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The Effect of Assertiveness Training Program on Civility Among Nurses at Operating Room

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Abstract
Background: It is necessary to recognize, manage, and avoid incivility in the health care environment, particularly the operative nursing workplace, to create healthy workplaces. **Aim** Assess the effect of assertiveness training program on improving civility among nurses in the operating room. **Design:** a quasi-experimental one group pre-posttest has been used. **Subjects:** Convenience sample include all nurses. **Setting:** at Operating room at Fayoum University surgical hospital. **Method:** The current study data were collected by using four tools; Interview questionnaire which prepared by researcher includes demographic characteristics of the nurses, an assertiveness behavior scale, AES Civility Scale and Perceived Workplace Civility Climate. **Results:** Main result of this study reveals that there was a positive statistically significant correlation between civility and assertiveness behavior at r= 0.602 and *p*- value<0.01post assertiveness training program. Also, a significant positive linear correlation between workplace civility climate and assertiveness behavior observed at r= 0.587and *p*- value<0.01post-intervention. Additionally, a significant positive linear correlation between workplace civility climate and civility detected at r= 0.720 and *p*-value<0.01 post-intervention. **Conclusion**: Workplace civility climate in the operating room has been significantly improved post assertiveness training program implementation. **Recommendations:** In healthcare settings, policies, regulations, and practices are critical for addressing uncivil behavior and establishing a civilized environment.

Keywords: Assertiveness, Civility, Nurses & Operating Room.

Introduction
An organizational climate of civility based on courteous interpersonal behaviors can improve a variety of outcomes within health care settings **(Armstrong, 2018 & Lee et al., 2019)**. In nursing, workplace incivility is a widespread problem, and novice nurses are especially prone to it **(McDermott et al., 2021)**. Employee dissatisfaction, absenteeism, malpractice, and a disrespectful atmosphere are all caused by incivility **(Dirgar et al., 2021; Garcia et al., 2021&Naseer, 2021)**. Incivilities are pervasive among workers in healthcare institutions. Employee physical and mental health degradation, absenteeism, burnout, and turnover, as well as decreased patient safety and quality of treatment, have all been recognized impacts **(Campbell et al., 2021; Kanitha, & Naik, 2021)**.

As a term, incivility is defined as "rude or disruptive behaviors which often result in psychological or physiological distress for the people involved" **(Campbell et al., 2021; Clark CM, 2013 p536**). Nurses' impressions of workplace civility or incivility are influenced by a number of social and demographic factors, including gender, nursing experience, age, marital status, and educational achievement. The longer work hours were justified because the nurse's occupation may be linked to increase physical and psychological stress as well as aging **(Elsous et al., 2017; Hossny, & Sabra, 2020).**

Workplace incivility is one of the most significant hurdles, as it can impair employees' feelings of support for innovation by hindering collaborative efforts. Employees' encounters with workplace incivility often diminish information sharing and imaginative behavior, which is detrimental to open innovation. Incivility in the workplace, or rude and disrespectful behavior, is not permitted. **(Fang et al., 2020; Farrukh et al., 2018; Hur et al., 2016; Ko et al., 2021; Jamal, & Siddiqui, 2020; Wang, & Chen, 2020)**

Assertiveness skills have recently gotten increasing attention in the workplace as a new concept. Increasing effective communication through assertiveness programs provides a number of good benefits, according to previous studies. **(Abdelaziz et al., 2020)**. One of the most essential social skills is assertiveness, which is part of interpersonal and behavioral skills **(Avsar & Alkaya, 2017; Azizi et al., 2020)**.

The most vital aspect of the nursing profession is proper connections. The ability to express oneself is a crucial component in interpersonal relationships.

Assertiveness is defined as the ability to communicate one's own desires, rights, and feelings without rejecting or infringing on the rights of others. The ability to communicate oneself is crucial for health care employees in healthcare systems. Assertiveness is described as expressing one's own wants, rights, and sentiments without rejecting or infringing on others' rights. For health care workers working in healthcare systems, the ability to express themselves is critical **(Chakraborty et al., 2020; Fahmi, & Aswirna, 2020; Shaikhpoor et al., 2020 & Sharma et al., 2020)**.

Assertiveness education has been addressed by psychologists since the mid-twentieth century, and it is still regarded seriously today **(Azizi et al., 2020 & Omura et al., 2019).** Assertiveness is a form of communication style that is necessary for communicating effectively with people. Furthermore, forceful people are more likely to form greater bonds with others. Nurses who are assertive may find it easier to deal with challenging situations and increase their influence **(Azizi et al., 2020).**

Significance of the Study:

Nurses who practice civility are better at providing high-quality patient care, communicating with others, and putting their professional skills and abilities to good use. Finally, they gain more clout when it comes to improving healthcare services. As a result, the current study was designed and implemented in light of the need to improve civility in the operating room nursing workplace by using role-playing to teach assertiveness. Numerous research including communication and assertiveness training among nursing and physician groups have been done. However, there was a dearth in the literature for research on the impact of assertiveness training on workplace civility among nursing staff. As a result, the current study begins to fill that void.

The Aim:

To assess the effect of assertiveness training program on civility among nurses in the operating room, through:

- Assess the assertiveness and civility level among nurses in the operating room.
- Implement an assertiveness training program for nurses at the operating room
- Evaluate the effect of assertiveness training on civility among nurses in the operating room

Research Hypothesis:

H1: Implementation of assertiveness training program will have a positive effect on nurses' civility in the operating room than they were before the training program.

Methods:

Research design: A quasi- experimental research design of one group pre and post was utilized from January 2021 - April 2021.

Research Setting: The research was conducted in a surgical operating room at Fayoum University's surgical hospital, which has ten operating rooms for all surgical specialties and departments.

Subjects: All nurses in the operation room at the previously mentioned setting (55 nurses) who were enthusiastic to participate in the study regardless of age, gender, educational level, or experience were included in the convenience sample.

The instruments:

Tool I: The researcher created an interview questionnaire that covers demographic information about the nurses, such as their age, gender, education level, marital status, and income. Training programs on civility, and assertiveness

Tool II: Tool (II): An assertiveness behavior scale **(Lee & Crockett, 1994)** the questions were (45) questions and sub- grouped under 6 categories, were constructed to collect data as Verbal and non-verbal style, Control of anxiety and fear, Active orientation, Work habits, Relating to co- workers and Negotiating the system.

Scoring system: The score response for questions include always (5) usually (4) sometimes (3) seldom (2) and never (1). Total score is (225). The nurse whose score was Less than (90) = low assertiveness, (90- 135) = moderately assertiveness, and nurses whose score was More than (135) were assertive. High assertiveness if score >70%, moderate if score 50% to 70% and low if score <50%.

Tool III: AES Civility Scale: It was adapted from **Pinckney, 2015** and includes eight items as People treat each other with respect in my workgroup, Disputes are fairly resolved in my workgroup, There is a spirit of cooperation and teamwork in my workgroup…..etc. Each item is scored ranging from 0, 1, 2, 3, 4 for strongly disagree, disagree, sometimes, agree and strongly agree for positive items and vice versa for negative items.

Tool IV: Perceived Workplace Civility Climate: It was adapted from **Sleem & Seada, 2017**. It consists of 24 items as Management is less accepting of disrespectful behavior among co-workers, Management may care less about the way workers treat each other, Management is oblivious to how healthy the relationships between co-workers and Management members are good role models for how employees treat each other….etc. Each item is scored ranging from 0, 1, 2, 3, 4 for strongly disagree, disagree, sometimes, agree and strongly agree for positive items and vice versa for negative items. High

civility if score >70%, moderate if score 50% to 70% and low civility if score <50%.

Fieldwork:

A review of recent national and international related literature using journals, periodicals, textbooks, internet, and theoretical knowledge of the various aspects concerning the topic of the study. Preparation and implementation of the study was carried out over a period of five months from the beginning of January 2021 - April 2021. The investigators prepared the tools and translated them into Arabic form to become ready for use. The investigator distributed the data collection forms with instructions about how to fill them. The time required to interview the nurses to fill the sheet was from 30 to 35 minutes. The filled forms were collected in time and revised to check their completeness to avoid any missing data.

Delivery of educational training program:

Phase of Assessment:

Prior to training, the researchers analyzed the needs of the nurses who were being researched. The researcher discussed the study's goal and the components of the instruments at the first session. The educational curriculum was devised and designed based on the assertiveness and civility of the nurses.

Phase of Intervention and evaluation

All nurses had been distributed into five groups; each one includes eleven nurses and informing each nurse with her group. Each group was educated for four sessions each session about 45 minutes in the form of a seminar, asking open questions with researchers, and studied nurses were provided with literature. Researcher used innovative learning methods as PowerPoint with attractive colors and illustration photos, colored Leaflets, simulation, reflective thinking.

1st session: The researchers introduced the studied nurses to each other. Researchers informed studied nurses about the aim of study, design, and training process. The nurses' training session expectations were well-known, and the nurses were interviewed to fill in the data.

2nd session: Teaching what assertiveness is, the right to assert oneself, and communication patterns. Teaching skills necessary for assertive communication were clarified and debated.

3rd session: The studied nurses were informed about using assertive skills (making requests through role-play and Negotiating the system. In addition, informed them about civility in the work environment.

4th session: The researcher allows the studied nurses to ask questions and give feedback about the educational program, also interview the nurses post intervention to complete the tool. After the trainers had responded to the nurses' questions, the sessions came to a close.

Pilot Study:

A pilot study was conducted with six nurses who represented 10% of the total sample in the previously indicated settings in order to examine the appropriateness of the constructed tools and the simplicity of the included tools. Before employing the instrument in the study, it was also necessary to assess its reliability and validity. The pilot was also used to estimate how long each participant would take to complete the tool.

The content's authenticity was confirmed by a group of nursing administration specialists, who were asked for their feedback on the tools' format, layout, consistency, accuracy, and relevance. The assertiveness tool has a Cronbach's Alpha of 0.868, while the politeness tool had a Cronbach's Alpha of 0.911.

Statistical Design:

The information gathered from the research sample was edited, coded, and entered onto a personal computer (PC). The Statistical Package for Social Sciences (SPSS) version 24 was used for data entry and statistical analysis. Descriptive statistics in the form of numbers and percentages were used to present the data. A t-test is an inferential statistic that is used to see if there is a significant difference in the means of two groups that could be related to specific characteristics. The Pearson correlation coefficient is a measure of two sets of data's linear correlation.

Ethical consideration: The work was reviewed and passed by the research ethics committee. The completion of the questionnaire constituted consent to participate in the research. By keeping the nurses' data anonymous, the study subjects' data remained confidential throughout.

Results

Table (1): Distribution of studied nurses according to their demographic characteristics (n=55)

Items	N	%
Age:		
25 – <35	14	25.5
35 – <45	26	47.3
45 - 55	15	27.2
Gender:		
Male	12	21.8
Female	43	78.2
Educational level:		
Diploma	12	21.8
Technical health institute	33	60
Bachelor of nursing	10	18.2
Marital status:		
Not Married	12	21.8
Married	43	78.2
Family income:		
Sufficient	19	34.5
Nonsufficient	36	65.5
Training program about civility:		
Yes	8	14.5
No	47	85.5
Training program about assertiveness:		
Yes	10	18.2
No	45	81.8

Table (2): Distribution of studied nurses according to assertiveness behavior scale at pre and post intervention (n=55)

Domains	Pre						Post						T test P value
	High		Moderate		Low		High		Moderate		Low		
	N	%	N	%	N	%	N	%	N	%	N	%	
Verbal and non-verbal style	9	16.4	20	36.4	26	47.2	22	40	27	49.1	6	10.9	10.175 <0.01**
Control of anxiety and fear	10	18.2	15	27.3	30	54.5	25	45.5	22	40	8	14.5	9.586 <0.01**
Active orientation	11	20	15	27.3	29	52.7	28	50.9	20	36.4	7	12.7	11.054 <0.01**
Work habits	8	14.5	19	34.5	28	51	21	38.2	29	52.7	5	9.1	8.968 <0.01**
Relating to co-workers	12	21.8	12	21.8	31	56.4	23	41.8	26	47.3	6	10.9	10.301 <0.01**
Negotiating the system	10	18.2	24	43.6	21	38.2	22	40	25	45.5	8	14.5	12.006 <0.01**

Table (3): Mean score of studied nurses according to items of civility scale at pre and post intervention (n=55)

Items of civility scale	Pre	Post	T- test	P- value
	Mean SD	Mean SD		
People treat each other with respect in my workgroup	1.99±0.31	3.47±0.26	7.101	<0.01**
Disputes are fairly resolved in my workgroup	2.01±0.19	4.02±0.30	8.021	<0.01**
There is a spirit of cooperation and teamwork in my workgroup	1.76±0.28	3.99±0.26	8.140	<0.01**
My workplace does not accept discrimination	2.26±0.32	4.11±0.42	7.692	<0.01**
Individual differences are valued and respected in my workgroup	2.43±0.17	4.56±0.61	9.683	<0.01**
Managers/supervisors/team leaders work well with workers with different backgrounds in my workgroup	1.86±0.41	3.99±0.55	8.056	<0.01**
Work with people who care about me personally	2.03±0.24	4.17±0.32	10.642	<0.01**
I can rely on the people I work with when I need help	1.68±0.35	4.35±0.60	9.008	<0.01**

high significant <0.01

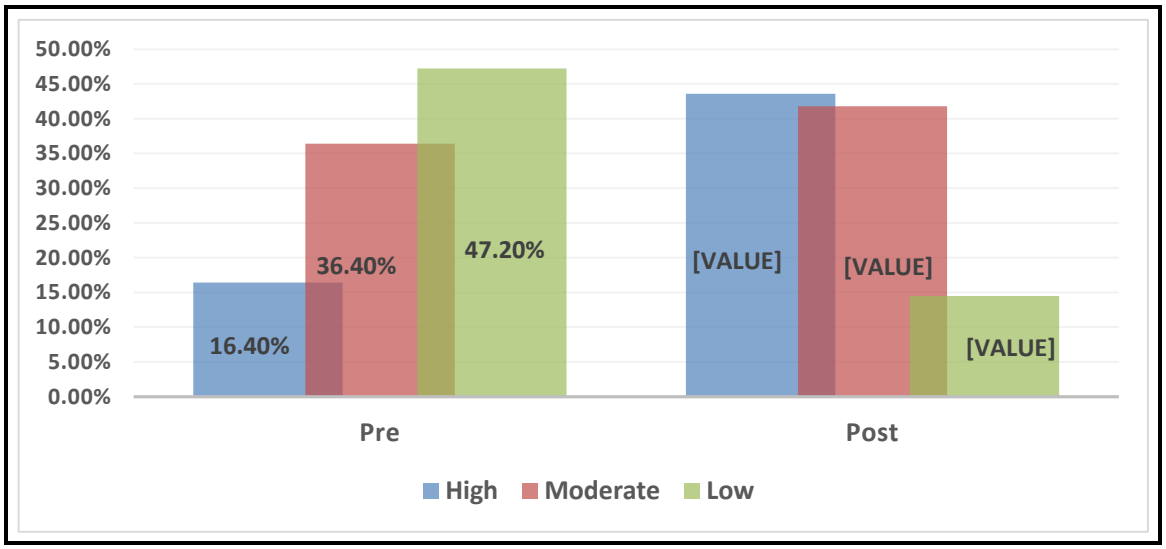

Figure (1): Distribution of studied nurses according to total Perceived Workplace Civility Climate at pre and post intervention (n=55)

Table (4): Correlation between studied variable pre interventions.

		Assertiveness behavior scale	Civility scale	Workplace Civility Climate
Assertiveness behavior scale	r. *p*		0.564 <0.01**	0.499 <0.01**
Civility scale	r. *p*			0.608 <0.01**
Workplace Civility Climate	r. *p*			

***high significant <0.01**

Table (5): Correlation between studied variable post interventions.

		Assertiveness behavior scale	Civility scale	Workplace Civility Climate
Assertiveness behavior scale	r. p		0.602 <0.01**	0.587 <0.01**
Civility scale	r. p			0.720 <0.01**
Workplace Civility Climate	r. p			

high significant <0.01

Table (1): Among a total of 55 nurses who responded to the questionnaire, 26 (47.3%) age ranged 35 – <45 years. Among the participants, 43(78.2%) were female. Moreover, 33 (60 %) graduated from a technical health institute. Of all respondents, 43 (78.2%) were married. Also, 36 (65.5%) had insufficient family income, 47 (85.5%) did not attend training programs about civility, only 10 (18.2%) attend training programs about assertiveness.

Table (2): Overall, regarding the assertiveness behavior, it is shown that 16.4%, 18.2%, 20%, 14.5%, 21.8%, and 18.2% of participants had high assertiveness behavior related to verbal and non-verbal style, control of anxiety and fear, active orientation, work habits, relating to co-workers, and negotiating the system before the study intervention, respectively. Which significantly increased post-intervention compared to 40%, 45.5%, 50.9, 38.2%, 41.8%, 40%, respectively. There was a statistically significant differences pre- and post-intervention for all items of assertiveness behavior scale at p-value <0.01

Table (3): According to the civility scale, showed that the Mean ± SD of all items of the scale significantly increased post-intervention compared to pre-intervention with a statistically significant difference at p-value <0.01for all.

Figure (1): Regarding the total perceived workplace civility climate, revealed that16.40%, 36.40%, and 47.20% of participants nurses have high, moderate, and low workplace civility climate pre-intervention, respectively. Compared to 43.60%, 41.80%, and 14.50% post-intervention, respectively.

Table (4): Showed that there is a highly statistically significant positive linear correlation between civility and assertiveness behavior at r= 0.564 and p-value <0.01 pre-intervention. Moreover, it revealed that there is a highly statistically significant positive linear correlation between workplace civility climate and assertiveness behavior at r= 0.499 and p-value <0.01 pre-intervention. Additionally, a highly statistically significant positive linear correlation between workplace civility climate and civility observed at r= 0.608 and p-value<0.01 pre-intervention.

Table (5): Furthermore, displayed that there is a highly statistically significant positive linear correlation between civility and assertiveness behavior at r= 0.602 and p- value<0.01post-intervention. Also, there is a highly statistically significant positive linear correlation between workplace civility climate and assertiveness behavior at r= 0.587and p- value<0.01post-intervention. Additionally, a highly statistically significant positive linear correlation between workplace civility climate and civility observed at r= 0.720 and p-value<0.01 post-intervention.

Discussion

Stress levels are frequently elevated in the operation room, the workday is busy, and interactions are essential and complex. These variables can result in tense situations that affect patient care. As a result, nurses must be well-equipped to detect and respond to incivility at all levels of an organization **(Clark, & Kenski, 2017)**. Communication between members of the healthcare team is critical. Disruptive behaviors and communication issues in healthcare systems put patients and staff members at undue danger. Civility in the workplace is both a right and an obligation for everyone. This study explored the effectiveness of assertiveness training through role-play and to improve civility for the operating room nursing workplace.

Regarding to socio-demographic profile of the nurses surveyed (Table 1), approximately half of them age ranged 35 – <45 years. Among the participants, more than two-thirds were female. Moreover, nearly one third of them graduated from a technical health institute. Of all respondents, more than two-thirds were married. Also, about two-thirds of them had insufficient family income. In contrast to an Egyptian study conducted by **El-Amrosy et al. (2019),** the majority of the nurses studied were in the age group (23-49) years, with a mean age of 34.14 years, the majority of the sample had a Bachelor of Nursing, 96 % were female, the highest frequency (94 %) was married, and according to income, 56 % had enough income.

Many studies supported the use of role-play as a behavioral approach to promote and reinforce learning that leads to desired behavior changes **(Abdurasulovna et al., 2021; Kamilovna, & Urazboyqizi, 2021; Kholmurodova, 2020; Krebt, 2017; Rashid, & Qaisar, 2017; Pinatih, 2021; Ting, 2020)**.

Regarding the assertiveness behavior, the current study found that after implementing the study intervention, assertiveness behaviour related to verbal and nonverbal style, anxiety and fear control, active orientation, work habits, relating to coworkers, and negotiating the system improved significantly more than before. This demonstrates the value of assertiveness training for nurses. This shows the extent of the positive impact of the training program, and this effect may be due to the preparation of the program based on the level of nurses observed during the pre-test, used different illustrative method, and allow to them to ask questions to detect feedback. As supported view by A quasi-experimental study carried by **Abdelaziz et al. (2020)** entitled "The effectiveness of assertiveness training program on psychological wellbeing and work engagement among novice psychiatric nurses", illustrated that there was a

statistically significant difference between pre and post intervention program regarding novice nurses' assertiveness skills, psychological well-being, and work engagement score level.

This finding was similar to those of **Nakamura et al. (2017) & Mohamed et al. (2016),** who found a substantial shift in assertiveness responses after intervention in their studies on assertiveness training. **Honjo & Komada. (2015) & Yamamoto et al. (2015),** on the contrary,, claimed that assertiveness training for nurses had "no effect" on improving nurses' assertiveness conduct. Nurses' assertiveness may be influenced by a variety of factors, including fear of unfavorable work supervisor ratings, a lack of competent decision-making ability, and an inadequate support structure.

Noh & Kim (2021) found that the group that received assertiveness training and the Situation, Background, Assessment, Recommendation SBAR technique showed a significant improvement in communication clarity, a significant reduction in clinical training stress compared to both of the other groups and improved clinical competence when compared to the group that received the SBAR technique only. Moreover, a significant difference before and after the administration of assertiveness training program. in terms of self-esteem (t=11.78 and p=0.001) and interpersonal communication satisfaction (t=12.78 and p=0.001) according to **Sharma et al. (2020)**.

Ayhan & Sekiz (2021) conducted a study to see if assertiveness training delivered through a hybrid education model had any effect on assertiveness and self-esteem. The results showed that the experimental group's assertiveness and self-esteem increased significantly from pre-test to post-test measurements.

In a study titled "A quality improvement project measuring the effect of an evidence-based civility training programme on nursing workplace incivility in a rural hospital," **Armstrong (2017)** found statistically significant increases in the nurses' self-assessed ability to recognize workplace incivility and confidence in the nurses' ability to respond to workplace incivility when compared to our findings.

Sleem & Seada (2017) found a statistically significant negative link between workplace civility environment and total score of incivility behavior in their study "Role of Workplace Civility Climate and Workgroup Norms on Incidence of Incivility Behavior among Staff Nurses." According to the findings of **Oppel & Mohr (2020),** the civility climate has a direct impact on provider-patient relationships. In terms of patient outcomes, the research reveals that the civility climate has a direct impact on patient satisfaction, desire to suggest, and return, as well as an indirect impact mediated via provider-patient interactions.

Conclusion

Findings from this study support the use of assertiveness training strategies through role-playing to improve the level of perceived civility workplace climate among operating room nurses.

Recommendation

Based upon the results of the study, a recommendation to support and reinforce the value of assertiveness training programs especially for novice nurses. Moreover, the implementation of an educational intervention about incivility prevention throughout the organization to improve the psychological well-being of health care workers is recommended. lastly, it is recommended that future studies be carried out with a larger sample, samples from various countries to compare the results between countries and create more generalizable findings.

Declaration of Conflicting of Interests

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References:

- **Abdelaziz, E., Diab, I., Ouda, M., Elsharkawy, N., & Abdelkader, F. (2020):** The effectiveness of assertiveness training program on psychological wellbeing and work engagement among novice psychiatric nurses. In Nursing forum (Vol. 55, No. 3, pp. 309-319).
- **Abdurasulovna, K., Yusupovna, S., & Akmalovna, A. (2021):** PLACE OF ROLE-PLAYING IN TRAINING. In " ONLINE-CONFERENCES" PLATFORM (pp. 82-83).
- **Armstrong, N. (2018):** Management of nursing workplace incivility in the health care settings: A systematic review. Workplace health & safety, 66(8), 403-410.
- **Armstrong, N. (2017):** A quality improvement project measuring the effect of an evidence-based civility training program on nursing workplace incivility in a rural hospital using quantitative methods. Online Journal of Rural Nursing and Health Care, 17(1), 100-137.
- **Avşar, F., & Alkaya, S. (2017):** The effectiveness of assertiveness training for school-aged children on bullying and assertiveness level. Journal of pediatric nursing, 36, 186-190.
- **Ayhan, D., & Seki Öz, H. (2021):** Effect of assertiveness training on the nursing students' assertiveness and self-esteem levels: Application of hybrid education in COVID-19 pandemic. In Nursing Forum.

- **Azizi, S., Heidarzadi, E., Soroush, A., Janatolmakan, M., & Khatony, A. (2020):** Investigation the correlation between psychological empowerment and assertiveness in nursing and midwifery students in Iran. Nurse education in practice, 42, 102667.
- **Campbell, L., LaFreniere, J., Almekdash, M., Perlmutter, D., Song, H., Kelly, P. & Shannon, K. (2021):** Assessing civility at an academic health science center: Implications for employee satisfaction and well-being. Plos one, 16(2), e0247715.
- **Chakraborty, S., Ray, A., & Mani, S. (2020):** A Comparative Study regarding Assertiveness, Self-esteem and Leadership Potentiality between Students of Selected Nursing and General College in West Bengal. International Journal of Nursing & Midwifery Research (E-ISSN: 2455-9318), 7(3), 4-11.
- **Clark CM. (2013):** National Study on Faculty-to-Faculty Incivility: Strategies to Foster Collegiality and Civility. Nurs Educator. 2013;38(3):98–102.
- **Clark, C., & Kenski, D. (2017):** Promoting civility in the OR: An ethical imperative. AORN journal, 105(1), 60-66.
- **Dirgar, E., Tosun, B., & Arslan, S. (2021):** Evaluation of Turkish nurses' attitudes to workplace incivility. Central European Journal of Nursing and Midwifery, 12(1), 215-224.
- **El-Amrosy, S., Elkholy, S., & Elshall, S. (2019):** The Effect of Educational Intervention about Incivility on Psychological Wellbeing and Burnout among Nurses. American Journal of Nursing, 7(6), 1069-1077.
- **Elsous, A., Radwan, M., & Mohsen, S. (2017):** Nurses and physicians attitudes toward nurse-physician collaboration: a survey from Gaza Strip, Palestine. Nursing research and practice, 2017.
- **Fahmi, R., & Aswirna, P. (2020):** The Social Support and Assertive Behavior of Students. Psikoislamika: Jurnal Psikologi Dan Psikologi Islam, 17(1), 1-9.
- **Fang, L., Hsiao, L., Fang, S., & Chen, B. (2020):** Effects of assertiveness and psychosocial work condition on workplace bullying among nurses: A cross-sectional study. International journal of nursing practice, 26(6), e12806.
- **Farrukh, M., Ting, H., Shahzad, I., & Hua, Z. (2018):** Can incivility impede knowledge sharing behaviour. International Journal Of Information Systems And Change Management, 10(4), 295. https://doi.org/10.1504/ijiscm.2018.10019727
- **Garcia, M., Allen, S., Griffis, L., Tidwell, J., & Watt, J. (2021):** Incorporating a Civility Program Into a Healthcare System: Journey or Expedition?. Clinical Nurse Specialist, 35(4), 171-179.
- **Honjo, T., & Komada, R. (2015):** Effectiveness of psychoeducation for health care professionals: asssertive training. Proc Jpn Acad Ophthal Nurs, 2015, 127-132.
- **Hossny, E., & Sabra, H. (2020):** Effect of nurses' perception to workplace civility climate on nurse–physician collaboration. Nursing Open.
- **Hur, W., Moon, T., & Jun, J. (2016):** The effect of workplace incivility on service employee creativity: the mediating role of emotional exhaustion and intrinsic motivation. Journal Of Services Marketing, 30(3), 302-315. https://doi.org/10.1108/jsm-10-2014-0342
- **Jamal, R., & Siddiqui, D. (2020):** The Effects of Workplace Incivility on Job Satisfaction: Mediating Role of Organizational Citizenship Behavior, Intrinsic and Extrinsic Motivation, Emotional Exhaustion. Intrinsic and Extrinsic Motivation, Emotional Exhaustion (August 29, 2020).
- **Kamilovna, Y., & Urazboyqizi, K. (2021): The** importance of role-playing in esl teaching. ACADEMICIA: An International Multidisciplinary Research Journal, 11(5), 477-480.
- **Kanitha, D., & Naik, P. (2021):** Experience of Workplace Incivility and Its Impact on Stress and Turnover Intention among the Nurses Working at a Hospital: Cross Sectional Survey Approach. Iranian Journal of Nursing and Midwifery Research, 26(3), 285-287.
- **Kholmurodova, O. (2020):** Article Role play activities and their consequence on students' motivation in teaching English. Архив Научных Публикаций JSPI.
- **Ko, S., Kim, J., & Choi, Y. (2021):** Compassion and Workplace Incivility: Implications for Open Innovation. Journal of Open Innovation: Technology, Market, and Complexity, 7(1), 95.
- **Krebt, D. (2017):** The effectiveness of role play techniques in teaching speaking for EFL college students. Journal of Language Teaching and Research, 8(5), 863.
- **Lee, K., Oppenheim, I., Do, D., Lin, T., Rosin, R., & Merchant, R. (2019):** Making Workplace Civility Go Viral. NEJM Catalyst Innovations in Care Delivery, 1(1).
- **Lee, S., & Crockett, M. (1994):** Effect of assertiveness training on levels of stress and assertiveness experied by nurses in Taiwan, republic of China. Issues in mental health nursing, 15(4), 419-432.
- **McDermott, C., Bernard, N., & Hathaway, W. (2021):** Taking a Stand Against Workplace Incivility. The Journal of Continuing Education in Nursing, 52(5), 232-239.

- **Mohamed, N., Abd El-Hammed, N., & Thabet, R. (2016):** The effect of assertiveness training program on psychiatric nurses' communication skills and self-esteem. Medical Journal of Cairo University, 84(1), 663-669.
- **Nakamura, Y., Yoshinaga, N., Tanoue, H., Kato, S., Nakamura, S., Aoishi, K., & Shiraishi, Y. (2017):** Development and evaluation of a modified brief assertiveness training for nurses in the workplace: a single-group feasibility study. BMC nursing, 16(1), 1-8.
- **Naseer, T. (2021):** Impact of Workplace Incivility on Job Satisfaction: Moderating Role of Perceived Organizational Support. Psychology and Education Journal, 58(5), 2203-2220.
- **Noh, G., & Kim, M. (2021):** Effectiveness of assertiveness training, SBAR, and combined SBAR and assertiveness training for nursing students undergoing clinical training: A quasi-experimental study. Nurse Education Today, 103, 104958.
- **Omura, M., Levett-Jones, T., & Stone, T. (2019):** Evaluating the impact of an assertiveness communication training programme for Japanese nursing students: A quasi-experimental study. Nursing open, 6(2), 463-472.
- **Oppel, E., & Mohr, D. (2020):** "Paying it forward": The link between providers' civility climate, civility toward patients and patient experience outcomes. Health care management review, 45(2), 141-150.
- **Pinatih, I. (2021):** Improving Students' Speaking Skill through Role-Play Technique in 21st Century. Journal of Educational Study, 1(1), 103-108.
- **Pinckney, M. (2015):** Increasing Civility in the Workplace. JOCEPS: The Journal of Chi Eta Phi Sorority, 59(1).
- **Rashid, S., & Qaisar, S. (2017):** Role Play: A Productive Teaching Strategy to Promote Critical Thinking. Bulletin of Education and Research, 39(2), 197-213
- **Shaikhpoor, G., Mafi, M., Mafi, M., Amiri, A., & Hosseinigolafshani, S. (2020):** Effect of Assertiveness Training on Adaptive and Aggressive Assertiveness in Nurses. Journal of Inflammatory Disease, 24(3), 212-223.
- **Sharma, D., Sharma, M., & Kaur, G. (2020):** A Quasi Experimental Study to Assess the Effectiveness of Assertiveness Training Program on Self Esteem and Interpersonal Communication Satisfaction among Nursing Students in Selected Nursing Institutes of Ambala, Haryana. Indian Journal of Forensic Medicine & Toxicology, 14(4).
- **Sharma, D., Sharma, M., & Kaur, G. (2020):** A Quasi Experimental Study to Assess the Effectiveness of Assertiveness Training Program on Self Esteem and Interpersonal Communication Satisfaction among Nursing Students in Selected Nursing Institutes of Ambala, Haryana. Indian Journal of Forensic Medicine & Toxicology, 14(4).
- **Sleem, W., & Seada, A. (2017):** Role of Workplace Civility Climate and Workgroup Norms on Incidence of Incivility Behaviour among Staff Nurses. International journal of Nursing Didactics, 7(6), 34-43.
- **Sleem, W., & Seada, A. (2017):** Role of Workplace Civility Climate and Workgroup Norms on Incidence of Incivility Behaviour among Staff Nurses. International journal of Nursing Didactics, 7(6), 34-43.
- **Ting, K. (2020):** Medical Web-Based Role Play Enhances Teaching of Medical Terms. In 2020 IEEE 2nd Eurasia Conference on Biomedical Engineering, Healthcare and Sustainability (ECBIOS) (pp. 51-53). IEEE.
- **Tutar, H., Tuzcuoğlu, F., & Sarkhanov, T. (2021):** The Mediating Role of Organizational Cynicism in the Relationship between Workplace Incivility and Organizational Silence.
- **Wang, C., & Chen, H. (2020):** Relationships among workplace incivility, work engagement and job performance. Journal of Hospitality and Tourism Insights.
- **Yamamoto, K., Ishida, S., Shimizu, K., & Hanada, F. (2015):** The interventional effect of the short form of assertion training for preceptor nurses. J Jpn Health Med Assoc, 24(1), 25-30.