].

Self-assertiveness categories and care/protection of parents (high and low): The [Table/Fig-5] showed the association between self-assertiveness and care and protection of parent. There was a significant association between self-assertiveness and protection of parent. Over-protection and control from both father and mother leads to decrease assertiveness and confidence among children which is evident from above association.

Self-assertiveness categories and parenting style categories: The [Table/Fig-6] showed the association between self-assertiveness and parenting style. There was no significant association between self-assertiveness and parenting style.

DISCUSSION

The study is a unique one with its assessment among medical students and the use of these two variables- self-assertiveness and parenting styles. The aim of this study was to investigate the existence and relationship between parenting style and self-assertiveness among medical students. The study showed that, majority of the subjects 51.5% had low assertiveness. In a study done among nursing students, 96% of subjects were having moderate assertiveness [23], Iran study [24] and Tehran study

Variable		Low assertiveness, n (%)	Moderate assertiveness, n (%)	High assertiveness, n (%)	Table value	p-value
Age (years) M±SD		21.16±1.66	21.53±1.66	21.53±1.86	2.39	0.09[a]
Gender	Male	143 (53.3)	65 (24.3)	60 (22.4)	2.95	0.24[b]
	Female	63 (47.7)	29 (22)	40 (30.3)		
Place of stay	Home	31 (41.9)	19 (25.7)	24 (32.4)	4.08	0.06[b]
	Hostel	172 (53.6)	74 (23.1)	75 (23.3)		
	Private accommodation	3 (60)	1 (20%0	1 (20)		
Type of family	Nuclear	167 (50)	79 (23.7)	88 (26.3)	3.67	0.143[b]
	Joint	18 (60)	6 (20)	6 (20)		
	Extended	7 (50)	5 (35.7)	2 (14.3)		
	3 Generation	14 (63.6)	4 (18.2)	4 (18.2)		
No: of family members	<5	107 (53.8)	44 (22.1%0	48 (24.1)	4.79	0.85[b]
	5-9	92 (47.9)	48 (25)	52 (27.1)		
	≥10	7 (77.8)	2 (22.2)	0		

[Table/Fig-3]: Association of self-assertiveness and other variables.
[a]One-way Anova test, b- Chi-square test, * p-value <0.05 is significant

Parent style	Variable, n (%)		Parent style	Variable parent style, n (%)	
Mother	Female	Male	Father	Female	Male
Affectionate	68 (25.4)	22 (16.7)	Affectionate	82 (30.6)	26 (19.7)
Affectionless	20 (7.5)	25 (18.9)	Affectionless	20 (7.5)	24 (18.2)
Optimal	171(63.8)	81(61.4)	Optimal	158 (59)	78 (59.1)
Neglectful	9 (3.4)	4 (3)	Neglectful	8(3)	4(3)
Chi-square value=13.45, p=0.005*			Chi-square value=13.13, p=0.005*		

	Place of stay, n (%)				Place of stay, n (%)		
Mother	Home	Hostel	Private accommodation	Father	Home	Hostel	Private accommodation
Affectionate	11 (14.9)	78 (24.3)	1 (20)	Affectionate	15 (20.3)	92 (28.7)	1 (20)
Affectionless	8 (10.8)	34 (10.6)	3 (60)	Affectionless	10 (13.5)	31 (9.7)	3 (60)

Optimal	51 (68.9)	200 (62.3)	1 (20)	Optimal	47 (63.5)	188 (58.6)	1 (20)
Neglectful	4 (5.4)	9 (2.8)	0	Neglectful	2 (2.7)	10 (3.1)	0
Fisher's-exact test=13.12, p-value=0.09				Fisher's-exact test=8.96 p-value=0.19			

	Type of family, n (%)					Type of family, n (%)			
Mother	**Nuclear**	**Joint**	**Extended**	**Three generation**	**Father**	**Nuclear**	**Joint**	**Extended**	**Three generation**
Affectionate	77 (23.1)	7 (23.3)	3 (21.4)	3 (13.6)	Affectionate	90 (26.9)	9 (30)	3 (21.4)	6 (27.3)
Affectionless	36 (10.8)	3 (10)	4 (28.6)	2 (9.1)	Affectionless	35 (10.5)	3 (10)	3 (21.4%	3 (13.6)
Optimal	210 (62.9)	20 (66.7)	7 (50)	15 (68.2)	Optimal	199 (59.6)	18 (60)	7 (50)	12 (54.5)
Neglectful	11 (3.3)	0	0	2 (9.1)	Neglectful	10 (3)	0	1 (7.1)	1 (4.5)
Fisher's-exact test=9.08, p-value=0.76					Fisher's-exact test=8.88 p-value=0.48				

	Number of family members, n (%)				Number of family members, n (%)			
Mother	**<5**	**5-9**	**≥10**	**Father**	**<5**	**5-9**	**≥10**	
Affectionate	52 (26.1)	36 (18.8)	2 (22.2)	Affectionate	53 (26.6)	54 (28.1)	1 (11.1)	
Affectionless	24 (12.1)	20 (10.4)	1 (11.1)	Affectionless	25 (12.6)	18 (9.4)	1 (11.1)	
Optimal	119 (59.8)	127 (66.1)	6 (66.7)	Optimal	113 (56.8)	116 (60.4)	7 (77.8)	
Neglectful	4 (2)	9 (4.7)	0	Neglectful	8 (4)	4 (2.1)	0	
Fisher's-exact test=4.08, p-value=0.06				Fisher's-exact test=3.88 p-value=0.86				

[Table/Fig-4]: Parenting style and gender and place of stay variables.

	Care and protection	Low assertiveness, n (%)	Moderate assertiveness, n (%)	High assertiveness, n (%)	Chi-square value	p-value
Father care	Low	28 (50)	15 (26.8)	13 (23.2)	0.41	0.09
	High	178 (51.7)	79 (23)	87 (25.3)		
Father protection	Low	120 (48.4)	64 (25.8)	64 (25.8)	3.84	0.02*
	High	86 (56.6)	30 (19.7)	36 (23.7)		
Mother care	Low	27 (46.6)	17 (29.3)	14 (24.1)	1.32	0.06
	High	179 (52.3)	77 (22.5)	86 (25.1)		
Mother protection	Low	131 (49.4)	62 (23.4)	72 (27.2)	2.1	0.01*
	High	75 (55.6)	32 (23.7)	28 (20.7)		

[Table/Fig-5]: Association of care and protection of parent and self-assertiveness.
*Chi-square test p-value <0.05 was significant

	Parent style	Low assertiveness, n (%)	Moderate assertiveness, n (%)	High assertiveness, n (%)	Chi-square value	p-value
Father	Affectionate	62 (57.4)	18 (16.7)	28 (25.9)	7.27	0.20
	Affectionless	24 (54.5)	12 (27.3)	8 (18.2)		
	Optimal	116 (49.2)	61 (25.8)	59 (25)		
	Neglectful	4 (33.3)	3 (25)	5 (41.7)		
Mother	Affectionate	54 (60)	18 (20)	18 (20)	4.93	0.08
	Affectionless	21 (46.7)	14 (31.1)	10 (22.2)		
	Optimal	125 (49.6)	59 (23.4)	68 (27)		
	Neglectful	6 (46.2)	3 (23.1)	4 (30.8)		

[Table/Fig-6]: Association of assertiveness of subjects and parenting styles.
Fisher's-exact test, p-value <0.05 was significant

[25] done among nursing students showed 68% had moderate level of assertiveness and about 90% had moderate level of assertiveness score, respectively.

The present study showed nil significant association between age, gender, place of stay, type of family, number of family members and self-assertiveness categories. Similar results were found in many studies where gender had nil influence on the assertiveness behaviour [8,26]. Few studies done in the past showed that males showed an overall increase in assertiveness than female gender. Also, these studies showed that females were actually more likely to perform certain assertive behaviours than males (starting interaction, providing negative feedback, congratulating others, and admitting personal deficiencies) [27,28].

In the present study, most of the students perceived the parent's parenting style as optimal. In a study done among the emerging young adults [29], most of them perceived the parenting styles to have higher warmth and lower control which is like the present study. The result is more or less same in other studies done among these age group, as they usually transit from adolescence to adult and so the parents respond to this transition by lowering their control but with certain level of concern [30,31]. The association of parenting style with gender shows that significant proportion of male gender perceived the parenting style of mother and father to be affectionless in comparison to female gender. There are many studies which showed females showed more favourable attitude towards parents and found the parents to be more involved in their activities [32-35]. This holds true as the parents truly showed a minor higher degree involvement in matters of female children which may be less for male children. Also, the higher concern makes them feel captive to score lower for the parents.

Present study showed that there was no significant mean difference in assertiveness scores across all parenting styles. Few studies [8,36] have shown the same result as present and the

reason can be due to the current democratic parenting where the children indeed gets a space to voice out and also the subjects in this study would be responding based on their current experience with the parents.

The study showed the importance of imparting self-assertiveness among the subjects. Being a medical student the act of developing communication skills, feeling self-confident, decision-making ability and to express without hurting others play a major role in their career. The new measure of National Medical Council to impart communication skill into the medical curriculum can be shown as an initial step towards achieving this. It will be better to practice the skills based on simulated exercises to develop better expressions and statements in the communication. Self-assertiveness which is a part of self-regulation component of emotional intelligence, the programs imparted to improve it will make the subjects to be in a high emotional intelligent level. The future studies can be made to develop evidence with or without interventions like self-skill development or communications. Efforts should be made in this current online era of education to impart few life skills along with curriculum training.

Limitation(s)

The study limits in such a way that the perception of parenting style by the subjects may be of recent periods, which would not have given a full picture. The assessment of parenting style from the children makes them to either perceive in an overly wrong way or to make it more desirable. The self-reporting of self-assertiveness by the subjects can have a social desirability bias which tried to make them respond positively. The study would have been better with inclusion of other variables which influence self-assertiveness like intelligence measures (intelligence quotient and emotional intelligence), involvement in extracurricular or sports, and socio-demographic variables like income status and cost of living.

CONCLUSION(S)

The study showed that most of the subjects had low level of self-assertiveness and most perceived their parents to have optimum parenting style. The study has shown that increased protection and control from both Father and Mother leads to decrease assertiveness and confidence. The importance of this era youngsters to be more constructive in their views can be ascertained. The role of being assertive in anxiety situations, anger management and to boost self-confidence should be endorsed at this age. The building up of successful relationships which as a fact a major achievement for the current generation can be made proper by being highly self-assertive.

Acknowledgement

Authors would like to thank all the study participants for their full participation.

REFERENCES

[1] Levinson DJ. A Conception of adult development. Am Psychol. 1986;41:03-13.
[2] Early Adulthood Development. Accessed: May 30, 2022. https://www.allpsychologycareers.com/psychology/early-adulthood-development/.
[3] Characteristics and Characteristics of Early Adulthood. Accessed: May 30, 2022. https://www.brainkart.com/article/Characteristics-and-Characteristics-of-Early-Adulthood_2117/.
[4] Himaja Prabha P, Kiran Babu NC. Assertiveness and fear of negative evaluation among young adults. Int J Indian Psychol. 2021;9(2):408-16.
[5] Parenting styles and assertiveness free essay example. Accessed: May 30, 2022. https://studymoose.com/parenting-styles-and-assertiveness-essay.
[6] Darling N, Steinberg L. Parenting style as context: an integrative model. Psychol Bull. 1993;113:487-96. 10.1037/0033-2909.113.3.487
[7] Najafi K, Tirgari A, Yazdani J, Falaki M, Salehi F. Investigating employees' and health care practitioners' communication skills. Iran J Psychiatry Clin Psychol. 2017,23:208-17.
[8] Dagnew A, Asrat A. The role of parenting style and Gender on assertiveness among undergraduate students in Bahir Dar University. Saudi J Humanit Soc Sci. 2017,2:223-29. Doi: 10.21276/sjhss.2017.2.3.4
[9] Alayi Z, Khamen ABZ, Gatab TA. Parenting style and self-assertiveness: Effects of a training program on self-assertiveness of Iranian high school girls. Procedia-Soc Behav Sci. 2011;30:1945-50. Doi: 10.1016/j.sbspro.2011.10.378
[10] Bioh R, Durowaa R, Kumasenu B, Gyekye C. Influence of parenting styles on behavioural and emotional outcomes among University of Ghana undergraduate students. Asian J Educ Soc Stud. 2018;2:01-08. Doi: 10.9734/ajess/2018/44322
[11] Banisi P, Erfan A, Banisi V, Havazadeh M. Investigating the relationship of parenting styles to the shyness rate of high school students with behavioral disorders. J Adv Pharm Edu Res. 2020;10(S1):19-22.
[12] Newman K, Harrison L, Dashiff C, Davies S. Relationships between parenting styles and risk behaviors in adolescent health: an integrative literature review. Rev Lat Am Enfermagem. 2008;16:142-50. Doi: 10.1590/s0104-11692008000100022
[13] Yılmaz G, Erdöl H, Çalık KY, Bulut HK (2019). Self-Esteem and assertiveness levels of nursing students. In E Soriano, C Sleeter, M Antonia Casanova, RM Zapata, & VC Cala (Eds.), The Value of Education and Health for a Global, Transcultural World, vol 60. European Proceedings of Social and Behavioural Sciences (pp. 819-827). Future Academy. https://doi.org/10.15405/epsbs.2019.04.02.101.
[14] Ben Cherifa D, Saguem BN, Chelbi S, Braham A, Ben Nasr S, Ben Saad H. Predictors of assertive behaviors among a sample of first-year Tunisian medical students. Libyan J Med. 2022;17(1):2095727. Doi: 10.1080/19932820.2022.2095727.
[15] Ünal S. Evaluating the effect of self-awareness and communication techniques on nurses' assertiveness and self-esteem. Contemp Nurse. 2012;43:90-98. Doi: 10.5172/CONU.2012.43.1.90.
[16] Ibrahim SAEA. Factors affecting assertiveness among student nurses. Nurse Educ Today. 2011;31:356-60. Doi: 10.1016/J.NEDT.2010.07.006.
[17] Dinçer UHF, Öztunç G. Self-esteem and assertiveness levels of nursing and midwifery students. Journal of Hacettepe University Faculty of Nursing. 2009;16(2):022-033.
[18] Ekinci M, Şahin Altun Ö, Can G. Examination of the coping style with stress and the assertiveness of the nursing students in terms of some variables. J Psychiatr Nurs. 2013;4:67-74.
[19] Khademi Mofrad SH, Mehrabi T. The role of self-efficacy and assertiveness in aggression among high-school students in Isfahan. J Med Life. 2015;8:225-31.
[20] Rathus Assertiveness Schedule (RAS)-PsychTools. Accessed: May 31, 2022. https://www.psychtools.info/ras/.
[21] Parker G, Tupling H, Brown LB. Parental Bonding Instrument (PBI). Br J Med Psychol. 1979;52:01-10.
[22] Robles Estrada E, Oudhof van Barneveld H, Mercado Maya A. Validity and reliability of the Parental Bonding Instrument (PBI) in a sample of Mexican males. Psicogente. 2016;19:14-24. Doi: 10.17081/PSICO.19.35.1205.
[23] Shrestha S. Assertiveness and self-esteem among nursing students of Manipal College of Medical Science of Pokhara, Nepal. J Chitwan Med Coll. 2019;9:54-59. Doi: 10.3126/JCMC.V9I2.24535.
[24] Rasouli N, Ghamari Zare Z. Level of assertiveness and its barriers among nursing internship students. JHC 2015;17(2):100-07.
[25] Taghavi T, Larijani MMH. Relationship between assertiveness and critical thinking in nursing students. J Nurs Educ. 2014;3:32-40.
[26] Arigbabu AA, Oladipo SE, Owolabi-Gabriel MA. Gender, marital status and religious affiliation as factors of assertiveness among Nigerian education majors. Int J Psychol Couns. 2011;3:20-23. Doi: 10.5897/IJPC.9000020.
[27] Chandler TA, Cook B, Dugovics DA. Sex differences in self-reported assertiveness. Sage Journal. 2016;43:395-402. Doi: 10.2466/PR0.1978.43.2.395. http://dx.doi.org/102466/pr01978432395.
[28] Florian V, Zernitsky-Shurka E. The effect of culture and gender on self-reported assertive behavior. Wiley-Blackwell. 2007;22:83-95. Doi: 10.1080/00207598708246769
[29] Parra Á, Sánchez-Queija I, García-Mendoza MDC, Coimbra S, Egídio Oliveira J, Díez M. Perceived parenting styles and adjustment during emerging adulthood: A cross-national perspective. Int J Environ Res Public Health. 2019;16(15):2757. Doi: 10.3390/ijerph16152757
[30] Crocetti E, Meeus W. 'Family comes first!' relationships with family and friends in Italian emerging adults. J Adolesc. 2014;37:1463-73. Doi: 10.1016/j.adolescence.2014.02.012
[31] Milevsky A, Thudium K, Guldin J. The transitory nature of parent, sibling and romantic partner relationships in emerging adulthood. Springer; 2014.
[32] Tofler IR, Knapp PK, Larden M. Achievement by proxy distortion in sports: a distorted mentoring of high-achieving youth. Historical perspectives and clinical intervention with children, adolescents, and their families. Clin Sports Med. 2005;24:805-28, viii. Doi: 10.1016/j.csm.2005.06.007.
[33] Beyers W, Goossens L. Dynamics of perceived parenting and identity formation in late adolescence. J Adolesc. 2008;31:165-84. Doi: 10.1016/j.adolescence.2007.04.003
[34] Carter RS, Wojtkiewicz RA. Parental involvement with adolescents' education: do daughters or sons get more help? Adolescence. 2000;35:29-44.

[35] Brand S, Gerber M, Beck J, Kalak N, Hatzinger M, Pühse U, et al. Perceived parenting styles differ between genders but not between elite athletes and controls. Adolesc Health Med Ther. 2011;2:09-14. Doi: 10.2147/AHMT.S16992.

[36] Hoskins DH. Consequences of parenting on adolescent outcomes. Societies. 2014;4:506-31. Doi: 10.3390/SOC4030506.

PARTICULARS OF CONTRIBUTORS:
1. Assistant Surgeon, Kumily Family Health Centre, Kumily, Kerala, India.
2. Assistant Professor, Department of Community Medicine, Dhanalakshmi Srinivasan Medical College Hospital, Perambalur, Tamil Nadu, India.
3. Associate Professor, Department of Community Medicine, Dhanalakshmi Srinivasan Medical College Hospital, Perambalur, Tamil Nadu, India.

NAME, ADDRESS, E-MAIL ID OF THE CORRESPONDING AUTHOR:
Dr. Dharmaraj Rock Britto,
Associate Professor, Department of Community Medicine, Dhanalakshmi Srinivasan Medical College Hospital, Perambalur, Tamil Nadu, India.
E-mail: rockbritto@gmail.com

PLAGIARISM CHECKING METHODS: [Jain H et al.]
- Plagiarism X-checker: Jul 28, 2022
- Manual Googling: Oct 10, 2022
- iThenticate Software: Dec 30, 2022 (15%)

ETYMOLOGY: Author Origin

AUTHOR DECLARATION:
- Financial or Other Competing Interests: None
- Was Ethics Committee Approval obtained for this study? Yes
- Was informed consent obtained from the subjects involved in the study? Yes
- For any images presented appropriate consent has been obtained from the subjects. NA

Date of Submission: **Jul 27, 2022**
Date of Peer Review: **Oct 13, 2022**
Date of Acceptance: **Jan 03, 2023**
Date of Publishing: **Apr 01, 2023**