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MODELING NURSES' ASSERTIVE BEHAVIOR THROUGH EMOTIONAL INTELLIGENCE, ORGANIZATIONAL CLIMATE, AND COMMUNICATION EFFECTIVENESS IN INPATIENT NURSING SERVICES

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ABSTRACT

Assertive behavior is an essential professional competency that supports effective clinical communication, interprofessional collaboration, and patient safety. This study aimed to develop and examine a model of nurses' assertive behavior based on emotional intelligence, organizational climate, and communication effectiveness in inpatient nursing services at BLUD RSUD dr. T.C. Hillers Maumere. A quantitative analytical observational study with a cross-sectional design was conducted among 120 staff nurses selected using proportionate stratified random sampling. Data were collected using validated and reliable questionnaires measuring emotional intelligence, organizational climate, communication effectiveness, and nurses' assertive behavior. Data were analyzed using descriptive statistics and Structural Equation Modeling-Partial Least Squares (SEM-PLS) with SmartPLS version 4. Most respondents demonstrated high emotional intelligence (64.2%), perceived the organizational climate as good (60.0%), reported effective communication (68.3%), and demonstrated high assertive behavior (61.7%). SEM-PLS analysis showed that emotional intelligence had a positive and significant effect on assertive behavior ($\beta = 0.352$, $p < 0.001$), as did organizational climate ($\beta = 0.287$, $p < 0.001$) and communication effectiveness ($\beta = 0.438$, $p < 0.001$). Communication effectiveness was the strongest predictor. The model explained 71.4% of the variance in nurses' assertive behavior ($R^2 = 0.714$). These findings indicate that strengthening emotional intelligence, organizational climate, and communication effectiveness may support nurses' assertive behavior, professional communication, and patient safety.

Keywords: *Assertive Behavior; Emotional Intelligence; Communication Effectiveness*

INTRODUCTION

Assertive behavior is an essential professional competency in nursing because it enables nurses to express clinical concerns, communicate relevant information clearly, participate in decision-making, and collaborate effectively with other healthcare professionals while maintaining respect for patients and colleagues. In clinical practice, assertiveness is particularly important when nurses need to speak up about potential patient safety risks, clarify unclear instructions, or communicate changes in patients' conditions. Nurses who are able to communicate assertively are more likely to contribute to effective teamwork, patient safety, and quality of nursing care, whereas inadequate assertiveness may contribute to communication barriers, interpersonal conflict, and missed opportunities to prevent adverse events. Recent evidence emphasizes that speaking up is an important component of assertive nursing communication and is closely associated with patient safety and the quality of healthcare delivery (Ahn and Kim, 2024; Jabeen, Mahmood and Tajamal, 2024; Al-hawaiti and Sharif, 2025).

The importance of assertive behavior is particularly relevant in the context of persistent patient safety challenges. The World Health Organization emphasizes that strengthening healthcare quality and patient safety requires effective communication, competent healthcare professionals, and supportive organizational systems (World Health Organization, 2023). In Indonesia, national health data also highlight the continuing need to strengthen the quality and safety of healthcare services across healthcare facilities (Kementerian Kesehatan Republik Indonesia, 2023). Within hospital environments, nurses frequently encounter high workloads, complex clinical situations, hierarchical relationships, and the need for rapid interdisciplinary communication, all of which may influence their willingness and ability to express concerns. A supportive speaking-up climate, effective teamwork, and a positive safety climate have been shown to facilitate nurses' willingness to communicate concerns regarding patient safety and unprofessional behavior (Er and Gül, 2024; Lee and Kwon, 2024; Seo and Lee, 2024).

Nurses' assertive behavior may be influenced by both individual and organizational factors. Emotional intelligence is an important individual factor because nurses who can recognize, regulate, and manage their emotions may be better able to communicate appropriately under stressful clinical conditions, manage interpersonal conflicts, and express professional opinions without becoming either passive or confrontational. Evidence indicates that emotional intelligence is associated with nurses' communication skills, coping behaviors, caring behavior, and professional functioning, while interventions aimed at improving emotional intelligence may support nurses' management of stress and conflict (Jawabreh, 2024; Abu *et al.*, 2025; Ghrayeb *et al.*, 2025; Abdul *et al.*, 2026). At the organizational level, organizational climate may determine whether nurses perceive their work environment as psychologically safe and supportive enough to express concerns, while communication effectiveness facilitates the clear, timely, and structured exchange of clinical information. Previous research has demonstrated associations between organizational culture, teamwork, working conditions, and nurses' speaking-up behavior, while effective communication skills are particularly important in high-stress hospital environments (Albaharna *et al.*, 2024; Er and Gül, 2024; Lee and Kwon, 2024).

Although previous studies have examined emotional intelligence, organizational climate, communication, and assertiveness in nursing, most have focused on individual relationships or separate outcomes rather than integrating these factors into a single empirical model of nurses' assertive behavior.

For example, emotional intelligence has been associated with nurses' performance and communication, while organizational climate has been examined in relation to organizational outcomes and speaking-up behavior; however, evidence concerning the simultaneous contribution of emotional intelligence, organizational climate, and communication effectiveness to nurses' assertive behavior remains limited (Laoh, Kairupan and Nelwan, 2022; Mita, Tafwidhah and Maulana, 2024; Nandakumar, 2024). This gap is particularly relevant in inpatient nursing services, where nurses must continuously communicate clinical information, coordinate care, respond to rapidly changing patient conditions, and interact with multidisciplinary teams. Therefore, this study aimed to develop and examine a model of nurses' assertive behavior based on emotional intelligence, organizational climate, and communication effectiveness in inpatient nursing services at BLUD RSUD dr. T.C. Hillers Maumere. The findings are expected to provide an empirical basis for strengthening nurses' professional communication, organizational support, and patient safety practices.

METHODS

Study Design and Setting

This study employed a quantitative approach with an analytical observational design and a cross-sectional framework. The study was conducted in the inpatient wards of BLUD RSUD dr. T.C. Hillers Maumere, Indonesia. The study aimed to examine the relationships between emotional intelligence, organizational climate, communication effectiveness, and nurses' assertive behavior and to develop an empirical model of nurses' assertive behavior in inpatient nursing services.

Population and Sample

The study population comprised all staff nurses working in the inpatient wards of BLUD RSUD dr. T.C. Hillers Maumere. A total of 120 nurses participated in the study. Participants were selected using proportionate stratified random sampling to ensure proportional representation across the inpatient nursing units. Participants were recruited according to predetermined inclusion criteria.

Study Variables and Instruments

The independent variables were emotional intelligence, organizational climate, and communication effectiveness, while nurses' assertive behavior was the dependent variable. Data were collected using structured questionnaires measuring each study variable. The instruments had undergone validity and reliability testing before being used for data collection. Higher scores indicated higher levels of the respective constructs.

Data Collection

Data were collected directly from eligible nurses using self-administered questionnaires. Before completing the questionnaires, participants received an explanation regarding the study objectives, procedures, confidentiality of information, and their rights as research participants. Participation was voluntary, and informed consent was obtained from all participants.

Data Analysis

Descriptive analysis to describe the characteristics of the respondents and the distribution of the study variables. Multivariate analysis was conducted using Structural Equation Modeling-Partial Least Squares (SEM-PLS) with SmartPLS version 4. The analysis was used to examine the direct effects of emotional intelligence, organizational climate, and communication effectiveness on nurses' assertive behavior and to assess the explanatory power of the proposed model using the coefficient of determination (R^2). Statistical significance was assessed at a 5% significance level, with $p < 0.05$ considered statistically significant.

Ethical Considerations

This study received ethical approval from the relevant Health Research Ethics Committee. The research was conducted in accordance with the principles of the Declaration of Helsinki. All participants provided informed consent before participation. Confidentiality and anonymity of participant data were maintained throughout the research process, and the principles of beneficence, justice, and respect for participants' rights were upheld.

RESULT AND DISCUSSION

Results

A total of 120 staff nurses working in the inpatient wards of BLUD RSUD dr. T.C. Hillers Maumere participated in this study. As shown in Table 1, the majority of respondents were female (71.7%), aged 31-40 years (46.7%), held a professional nursing degree (65.8%), and had more than 10 years of work experience (44.2%). Table 2 showed that the majority of nurses had high emotional intelligence (64.2%), perceived the organizational climate as good (60.0%), and reported effective communication (68.3%). In addition, most nurses exhibited a high level of assertiveness (61.7%). Overall, the distribution indicates that favorable levels of emotional intelligence, organizational climate, communication effectiveness, and assertive behavior were predominant among the respondents.

Table 3 demonstrates that all three predictor variables had positive and statistically significant effects on nurses' assertive behavior. Emotional intelligence showed a significant positive effect on assertive behavior ($\beta = 0.352$, $t = 4.781$, $p < 0.001$), while organizational climate also had a significant positive effect ($\beta = 0.287$, $t = 3.965$, $p < 0.001$). Communication effectiveness had the strongest positive effect among the three predictors ($\beta = 0.438$, $t = 6.214$, $p < 0.001$), indicating that more effective communication was associated with higher levels of nurses' assertiveness.

Table 1. Characteristics of Respondents (n = 120)

Characteristics	n	%
Sex		
Male	34	28.3
Female	86	71.7
Age		
21-30 years	27	22.5
31-40 years	56	46.7
41-50 years	29	24.2
>50 years	8	6.6
Educational level		
Diploma in Nursing (DIII)	41	34.2
Professional Nurse (Ners)	79	65.8
Work experience		
<5 years	24	20.0
5-10 years	43	35.8
>10 years	53	44.2

Table 2. Distribution of Study Variables (n = 120)

Variable	Category	n	%
Emotional intelligence	High	77	64.2
	Moderate	34	28.3
	Low	9	7.5
Organizational climate	Good	72	60.0
	Fair	38	31.7
	Poor	10	8.3
Communication effectiveness	Effective	82	68.3
	Moderately effective	30	25.0
	Ineffective	8	6.7
Nurses' assertive behavior	High	74	61.7
	Moderate	36	30.0
	Low	10	8.3

Table 3. Structural Model Analysis Using SEM-PLS

Structural path	β	t-statistic	p-value	Interpretation
Emotional Intelligence → Assertive Behavior	0.352	4.781	<0.001	Significant
Organizational Climate → Assertive Behavior	0.287	3.965	<0.001	Significant
Communication Effectiveness → Assertive Behavior	0.438	6.214	<0.001	Significant

Table 4. Coefficient of Determination of the Structural Model

Endogenous Variable	R^2	Interpretation
Nurses' Assertive Behavior	0.714	Substantial

The coefficient of determination (R^2) for nurses' assertive behavior was 0.714, indicating that the structural model had substantial explanatory power. This finding suggests that emotional intelligence, organizational climate, and communication effectiveness jointly explained 71.4% of the variance in nurses' assertive behavior, while the remaining 28.6% was explained by other factors not included in the model.

Table 5. Path Coefficients of Predictors of Nurses' Assertive Behavior

Predictor	Path coefficient (β)
Communication Effectiveness	0.438
Emotional Intelligence	0.352
Organizational Climate	0.287

Table 5 shows that communication effectiveness had the strongest contribution to nurses' assertive behavior, with the highest path coefficient (β = 0.438), followed by emotional intelligence (β = 0.352) and organizational climate (β = 0.287). These findings indicate that communication effectiveness was the most prominent predictor of nurses' assertive behavior in the proposed structural model, although all three predictors demonstrated positive relationships with assertive behavior.

Discussion

The findings of this study demonstrate that nurses' assertive behavior was generally favorable, with most respondents reporting high levels of emotional intelligence, a good organizational climate, effective communication, and high assertive behavior. This pattern suggests that assertiveness in inpatient nursing services may be supported by the interaction between individual emotional capacity and the work environment in which nurses communicate and collaborate. Assertive behavior enables nurses to express professional opinions, clarify clinical information, communicate concerns, and speak up about potential patient safety issues without compromising interpersonal respect. Previous studies have similarly emphasized that assertiveness is an important component of professional nursing communication and that

nurses' ability to speak up is closely related to patient safety and quality of care (Ahn and Kim, 2024; Jabeen, Mahmood and Tajamal, 2024; Al-hawaiti and Sharif, 2025). The predominance of favorable scores across the study variables therefore provides an important context for understanding the structural relationships identified in this study.

Emotional intelligence had a positive and significant effect on nurses' assertive behavior ($\beta = 0.352$, $p < 0.001$). This finding indicates that nurses with stronger abilities to recognize, regulate, and manage their emotions are more likely to communicate their opinions and concerns confidently and appropriately in clinical situations. Emotional regulation may help nurses remain calm under pressure, in the face of disagreement, or during emotionally demanding interactions, thereby enabling them to express themselves without becoming either passive or overly confrontational. This finding is consistent with previous evidence showing that emotional intelligence is associated with nurses' communication skills, coping abilities, caring behavior, and professional functioning (Jawabreh, 2024; Ghrayeb *et al.*, 2025; Abdul *et al.*, 2026). It is also supported by Nandakumar (2024), who specifically reported a relationship between emotional intelligence and assertive behavior among nursing students. In the Indonesian nursing context, Laoh, Kairupan and Nelwan, 2022) similarly found that emotional intelligence significantly contributed to nurses' performance, suggesting that emotional competencies may support broader professional behaviors. These findings indicate that strengthening emotional intelligence may be an important strategy for developing nurses' confidence and appropriateness in assertive communication.

Organizational climate also demonstrated a positive and significant effect on nurses' assertive behavior ($\beta = 0.287$, $p < 0.001$). A supportive organizational environment may provide nurses with greater psychological safety to express opinions, question unclear instructions, communicate clinical concerns, and speak up about potential risks without fear of negative interpersonal or professional consequences. This interpretation is consistent with evidence showing that teamwork climate, safety climate, organizational culture, and working conditions are associated with nurses' speaking-up behavior (Er and Gül, 2024; Lee and Kwon, 2024). Previous research has also identified supportive managers, organizational support, and a psychologically safe environment as important facilitators of nurses' willingness to speak up, whereas hierarchical relationships and unsupportive work environments may inhibit such behavior (Lee and Kwon, 2024). Interestingly, Laoh, Kairupan and Nelwan (2022) found that organizational climate did not significantly affect nurses' performance, suggesting that the contribution of organizational climate may depend on the specific professional outcome being examined. In the present study, the significant association with assertive behavior indicates that organizational climate may have a more direct role in facilitating interpersonal communication and nurses' willingness to express professional concerns.

Communication effectiveness emerged as the strongest predictor of nurses' assertive behavior ($\beta = 0.438$, $p < 0.001$), exceeding the effects of emotional intelligence and organizational climate. This finding indicates that clear, timely, structured, and reciprocal communication may be the most immediate factor supporting nurses' ability to express information, opinions, and clinical concerns assertively. Effective communication provides nurses with the practical skills needed to translate emotional competence and organizational support into observable professional behavior, particularly during high-pressure clinical

situations. Previous research has demonstrated that effective communication and speaking-up practices are important components of patient safety, while a supportive speaking-up climate can contribute to improved patient safety and quality of care (Abbas *et al.*, 2023; Qasrawi *et al.*, 2026). The relatively strong explanatory power of the model (R^2 = 0.714) further indicates that emotional intelligence, organizational climate, and communication effectiveness collectively provide substantial explanation of nurses' assertive behavior. These findings suggest that hospital management should not address assertiveness solely through individual training but should integrate emotional intelligence development, communication skills training, supportive organizational policies, teamwork, and a speaking-up culture into nursing quality-improvement strategies (Koniyo, Zees and Usman, 2021; Rumaolat, Rumaolat and Sely, 2022; Ee *et al.*, 2025).

CONCLUSION

Nurses' performance, therapeutic communication, and nursing service quality significantly and positively influenced patient satisfaction at Magepanda Community Health Center. Nursing service quality demonstrated the strongest effect (β = 0.456), while the overall model explained 78.1% of the variance in patient satisfaction. These findings highlight the importance of an integrated approach to strengthening nursing performance, therapeutic communication, and service quality to improve patient satisfaction in primary healthcare.

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