Review Paper

Assertive Communication in Evidence-based Nursing: A Scoping Review

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ABSTRACT

Background: Nurses' assertive communication and evidence-based nursing (EBN) are essential to improving healthcare outcomes. However, how they interrelate in clinical practice remains underexplored, limiting a full understanding of their synergistic effect. This scoping review aims to map the relationship between nurse assertiveness and EBN by analyzing its nature, facilitators, barriers, and impact on clinical practice.

Methods: We conducted a scoping review following the framework proposed by Arksey and O'Malley, JBI (Joanna Briggs Institute), and PRISMA-ScR (the preferred reporting items for systematic reviews and meta-analyses extension for scoping reviews) guidelines. The search included Scopus, CINAHL, MEDLINE, the Nursing & Allied Health Collection, Cochrane Central Register of Controlled Trials (via EBSCO), MedicLatina, APA PsycInfo, Web of Science, and gray literature. We also included primary and secondary research articles in Portuguese, English, Spanish, and French published since 1976. We used Rayyan software for data management and screening. Data were synthesized and organized thematically.

Results: The initial search yielded 4146 records (2722 from databases, 1424 from gray literature). After screening, 12 studies were included for synthesis. The findings were synthesized into 4 themes: the nature of the relationship, methodologies, facilitators and barriers, and manifestations/impacts. Analysis suggests a complex, bidirectional link: EBN knowledge drives assertiveness, which is crucial for EBN implementation. Facilitators include knowledge, organizational support, and psychological safety; barriers are rigid hierarchies, fear of retaliation, and workload. Assertiveness shows up in questioning practices and advocating for clients, improving safety, decision-making, and collaboration. Its absence is associated with deviations from practice and increased risk of error.

Conclusion: Assertive communication is vital for EBN implementation and promoting excellent healthcare. Developing this skill through educational and organizational interventions is critical to ensuring safe environments. Gaps in the literature, such as fragmented studies and geographical asymmetry, require robust, comprehensive future research.

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Highlights

- EBN knowledge boosts nurse assertiveness; assertiveness enables EBN adoption.
- Non-assertive communication is a key barrier to EBP.
- Workplace hierarchies and fear of retaliation suppress nurse assertiveness.
- Assertiveness improves patient safety, clinical reasoning, and error reporting.
- Training and psychological safety are critical for evidence-based advocacy.

Plain Language Summary

Nurses play a vital role in patient care, but they often struggle to speak up about unsafe practices or advocate for science-backed treatments. This study explored how nurses' confidence in communicating (assertiveness) relates to their ability to use evidence-based practice (EBP) and follow up-to-date guidelines. We analyzed 12 studies from diverse healthcare settings worldwide to understand this relationship. The findings showed that nurses who know the science behind their work are more likely to speak up confidently. At the same time, assertive nurses are better at putting evidence into practice; fear of backlash from doctors or senior staff, heavy workloads, and rigid workplace hierarchies often silence nurses—even when they spot unsafe practices or outdated treatments. When nurses do communicate assertively, it leads to fewer medical errors, better patient care, and stronger teamwork. For example, in neonatal units, nurses who questioned medication decisions based on protocols prevented mistakes.

Introduction

Since the profession's inception, nurses have upheld 4 core responsibilities: promoting health, preventing illness, restoring health, and alleviating suffering (International Council of Nurses, 2021). To fulfill these duties and ensure safe, competent care, regulation remains essential (Morrison, 2010). Consequently, the World Health Organization (WHO) (WHO, 2021) identifies patient safety as a global healthcare challenge and has implemented a strategic plan to reduce preventable harm across care settings.

National and international organizations play a key role by establishing professional standards that ensure safe, high-quality practice. For instance, the American Nurses Association (ANA) (ANA, 2021) outlines guidelines that include the "quality of practice" standard, which mandates that nursing services improve outcomes by aligning with current evidence and prioritizing safety. The ANA further emphasizes evidence-based practice (EBP), integrating research into clinical decision-making through its scholarly inquiry framework (Ernstmeyer & Christman, 2022). This global mandate for evidence-based care is also reflected in Portugal, where the Portuguese Order of Nurses (Conselho de Enfermagem, 2012), adhering to international guidelines (International Council of Nurses, 2012) and supported by national law (Assembleia da República, 2019), guarantees quality and continuous improvement.

Evidence-based nursing (EBN) combines the best available evidence, clinical expertise, patient data, and patient/family preferences (ANA, 2021). Despite this framework, evidence still translates slowly into practice, creating barriers to patient safety (WHO, 2021) and underscoring the need for robust nursing engagement in research (Ernstmeyer & Christman, 2022). Consequently, effective EBN implementation often requires nurses to confidently communicate and defend clinical decisions, a skill closely tied to assertiveness.

As frontline providers, nurses must identify and address safety risks. Assertiveness, initially studied within social skills research (Del Prette & Del Prette, 2017a; Del Prette & Del Prette, 2018), is the ability to express concerns clearly while respecting others' rights (Lange & Jakubowski, 1976; Teixeira et al., 2016). This skill helps manage conflict, reduce anxiety, foster effective communication (Del Prette & Del Prette, 2017b), and is fundamental in healthcare for building effective relationships (Yoshinaga et al., 2018). Crucially, assertiveness enhances patient safety (Lee et al., 2023) and care

quality (Schwappach & Richard, 2018) by facilitating problem-solving (Okuyama et al., 2014) and preventing adverse events (Szymczak, 2015) and critical incidents (Omura et al., 2015). It empowers nurses to advocate for evidence-based changes, reduce errors, and improve outcomes. Nevertheless, studies consistently report low assertiveness among nurses, attributing it to sociocultural, organizational, individual, and team-related factors (Schwappach & Richard, 2018; Omura et al., 2018; Etchegaray et al., 2020; Bracq et al., 2021; Lee et al., 2021). Barriers to assertive communication directly threaten client safety (Lee et al., 2022).

Assertiveness is vital for interprofessional collaboration and effective communication in nursing (Okuyama et al., 2014) and increases nurses' self-confidence (Konwar, 2021). Management support, positive team relationships, and organizational commitment to safety support its development (Lee et al., 2022). Moreover, psychological empowerment (Azizi et al., 2020) and enhanced self-efficacy (Aoyanagi et al., 2022) contribute to greater assertiveness, which in turn is essential for improving nurses' professional status, autonomy, and overall empowerment (Konwar, 2021). Consequently, targeted training is imperative (Di Consiglio et al., 2023).

Despite the clear importance of both EBN and assertiveness for quality care, a preliminary search (October-November 2024) found no studies examining their bidirectional relationship. This critical gap limits strategies to strengthen EBN implementation. We hypothesize that EBN knowledge enhances assertiveness, while assertiveness supports EBN adoption—a dynamic with significant implications for nursing education.

This scoping review maps existing literature on nurse assertiveness and EBN, addressing:

How are assertive communication and EBN related across healthcare contexts?

What methodologies have studied this relationship?

What facilitators and barriers exist for assertiveness in EBN implementation?

How does assertiveness impact evidence-based clinical practice?

Materials and Methods

This scoping review was guided by the foundational framework proposed by Arksey and O'Malley (2005) and further elaborated by the Joanna Briggs Institute (JBI) methodology (Peters et al., 2020), following the PRISMA-ScR (preferred reporting items for systematic reviews and meta-analyses extension for scoping reviews) guidelines (Tricco et al., 2018). The analysis process comprised 5 key phases: 1) defining the research question by clarifying its purpose and scope; 2) identifying relevant studies, balancing search feasibility with comprehensive breadth; 3) selecting studies through an iterative, team-based approach for review and extraction; 4) charting the data, which involves a numerical summary and qualitative thematic analysis; and 5) collating, summarizing, and reporting the final results, including their implications for policy, professional practice, or future research. The review protocol was registered on the Open Science Framework (Machado et al., 2025).

Search strategy

The search strategy aimed to identify published and unpublished studies exploring the association between nurses' assertive communication and EBN across multiple electronic databases and gray literature, confirming the absence of prior reviews on this topic. Database selection was based on their extensive coverage of health and social sciences literature relevant to the research focus.

Inclusion and exclusion criteria

Eligibility criteria followed the PCC (Population, Concept, Context) model per JBI guidelines (Peters et al., 2020).

Inclusion criteria

Population: Studies focused on actively practicing nurses, regardless of specialty or work setting;

Concept: Assertiveness was operationalized as clear, direct, and respectful communication enhancing patient safety and multidisciplinary teamwork (Okuyama et al., 2014). Two dimensions were analyzed: health communication (patient/family interactions) and interprofessional communication (coordination with other healthcare providers). EBN included equivalent terms (e.g. EBP, clinical decision-making) if aligned with its 4 pillars: 1) best available evidence; 2) clinical expertise; 3) patient/family preferences; and 4) resource context.

Context: All healthcare settings (hospitals, primary care, private institutions, telenursing) involving direct/remote patient interaction, without geographic or temporal restrictions.

Study types: Primary/secondary studies with empirical data on the assertiveness-EBN relationship, published in Portuguese, English, Spanish, or French from 1976 onward (marking the inception of systematic assertiveness research; [Lange & Jakubowski, 1976]).

Exclusion criteria

Studies mixing nurses with other professionals without nurse-specific results;

Nurses without a minimum bachelor's degree;

Assertiveness research exclusively in educational (non-clinical) contexts;

Publications where nurses had no direct patient contact (in-person/remote);

Non-healthcare settings (even with patient interaction);

Narrative reviews, opinion pieces, editorials, or commentaries.

Language justification: Limiting results to Portuguese, English, Spanish, and French ensured accurate data analysis (aligned with the research team's proficiency) and covered most relevant nursing literature, particularly from regions active in assertiveness/EBN research.

Search implementation

The search was conducted in 3 phases:

Exploratory search in MEDLINE/PubMed, APA PsycInfo, Web of Science, Web of Science, CINAHL Complete, and Cochrane to identify key terms.

Refinement using Boolean operators (OR/AND) and truncation (*) for terminological variations (see Appendix A). We hand-searched the reference lists of included studies for additional publications.

Final search across:

Databases: CINAHL Complete, MEDLINE Complete, Nursing & Allied Health Collection, Cochrane Central Register of Controlled Trials (via EBSCO), MedicLatina, APA PsycInfo (Psychology and Behavioral Sciences Collection), Scopus, and Web of Science;

Gray literature: Grey Matters, WorldCat, Google Scholar, AHRQ, OpenGrey.EU, and Portuguese institutional repositories (RCAAP, University of Coimbra, University of Aveiro).

The last update of this search occurred in April 2025.

The gray literature rationale includes unpublished theses, technical reports, and institutional documents that offer innovative perspectives that complement traditional evidence.

Data extraction and quality assessment

Two reviewers independently extracted data using a standardized tool, collecting authors, year of publication, title, study type, methodology, data collection tools, context, objectives, results, EBN-assertiveness operationalization, and implementation challenges.

We resolved discrepancies by consensus (no third reviewer required).

We used the JBI critical appraisal checklist (for qualitative, quantitative, and mixed-methods studies) to assess quality. While results informed discussion, quality scores did not exclude studies, aligning with scoping reviews' exploratory nature.

Data synthesis

Data were thematically analyzed. Two researchers independently coded the content and harmonized results through critical discussion. Key emergent themes (e.g. assertiveness' role in interprofessional collaboration) were inductively derived from the data.

Study identification and selection

We used Rayyan (Ouzzani et al., 2016) to remove duplicates and streamline screening.

Two reviewers independently screened titles/abstracts in Rayyan (Ouzzani et al., 2016) and then full texts in JBI SUMARI (Munn et al., 2019).

We documented and justified exclusions per the PRISMA-ScR flowchart (Figure 1).

Critical appraisal

Consistent with the scoping review objectives, the methodological quality assessment (via the JBI checklist) contextualized the evidence but did not exclude studies. This approach prioritized identifying knowledge gaps and trends in assertiveness-EBN research.

However, variability in study robustness was not formally ranked.

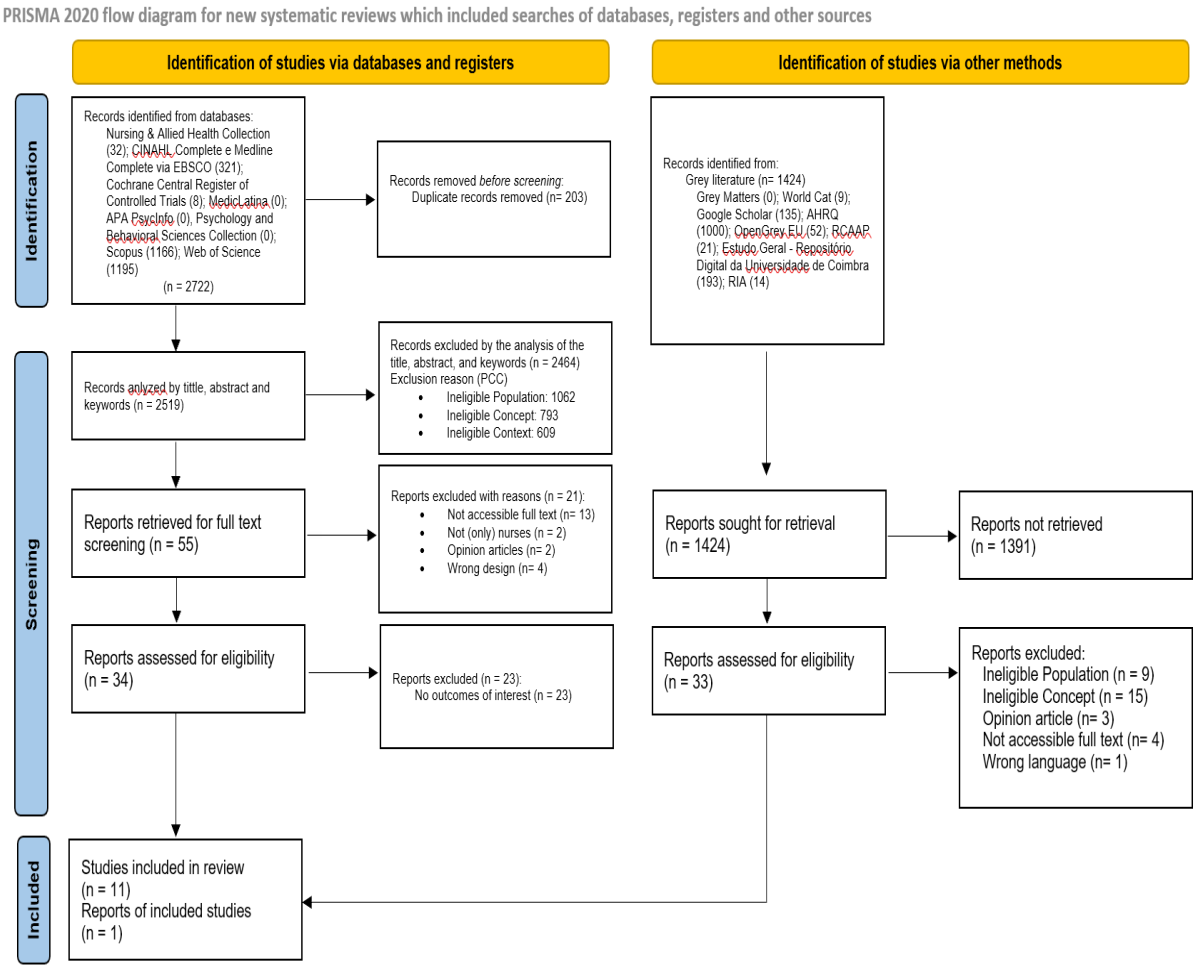


Figure 1. PRISMA-ScR flow diagram of study selection

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Results

Figure 1 illustrates the study selection process following PRISMA-ScR guidelines. The initial search identified 2722 potentially relevant articles. After removing 203 duplicates, 2519 publications were screened. Title/abstract/keyword screening excluded 2464 studies for not meeting eligibility criteria. Of the remaining 55 articles, 21 were excluded after full-text review. Of the 34 studies advanced for further assessment, 23 were discarded for not addressing the core research questions. Thus, 11 studies were included from the database search. Of the 1424 records identified through gray literature and other sources, 33 reports were assessed for eligibility and 1 was included (Torres et al., 2024). In total, 12 studies were included.

Table 1 summarizes the included studies, detailing authors/year, title, study type, objectives, methodology, context, and key themes.

Key findings organized by research questions

Relationship between nurses' assertive communication and EBN

The literature reveals that the link between nurses' assertive communication and EBN is primarily explored indirectly, though significant associations emerge across studies.

Knowledge empowers assertiveness

Delaney and Piscopo (2007) demonstrated that advanced professional knowledge, including EBN principles, strengthens nurses' assertiveness in advocating for patient interests.

Similarly, Fackler et al. (2015) emphasized that confidence in scientific knowledge and patient advocacy are critical to care quality, aligning with EBN pillars.

Table 1. Summary analysis of included articles

Author(s), Year	Title	Study Type	Objective	Methodology	Context	Key Theme
Alingh et al. (2019)	Speaking up about patient safety concerns: the influence of safety management approaches and climate on nurses' willingness to speak up	Quantitative	Examines the relationship between safety management, safety climate, and psychological safety and nurses' willingness to raise patient safety concerns.	Cross-sectional	Hospital wards (Medical, Surgical, and Intensive Care units), Netherlands	Safety management; team climate and psychological safety; nurses' communication of patient safety concerns
Aydon et al. (2016)	Factors influencing a nurse's decision to question medication administration in a neonatal clinical care unit	Qualitative	Identifies factors influencing nurses' decisions to question medication administration in neonatology.	Critical incident technique	Neonatal clinical care unit, Australia	Work environment (support versus hierarchy); Ethical responsibility; medication knowledge; factors for questioning medication
Canam (2008)	The Link Between Nursing Discourses and Nurses' Silence: Implications for a Knowledge-Based Discourse for Nursing Practice	Qualitative	Explore the relationship between technical/caring discourses and nurse silence; Propose an alternative knowledge-based discourse	Interpretive-descriptive	Hospital (pediatric specialty programs and acute/intensive care units), country unspecified	Nurse silence; Nursing discourses; Nursing knowledge; Power dynamics in healthcare.
Delaney & Piscopo (2007)	There really is a difference: nurses' experiences with transitioning from RNs to BSNs	Qualitative	Explore and describe the experience of associate and diploma-prepared nurses transitioning from Registered Nurses to Bachelor of Science in Nursing	Descriptive phenomenological	Variety of healthcare settings; country not mentioned	Impact of knowledge on empowerment and assertiveness; Transformation of clinical practice; Challenges and support during transition.
Fackler et al. (2015)	Hospital nurses' lived experience of power	Qualitative	Explore the lived experience of power by hospital nurses	Hermeneutic phenomenological	Hospitals (Intensive Care units and medical wards), United States	Patient advocacy; building collaborative relationships; self-perception of power.
Law & Chan (2015)	The experience of learning to speak up: a narrative inquiry on newly graduated registered nurses	Qualitative	Explore the learning process of assertiveness in newly graduated nurses	Narrative inquiry with an interpretive and relational approach	Public hospitals, Hong Kong - China	Assertiveness goes beyond one-time training; mentorship (and self-mentorship) is crucial for assertiveness; Need to create safe spaces for open communication
Lee & Dahinten (2021)	Psychological safety as a mediator of the relationship between inclusive leadership and nurse voice behaviors and error reporting	Quantitative	Investigate the relationship among inclusive leadership, psychological safety, "speaking up," "voice withholding," and error reporting in nurses. Analyze psychological safety as a mediator in this relationship.	Cross-sectional correlational	Medical-surgical units of three tertiary general hospitals, South Korea	Inclusive leadership; psychological safety; voice behaviors (speaking up, voice withholding); error reporting; patient safety.
Noh & Kang (2024)	The relationships among communication competence, professional autonomy and clinical reasoning competence in oncology nurses	Quantitative	Investigate the relationship among communication competence, professional autonomy, and clinical reasoning competence in oncology nurses.	Descriptive, cross-sectional correlational	Hospital wards for cancer treatment, South Korea	Communication competence; professional autonomy; clinical reasoning

Author(s), Year	Title	Study Type	Objective	Methodology	Context	Key Theme
Sahay & Willis (2021)	Graduate nurse views on patient safety: navigating challenging workplace interactions with senior clinical nurses	Qualitative	Explore negative interaction experiences between newly graduated and senior nurses and their impact on patient safety.	Exploratory descriptive	Various clinical settings (acute medical-surgical units and nursing homes), Australia	Negative nurse interactions; patient safety; harassment/bullying behaviors; hesitation to speak up.
Serafin et al. (2020)	What is the most needed competence for newly graduated Generation Z nurses? Focus groups study	Qualitative	Identify key competencies for newly graduated Generation Z nurses and assess deficits/facilitators.	Qualitative exploratory-descriptive design, using focus groups.	Diverse professional practice contexts, Poland	Generation Z competencies in nursing (knowledge, communication, teamwork, development, decision-making, stress management, empathy); Professional adaptation; Theory-practice gap; Intergenerational differences and challenges.
Torres et al. (2024)*	Implementation of EBP in pediatric nursing care: Facilitators and barriers	Qualitative	Explore barriers and facilitators to EBP implementation in child and family care	Focus groups	Pediatric Unit of a University Hospital, Portugal	Barriers and facilitators of EBP; non-assertive communication (as a barrier); Family and child-centered care (as a contextual characteristic).
Wudu et al. (2024)	Uptake of EBP and its predictors among nurses in Ethiopia: a systematic review and meta-analysis	Quantitative	Evaluate the prevalence and predictors of EBP adoption among Ethiopian nurses	Systematic review with meta-analysis	Public hospitals, Ethiopia	EBP adoption and its predictors (knowledge, attitude, position, communication skills, access to guidelines).

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*Study identified through the gray literature/other sources search.

Assertiveness safeguards evidence-based nursing implementation

Aydon et al. (2016) linked nurses' evidence-based questioning of unsafe practices to stricter protocol adherence, while Sahay & Willis (2021) showed that hesitation to challenge deviations from best practices compromises patient safety and EBN adherence.

Torres et al. (2024) identified non-assertive communication as a direct barrier to EBN in pediatric settings.

Communication competence drives EBN adoption

Wudu et al. (2024) found nurses with strong communication skills were 5 times more likely to implement EBN.

Noh & Kang (2024) further supported this by correlating communication skills with clinical reasoning competence, a core EBN component (Table 2).

Methodological approaches

Analysis of the included studies revealed a predominance of qualitative approaches in mapping the relationship between assertiveness and EBN. The studies employed diverse qualitative methodologies.

Delaney & Piscopo (2007) used a descriptive phenomenological design.

Fackler et al. (2015) adopted a hermeneutic phenomenological approach.

Serafin et al. (2020) and Torres et al. (2024) employed exploratory-descriptive designs with focus groups.

Aydon et al. (2016) applied the critical incident technique.

Interpretative approaches were also represented through narrative inquiries (Law & Chan, 2015) and descriptive studies (Canam, 2008; Sahay & Willis, 2021).

Less frequently, quantitative approaches also helped map this relationship.

Alingh et al. (2019) and Lee & Dahinten (2021) used cross-sectional designs (the latter correlational).

Noh & Kang (2024) similarly employed a descriptive correlational design based on cross-sectional surveys.

Wudu et al.'s (2024) systematic review and meta-analysis of observational studies, including cross-sectional designs, retrospective cohorts, and case-control studies (Table 1), was particularly noteworthy.

Facilitators and barriers to assertive communication in EBN

- The literature identifies multiple facilitators for assertive communication and EBN implementation.

- Increased knowledge and self-confidence (Fackler et al., 2015),

- Leadership support and recognition (Fackler et al., 2015; Alingh et al., 2019; Lee & Dahinten, 2021; Sahay & Willis, 2021),

- Psychological safety climate and mutual team respect (Aydon et al., 2016; Alingh et al., 2019; Lee & Dahinten, 2021),

- EBN knowledge, positive attitudes, and advanced academic training (Torres et al., 2024; Wudu et al., 2024).

However, several barriers hinder this communication.

- Fear of retaliation and intimidation (Aydon et al., 2016; Lee & Dahinten, 2021; Sahay & Willis, 2021),

- Hierarchical and controlling cultures that devalue nurses' voices (Canam, 2008; Alingh et al., 2019; Sahay & Willis, 2021),

- Time and resource limitations (Aydon et al., 2016; Torres et al., 2024),

- Non-assertive communication itself and outdated protocols (Torres et al., 2024) (Table 3).

Manifestations and impact of assertiveness on evidence-based nursing

Nurses' assertive communication manifests in various forms, directly influencing EBN implementation and care quality. The primary manifestations include:

- Leadership and patient advocacy, influencing clinical decisions (Fackler et al., 2015),

- Evidence-based questioning of practices and prescriptions (Law & Chan, 2015; Aydon et al., 2016),

- Encouraging knowledge sharing and critical thinking among colleagues (Aydon et al., 2016).

The absence of these behaviors may result in "organizational silence," limiting the expression of relevant knowledge (Canam, 2008).

Assertive communication has positive impacts at multiple levels:

- Patient safety: preventing errors (Aydon et al., 2016; Alingh et al., 2019; Lee & Dahinten, 2021; Sahay & Willis, 2021)

- Clinical decision-making: promoting more informed choices (Aydon et al., 2016).

- Organizational dynamics:

Enhancing multidisciplinary collaboration (Fackler et al., 2015; Aydon et al., 2016),

Strengthening nurses' professional role (Fackler et al., 2015).

Studies further demonstrate that effective communication skills:

- Increase EBN implementation likelihood (Wudu et al., 2024),

- Facilitate clinical reasoning (Noh & Kang, 2024).

Conversely, non-assertive communication can hinder implementation of EBP, compromising care safety and quality (Torres et al., 2024) (Table 4).

Discussion

This scoping review aimed to map the relationship between nurses' assertive communication and EBN by analyzing three key dimensions: the nature of this relationship across healthcare contexts, facilitators and barriers to implementation, and manifestations and impacts on clinical practice.

Patterns emerged from the 12 included studies that shed light on this interaction while also revealing important gaps in the literature.

Table 2. Relationship between assertive communication by nurses and EBN

Author(s), Year	Key Finding	Conclusion
Alingh et al. (2019)	Commitment-based safety management and team psychological safety increase nurses' willingness to express patient safety concerns.	Although it does not explicitly discuss EBN, the study underscores that promoting psychological safety and assertive communication (speaking up) is fundamental to ensuring best practices and evidence are applied in harm prevention and patient safety improvement.
Aydon et al. (2016)	Communication is impacted by the work environment. Nurses use protocols (evidence) as a reference to question (assertiveness) deviations or uncertainties, ensuring safe practice. Assertiveness is fundamental to advocating for clients and doing what is right.	Assertive communication by nurses is key to patient safety and the effective implementation of EBP. A work environment that fosters assertiveness helps nurses apply best practices and comply with protocols, preventing errors and supporting quality care.
Canam (2008)	Devaluing nursing knowledge and lacking a language to articulate practice lead to "nurse silence."	The lack of assertiveness, stemming from difficulty expressing nursing knowledge, undermines the validation and application of EBN, suggesting that a "knowledge-based discourse" is crucial for empowerment and assertiveness.
Delaney & Piscopo (2007)	Transitioning from RN to BSN improves practice and care quality, increasing knowledge, empowerment, and assertiveness in the professional role.	Advanced academic training (facilitator) increases knowledge and confidence, strengthening nurses' assertiveness. This assertiveness is crucial for influencing clinical decision-making and, consequently, implementing EBPs and improving quality of care.
Fackler et al. (2015)	Nurses develop power through knowledge, experience, and self-confidence, which good mentors can strengthen. Nurses use their power to build relationships and advocate for clients, consciously improving care. These positive relationships can improve nurses' perceptions of their work environment.	Power matters for nurses, who use it to improve patient care and drive change. They feel powerful when they act as agents of change, when their voice is heard, and when their knowledge is recognized. Power development is linked to knowledge, experience, and self-confidence.
Law & Chan (2015)	Newly graduated nurses need to develop the ability to "speak up" for patient safety and to question practices. Still, they face barriers such as hierarchy, a culture of conformity, and fear of negative consequences. Mentorship and support are crucial.	Assertive communication is essential for advocating patient safety and, implicitly, for incorporating evidence. Cultural and hierarchical factors inhibit it, requiring continuous mentorship and organizational changes.
Lee & Dahinten (2021)	Inclusive leadership by nurse managers fosters psychological safety, encouraging nurses to "speak up" (assertiveness) and report errors.	Assertive communication (speaking up and reporting errors), driven by inclusive leadership and psychological safety, is crucial for continuous practice improvement and, indirectly, for EBN integration, by facilitating problem identification and discussion of new approaches.
Noh & Kang (2024)	Communication competence (including assertiveness) in oncology nurses positively correlates with clinical reasoning competence, which is essential for safe and quality practice.	Higher communication competence and professional autonomy in oncology nurses are associated with higher clinical reasoning competence. To improve clinical reasoning, practical communication education programs and institutional efforts to increase professional autonomy, such as regular unit rotation, are necessary.
Sahay & Willis (2021)	Newly graduated nurses hesitate to confront EBP deviations due to fear of retaliation from senior nurses. This lack of assertiveness, exacerbated by hierarchical and contradictory behaviors, generates "organizational silence" and compromises patient safety.	Nurse assertiveness is decisive for EBP application and patient safety. Quality and safety strategies must focus on interpersonal relationships and hierarchical responsibility, promoting environments that encourage open communication and support for EBP.
Torres et al. (2024)	Non-assertive communication is identified as a key barrier to EBP implementation in pediatric nursing.	Improving assertiveness is critical to facilitating evidence integration into clinical practice and optimizing care quality.
Wudu et al. (2024)	Nurses with effective communication skills were almost five times more likely to implement EBP in their workplaces.	Effective communication is an essential determinant of EBP adoption, along with other factors such as knowledge and organizational support.

Table 3. Facilitating factors and barriers to assertive communication in EBP implementation

Author(s), Year	Key Finding	Conclusion
Alingh et al. (2019)	Facilitators: Commitment-based safety management and team psychological safety (increase nurses' willingness to express patient safety concerns) Barriers: Low general assertiveness and a climate of distrust	To encourage assertive communication about patient safety, a commitment-based safety management approach is most important.
Aydon et al. (2016)	Facilitators: Mutual respect, support from experienced colleagues, and trust in clinical protocols Barriers: Workload, pressure, and intimidation	Promoting a work environment that supports assertive communication is important to ensure patient safety and effective EBP implementation.
Canam (2008)	Facilitators: The study suggests that a "knowledge-based discourse" can empower nurses. Barriers: Dominance of technical discourse and devaluation of caring knowledge, leading to silence and difficulty articulating nursing knowledge	Lacking a language to articulate their knowledge prevents assertiveness, suggesting that a knowledge-based discourse can empower nurses to communicate effectively and promote EBPs.
Delaney & Piscopo (2007)	Facilitators: Advanced academic training (bachelor's/BSN), particularly in research and theory, which expands the knowledge base and leads to greater empowerment and confidence	Advanced academic training (facilitator) builds knowledge and confidence, strengthening nurses' assertiveness. This assertiveness is crucial for influencing clinical decision-making and, consequently, implementing EBPs and improving quality of care.
Fackler et al. (2015)	Facilitators: Knowledge acquisition, experience, and self-confidence, enhanced by good mentors and building positive interprofessional relationships. Barriers: The study did not identify explicit barriers but suggested that a lack of recognition of nurses' voices can be a challenge.	Nurses derive power from their expertise and relationships, using them to advocate for clients and improve care; however, organizational structures still need to hear and recognize their voices more.
Law & Chan (2015)	Facilitators: Mentorship and support (both peer and superior), and a safe, open organizational culture Barriers: Institutional barriers (power differential, conformity culture), fear of negative consequences, lack of spaces for practice negotiation, and sociocultural factors (e.g. Confucianism)	Hierarchical organizational cultures, fear of retaliation, and sociocultural factors significantly hinder assertive communication, which is crucial for patient advocacy and evidence implementation. Mentor support and a safe culture are essential facilitators.
Lee & Dahinten (2021)	Facilitators: Inclusive leadership by nurse managers (fosters psychological safety, which encourages "speaking up" and error reporting) Barriers: Hierarchical organizational cultures and fear of negative consequences, especially in contexts where openness is discouraged.	Promoting inclusive leadership and a psychologically safe environment is critical to overcoming cultural and organizational barriers, encouraging nurses to express concerns and report errors to improve patient safety.
Noh & Kang (2024)	Facilitators: Not explicitly stated in this context, but the conclusion suggests the need for practical communication education programs. Barriers: Communication education experience is not directly related to nurses' communication competence, suggesting that the quality or type of current educational programs may be a barrier.	The quality and format of communication education programs (potential barrier) need improvement so that communication training effectively translates into greater communication competence and, consequently, greater assertiveness and clinical reasoning, which are crucial for EBP.
Sahay & Willis (2021)	Facilitators: Support from nurse leaders and individual courage of newly licensed nurses (though limited) Barriers: Hierarchical behaviors and harassment from nurses (lead to fear of retaliation and organizational silence regarding EBP deviations).	Work culture, especially hierarchical interpersonal relationships, critically shapes assertive communication and EBP implementation, requiring quality and safety strategies that directly address these aspects.
Serafin et al. (2020)	Facilitators: Not specified Barriers: Communication competence deficits in newly licensed nurses, intergenerational conflict (lack of respect/trust from experienced colleagues), and inability to apply theoretical knowledge in practice (theory-practice gap).	Communication competence deficits, the theory-practice gap, and intergenerational conflict/lack of trust are key barriers that create insecurity and reduce newly graduated nurses' assertiveness, indirectly affecting their ability to implement EBN.
Torres et al. (2024)	Facilitators: Experienced EBN mentors, institutional recognition, environment that promotes EBN, team interest/motivation, and advanced academic training Barriers: Non-assertive communication (intradisciplinary and interdisciplinary), time management, tradition, inexperience with research, physical service structure, resource availability (e.g. computers, database access), and absent or outdated protocols.	Non-assertive communication is a prominent barrier to EBP implementation and is also hindered by factors such as time management and resource availability. Fostering assertiveness, along with institutional support and mentorship, is essential to integrate evidence into clinical practice.
Wudu et al. (2024)	Facilitators: Knowledge, favorable attitude, charge nurse position, effective communication skills, and access to EBP guidelines.	Effective communication is an essential determinant of EBP adoption, along with knowledge and organizational support.

Table 4. Manifestations and impact of assertive communication on EBN

Author(s), Year	Key Findings	Conclusion
Alingh et al. (2019)	Nurses' willingness to voice concerns (a form of assertiveness) is linked to team psychological safety, impacting adverse event prevention and team performance.	Commitment-based safety management is crucial to promote this communication.
Aydon et al. (2016)	Nurses demonstrate assertiveness by proactively questioning, advocating for patients, and seeking clarification, which improves safety, prevents errors, and strengthens EBN confidence.	Nurses' assertiveness manifests in specific ways and directly improves patient safety and the implementation of safe practices.
Canam (2008)	Non-assertiveness manifests through nurses' silence and the invisibility of their practice.	A lack of language to articulate nursing knowledge hinders participation in decisions and advocacy for EBPs, compromising care quality.
Delaney & Piscopo (2007)	Assertiveness reflects nurses' ability to present evidence-based opinions and solutions to other professionals (e.g. physicians) with greater confidence and knowledge, directly influencing clinical decisions and improving care quality.	Advanced education and acquired knowledge enhance nurses' assertiveness, enabling proactive, evidence-based interventions in clinical decisions that positively impact care quality and evidence-informed practice implementation.
Fackler et al. (2015)	Assertiveness manifests in patient advocacy, interprofessional collaboration, and influence in decision-making, resulting in improved care, professional satisfaction, and recognition of nursing expertise.	While nurses use assertiveness (power) to improve care and satisfaction, organizations need to better recognize their voice in decision-making.
Law & Chan (2015)	Assertive communication shows up in patient advocacy and questioning practice, improving safety and care quality despite institutional barriers.	Nurse assertiveness is crucial for patient safety and care quality but requires ongoing mentorship and cultural change to implement effectively.
Lee & Dahinten (2021)	Assertive communication includes "speaking up" and error reporting, which positively impacts patient safety.	Assertive communication directly impacts patient safety by promoting critical information sharing, essential for continuous practice improvement.
Noh & Kang (2024)	Oncology nurses with strong communication skills obtain relevant patient information, improving their clinical reasoning competence. This enhanced reasoning is essential for effective decision-making and high-quality care.	Communication competence (including assertiveness) correlates with better clinical reasoning, essential for decision-making and effective care.
Sahay & Willis (2021)	Assertive communication involves questioning unsafe practices and EBN deviations (e.g. medication errors) but is often inhibited by fear of retaliation, creating "organizational silence" that compromises patient safety and EBN application.	Lack of assertive communication directly affects EBN implementation by perpetuating unsafe practices and hindering error correction, underscoring the need for work environments that encourage open expression of concerns to ensure patient safety.
Torres et al. (2024)	Non-assertive communication manifested as failures in team interactions, negatively impacting EBN by creating implementation barriers.	Assertiveness is fundamental to effective collaboration and integrating evidence into clinical practice.
Wudu et al. (2024)	Nurses with effective communication skills were nearly 5 times more likely to implement EBN.	Assertive communication supports EBN by facilitating implementation and smooth interaction among all participants in the care and research process.

Client- Centered Nursing Care

The mapped evidence is consistent with our initial hypothesis that EBN knowledge enhances assertiveness, while assertiveness supports EBN implementation. The results suggest this interdependence is non-linear and mediated by organizational, cultural, and individual factors, which helps explain the methodological diversity observed.

This review highlights the critical practical relevance of fostering assertive communication in clinical settings. The relationship observed between, EBN implementation, and improved patient safety outcomes—such as reduced errors and adherence to protocols—has significant downstream consequences. For healthcare systems, these safety improvements offer a powerful way to reduce operational costs and improve efficiency. Moreover, for nursing professionals, a psychologically safe culture that values and enables assertive conduct translates into higher job satisfaction and professional respect, supporting better retention rates and stronger commitment to EBP.

Relationship between nurses' assertive communication and evidence-based nursing

The literature analysis in this scoping review reveals a complex, often indirect relationship between nurses' assertive communication and EBN. However, important

associations for care quality and safety are confirmed, suggesting interdependence where assertiveness can both be driven by evidence-based knowledge and serve as a determining factor for its effective clinical implementation.

Knowledge as a catalyst for assertiveness

Several studies suggest that scientific knowledge and clinical experience catalyze nurse assertiveness.

Delaney and Piscopo (2007) observed that the transition to BSN-level education, which deepens knowledge, empowers nurses to become "assertive leaders and advocates." They presented the ability to "conduct small research" and "offer evidence-based solutions" as a driver of assertive expression in clinical interactions. Similarly, Fackler et al. (2015) demonstrated that nurses experience power through expertise and the ability to "know everything about their patients and speak for them." This "specialized knowledge" and resulting self-confidence were described as foundations for assertiveness in patient advocacy and influencing clinical decisions, aligning with EBN's clinical competence pillar. Reinforcing this connection, Noh and Kang (2024) revealed a positive correlation between communication competence (including assertiveness) and clinical reasoning, an essential cognitive process for evidence-based decision-making. This evidence suggests that effective communication helps nurses integrate complex patient information more efficiently into their clinical reasoning.

Assertiveness as a driver of evidence-based nursing implementation

The literature also highlights assertiveness as crucial for EBN implementation. Aydon et al. (2016) illustrated this dynamic in a neonatal unit where nurses proactively questioned medication administration based on clinical protocols. This behavior ensured compliance with evidence-based guidelines while demonstrating how such guidelines can boost nurses' confidence to speak up. Furthermore, Wudu et al. (2024) found that nurses with effective communication skills, including assertiveness, were significantly more likely to implement EBN, reinforcing communication's role in advocating for and integrating EBPs.

Barriers: Non-assertiveness undermines evidence-based nursing

Conversely, a lack of assertiveness emerges as a significant barrier to EBN implementation, often shaped by organizational and cultural factors. Sahay and Willis (2021) showed how rigid hierarchies and fear of retaliation inhibit assertive communication, perpetuate deviations from best practices, and compromise patient safety. For instance, new graduates' hesitation to question protocol violations exposed "organizational silence" and its grave implications for EBN adoption. Similarly, Torres et al. (2024) identified "non-assertive intra- and interdisciplinary communication" as a central obstacle to EBN implementation in pediatric nursing, emphasizing the need for direct communication for collaboration and informed decision-making. Canam (2008) highlighted nurses' "difficulty articulating their practice and knowledge," which stems from the devaluation of nursing knowledge in biomedical contexts; this low assertiveness compromises EBN validation and application. Finally, Law and Chan (2015) emphasized that the capacity to "speak up" is essential for patient safety advocacy and, implicitly, for evidence incorporation, but it is inhibited in environments where hierarchy or organizational culture discourages dissenting opinions.

Contextual facilitators

Factors like psychological safety and inclusive leadership facilitate assertiveness and indirectly support EBN. Alingh et al. (2019) showed that commitment-based safety management and stronger team psychological safety increased nurses' willingness to voice patient safety concerns, which is central to ensuring the safe, effective application of EBP. In addition, Lee and Dahinten (2021) found that inclusive leadership from nurse managers fostered psychological safety, encouraging nurses to "speak openly" and report errors, a decisive factor for continuous practice improvement and EBN integration.

Facilitators and barriers to assertive communication in evidence-based nursing implementation

This review identified multiple factors that both facilitate and hinder nurses' assertive communication during EBP implementation. The complex interactions among these elements—spanning individual, interprofessional, and organizational dimensions—shape nurses' capacity to advocate for evidence-based care.

Facilitators: Enabling evidence-based assertiveness

Regarding individual factors, knowledge and professional competence emerged as foundational pillars. Fackler et al. (2015) demonstrated how knowledge acquisition, experience, and resulting self-confidence empower nurses to exercise professional power and

assertiveness. The validation of their knowledge and their ability to detect subtle changes in patient condition (stemming from dedicated care) strengthened their voice. Additionally, Delaney and Piscopo (2007) noted that advanced education, particularly in research and theory, expanded nurses' knowledge base, increasing confidence to present evidence-based perspectives and solutions. Wudu et al. (2024) also found that "effective communication skills" and strong EBN knowledge significantly predicted EBN adoption.

Organizational factors were equally crucial. Aydon et al. (2016) found that clear, accessible clinical protocols provided objective foundations for assertive questioning in neonatal units. Alingh et al. (2019) indicated that commitment-based safety management and robust team psychological safety increased nurses' willingness to voice patient safety concerns, essential for applying EBPs. Similarly, Lee and Dahinten (2021) observed that inclusive leadership from nurse managers fostered psychological safety, encouraging nurses to "speak openly" and report errors. Law and Chan (2015) further highlighted mentorship from peers and superiors, along with open organizational cultures, as key assertiveness strengtheners.

Cultural obstacles, such as hierarchical dynamics and fear cultures, persisted as significant barriers. Sahay and Willis (2021) reported that power asymmetries and "nurses eat their young" bullying cultures created environments where fear of retaliation and public humiliation inhibited assertiveness, leading to "organizational silence" and perpetuated EBN deviations. Law and Chan (2015) added that power differentials, perceived negative consequences, conformity cultures, and a lack of practice negotiation spaces suppressed assertive communication.

Additional individual and structural challenges were also identified. Experience gaps, such as novice nurses' lack of confidence (Aydon et al., 2016) and communication skill deficits (Serafin et al., 2020), created hesitation. Theory-practice gaps, in which nurses could not apply theoretical knowledge in practice, generated insecurity (Serafin et al., 2020). Resource constraints, including work overload (Aydon et al., 2016) and time or resource limitations (Torres et al., 2024), restricted reflective practice. Epistemological barriers, specifically the lack of recognized language to articulate nursing knowledge, silenced perspectives (Canam, 2008). Finally, educational shortcomings were noted, where communication training quality sometimes failed to improve actual competence (Noh & Kang, 2024). This comprehensive analysis shows that multifaceted interventions addressing individual competencies, organizational cultures, and structural resources are needed to optimize the assertiveness-EBN relationship in clinical practice.

Manifestations and impact of nurses' assertive communication on evidence-based nursing

The analysis of included studies shows that nurses' assertive communication takes diverse clinical forms and has profound, multifaceted impacts on EBN implementation. Assertiveness is not merely an interpersonal skill; it is a crucial engine for translating scientific knowledge into safe, evidence-based bedside actions.

Manifestations of assertiveness in clinical practice

One primary manifestation is advocacy for EBP. Aydon et al. (2016) documented neonatal nurses assertively questioning medication administration by cross-referencing protocols and evidence sources; their proactive verification behaviors ensured strict compliance with best practices. In clinical decision-making, Law and Chan (2015) found that newly licensed nurses raised concerns about inappropriate prescriptions and suggested evidence-based alternatives, even when challenging established hierarchies.

Patient-centered leadership is another key manifestation. Fackler et al. (2015) described nurses who "speak for patients" with persistent, evidence-based insistence during interdisciplinary rounds, ensuring patient welfare remained central to care decisions. Regarding knowledge translation, Delaney and Piscopo (2007) showed that assertiveness enabled nurses to present well-researched solutions to physicians and directly influence clinical decisions through evidence-based persuasion.

Professional collaboration is also enhanced. Assertiveness also supports mentorship, as experienced nurses in Fackler et al. (2015) were observed modeling assertive teaching by helping colleagues recognize subtle clinical indicators through guided observation and knowledge sharing. Furthermore, the concept of epistemological empowerment is supported by Canam (2008), who proposed "knowledge-based discourse" as the framework allowing nurses to legitimize their evidence-based interventions through articulate practice narratives.

Impact on evidence-based practice implementation

Assertiveness has a positive impact on patient safety outcomes. Three studies converged on safety benefits.

Alingh et al. (2019) found that nurses who perceived higher commitment-based safety management were more willing to voice safety concerns. Aydon et al. (2016) found that nurses used clear, up-to-date medication protocols as the reference for questioning orders that fell outside them, which supported safe medication administration. Also, Lee and Dahinten (2021) reported that nurses' psychological safety was positively associated with their intention to report errors (B=0.19, P<0.01) and partially mediated its association with nurse managers' inclusive leadership.

Clinical decision quality also benefits. Noh and Kang (2024) found that communication competence was positively correlated with clinical reasoning competence (r=0.59) and, together with clinical experience, age and professional autonomy, explained 48.6% of its variance. Similarly, Law and Chan (2015) showed that learning to speak up requires more than one-off training and safety tools, relying on mentoring and on safe spaces to raise concerns.

Regarding EBN adoption metrics, Wudu et al. (2024) found that nurses with strong communication skills had nearly 5-fold higher odds of implementing EBN (pooled AOR=4.99; 95% CI, 1.47%, 8.51%), demonstrating assertiveness's role in translating evidence.

Consequences of non-assertiveness

Conversely, non-assertiveness increases patient safety risks and creates implementation barriers. Sahay and Willis (2021) showed that graduate nurses who observed unsafe practice hesitated to speak up for fear of retribution, which affected their critical thinking and subsequent patient care. Torres et al. (2024) noted that non-assertive communication created "collaboration roadblocks," while Canam (2008) observed that unarticulated nursing knowledge limited nurses' participation in care decisions and their advocacy for evidence-based practices.

Study limitations

Our scoping review revealed 5 critical evidence gaps.

Conceptual fragmentation: most studies examined assertiveness and EBN separately, missing opportunities to explore their synergistic potential in knowledge translation.

Geographic imbalance: Western hospital contexts dominated, limiting transferability to cultures with different power-distance norms, team communication styles, and evidence-implementation infrastructures.

Design constraints: The predominance of descriptive/correlational designs prevented causal inferences about assertiveness training outcomes and longitudinal assessment of EBN implementation trajectories.

Methodological variability: While we appraised study quality using JBI checklists, our scoping approach could not exclude weaker designs, potentially affecting the strength of conclusions and the generalizability of findings.

Gray literature gap: Only 0.07% of gray literature records met inclusion criteria, suggesting limited empirical focus on this intersection and need for alternative search strategies in non-traditional sources.

Conclusion

This scoping review, which sought to map the relationship between nurses' assertive communication and EBN across multiple dimensions, underscores their interdependence and fundamental role in care quality and patient safety. Analysis of the 12 included studies reveals patterns demonstrating that assertiveness is not merely an interpersonal skill, but also a catalytic element and sometimes prerequisite for effective translation of scientific evidence into clinical practice.

The mapped evidence suggests that nurses' knowledge and clinical competence support assertiveness. A strong evidence base gives professionals the confidence to question practices, advocate for patients, and champion safer, more effective approaches. Conversely, assertiveness is a crucial behavior for EBN implementation, enabling nurses to influence team decisions, challenge protocol deviations, and ensure practice aligns with the best available guidelines.

However, this relationship is shaped by facilitating factors and barriers. Organizational support, clear protocols, a safety culture that promotes psychological safety, and inclusive leadership enhance assertiveness. In contrast, rigid hierarchies, fear of retaliation, cultures of conformity, low individual confidence, and heavy workloads are significant barriers that inhibit assertive communication, limiting nurses' ability to apply their knowledge.

Assertiveness manifests in actions ranging from directly questioning inappropriate prescriptions and advocating for patients to sharing knowledge and promoting critical thinking among colleagues. The impact is vast: assertiveness directly helps prevent adverse events, improves the quality of clinical decisions, and strengthens interprofessional collaboration. Conversely, its absence

perpetuates outdated practices, increases error risk, and compromises care safety and quality, revealing a concerning disconnect between knowing and doing.

Implications and future perspectives

This review's results have significant implications for nursing education, team management, and health policies.

It is crucial to develop integrated undergraduate and postgraduate curricula that not only strengthen EBN knowledge but also actively cultivate assertive communication skills from the ground up. This objective can be achieved by implementing active methodologies and realistic simulations that focus on evidence-based decision-making scenarios, where future nurses can practice constructive questioning and patient advocacy in safe environments.

In parallel, designing work environments that promote psychological safety and inclusive leadership is essential to empower nurses to voice their concerns and apply evidence without fear of reprisal. Healthcare organizations must invest in cultures that value open dialogue, constructive feedback, and recognize nurses as key agents in continuous care improvement.

Despite these insights, it is vital to acknowledge the identified limitations. Fragmentation in the study of assertiveness and EBN, geographical asymmetry in the evidence, and the lack of longitudinal or interventional studies prevent definitive conclusions about causality and the generalizability of results. Future research should focus on more robust research designs, including longitudinal and interventional studies, to explore causality and the effectiveness of strategies that simultaneously promote assertiveness and EBN; diverse cultural and geographical contexts to increase the transferability of results and understand the nuances of the relationship in different healthcare systems; and theoretical models and frameworks that explicitly integrate assertiveness as a central component of EBN. This practice will guide future research and interventions, allowing for a more structured and predictive understanding of the complex dynamic between these two fundamental pillars of nursing practice.

Ethical Considerations

Compliance with ethical guidelines

This article is a review and does not involve human or animal samples.

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Authors' contributions

Conceptualization, methodology, investigation, data curation, formal analysis, software, project administration, review, editing, and final approval: Dora Machado, Manuel Brás, Assunção Almeida, and Carlos Vilela; Writing the original draft: Dora Machado; Supervision, validation, visualization, and resources: Manuel Brás, Assunção Almeida, and Carlos Vilela.

Conflict of interest

The authors declared no conflict of interest.

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Appendix A

Search strategy

CINAHL complete and MEDLINE complete (via EBSCO)

TI (nurs* OR "nurse practitioner*" OR "licensed practical nurse*") AND ("assertive communication" OR "speak* up" OR "assertive* behavior*" OR "assertiveness in nursing" OR "interpersonal communication" OR "communication skills in healthcare" OR "nursing assertiveness" OR "assertiveness") AND ("evidence-based nursing" OR "evidence-based practice" OR "supported decision making" OR empowerment OR "decision making" OR "clinical competence" OR "clinical decision making" OR "advanced practice nurses" OR "research-based") OR AB (nurs* OR "nurse practitioner*" OR "licensed practical nurse*") AND ("assertive communication" OR "speak* up" OR "assertive* behavior*" OR "assertiveness in nursing" OR "interpersonal communication" OR "communication skills in healthcare" OR "nursing assertiveness" OR "assertiveness") AND ("evidence-based nursing" OR "evidence-based practice" OR "supported decision making" OR empowerment OR "decision making" OR "clinical competence" OR "clinical decision making" OR "advanced practice nurses" OR "research-based")

Nursing & allied health collection: comprehensive (via EBSCO)

(KW nurses OR AB nurs* OR AB "nurse practitioner*" OR AB "licensed practical nurse*") AND (KW "assertiveness" OR AB "assertive communication" OR AB "speak* up" OR AB "assertive* behavior*" OR AB "assertiveness in nursing" OR AB "interpersonal communication" OR AB "communication skills in healthcare" OR AB "nursing assertiveness" OR AB "assertiveness") AND (KW "evidence-based nursing" OR KW "evidence-based practice" OR AB "supported decision making" OR AB "empowerment" OR AB "evidence-based practice" OR AB "evidence based nursing*" OR AB "Decision making" OR AB "clinical competence" OR AB "clinical decision making" OR AB "advanced practice nurses" OR AB "evidence based*" OR AB "research-based")

Cochrane central register of controlled trials (via EBSCO)

((MH nurses OR AB nurs* OR AB "nurse practitioner*" OR AB "licensed practical nurse*")) AND ((MH assertiveness OR AB "assertive communication" OR AB "speak* up" OR AB "assertive* behavior*" OR AB "as-

sertiveness in nursing" OR AB "interpersonal communication" OR AB "communication skills in healthcare" OR AB "nursing assertiveness" OR AB "assertiveness")) AND ((MH "evidence-based nursing" OR MH "evidence-based practice" OR AB "supported decision making" OR AB "empowerment" OR AB "evidence-based practice" OR AB "evidence based nursing*" OR AB "decision making" OR AB "clinical competence" OR AB "clinical decision making" OR AB "advanced practice nurses" OR AB "evidence based*" OR AB "research-based"))

MedicLatina

(KW nurses OR AB nurs* OR AB "nurse practitioner*" OR AB "licensed practical nurse*") AND (KW "assertiveness" OR AB "assertive communication" OR AB "speak* up" OR AB "assertive* behavior*" OR AB "assertiveness in nursing" OR AB "interpersonal communication" OR AB "communication skills in healthcare" OR AB "nursing assertiveness" OR AB "assertiveness") AND (KW "evidence-based nursing" OR KW "evidence-based practice" OR AB "supported decision making" OR AB "empowerment" OR AB "evidence-based practice" OR AB "evidence based nursing*" OR AB "decision making" OR AB "clinical competence" OR AB "clinical decision making" OR AB "advanced practice nurses" OR AB "evidence based*" OR AB "research-based")

APA PsycInfo

MA nurses" OR AB "nurse practitioner*" OR AB "licensed practical nurse*" OR AB "nurse*" OR AB "Nursing" AND MA "Assertiveness" OR AB "assertive communication" OR AB "speak* up" OR AB "assertive* behavior*" OR AB "assertiveness in nursing" OR AB "interpersonal communication" OR AB "communication skills in healthcare" OR AB "nursing assertiveness" OR AB "assertiveness" AND MA "evidence-based practice" OR AB "supported decision making" OR AB "empowerment" OR AB "evidence-based practice" OR AB "evidence based nursing*" OR AB "decision making" OR AB "clinical competence" OR AB "clinical decision making" OR AB "clinical nursing" OR AB "evidence based*" OR AB "advanced practice nurses"

Psychology and behavioral sciences collection

(SU nurses" OR AB "nurse practitioner*" OR AB "licensed practical nurse*" OR AB "nurse*" OR AB "nursing") AND (SU "assertiveness" OR AB "assertive communication" OR AB "speak* up" OR AB "assertive* behavior*" OR AB "assertiveness in nursing" OR AB "interpersonal communication" OR AB "communication skills in healthcare" OR AB "nursing assertiveness" OR AB "assertiveness") AND (SU "evidence-based nursing" OR SU "evidence-based practice" OR AB "supported decision making" OR AB "empowerment" OR AB "evidence-based practice" OR AB "evidence based nursing*" OR AB "decision making" OR AB "clinical competence" OR AB "clinical decision making" OR AB "clinical nursing" OR AB "evidence based*" OR AB "advanced practice nurses")

SCOPUS

(KEY (nurses) OR TITLE-ABS-KEY ("nurse practitioner*") OR TITLE-ABS-KEY ("licensed practical nurse*") OR TITLE-ABS-KEY (nurs*)) AND ((KEY ("assertiveness") OR TITLE-ABS-KEY ("assertive communication") OR TITLE-ABS-KEY ("speak* up") OR TITLE-ABS-KEY ("assertive* behavior*") OR TITLE-ABS-KEY ("assertiveness in nursing") OR TITLE-ABS-KEY ("interpersonal communication") OR TITLE-ABS-KEY ("communication skills in healthcare") OR TITLE-ABS-KEY ("nursing assertiveness") OR TITLE-ABS-KEY ("assertiveness")) AND (KEY ("evidence-based nursing") OR KEY ("evidence-based practice") OR TITLE-ABS-KEY ("supported decision making") OR TITLE-ABS-KEY ("empowerment") OR TITLE-ABS-KEY ("evidence-based practice") OR TITLE-ABS-KEY ("evidence based nursing*") OR TITLE-ABS-KEY ("decision making") OR TITLE-ABS-KEY ("clinical competence") OR TITLE-ABS-KEY ("clinical decision making") OR TITLE-ABS-KEY ("clinical nursing") OR TITLE-ABS-KEY ("evidence based*") OR TITLE-ABS-KEY ("advanced practice nurses")) AND PUBYEAR > 1976 AND PUBYEAR < 2025

Web of Science

1: (((AK=(nurs*)) OR AB=(nurs*)) OR AB= (nurse practi*)) OR AB= (licensed practical nurs*)

2: ((((((AK=(assertiveness)) OR AB= (assertive communication)) OR AB= (speak* up)) OR AB= (assertive* behavior*)) OR AB= (assertiveness in nursing)) OR AB= (interpersonal communication)) OR AB= (communication skills in healthcare)) OR AB= (nursing assertiveness) OR AB=(assertiveness))

3: ((((((((((((AK= (evidence-based nursing)) OR AK= (evidence-based practice)) OR AK=(supported decision making)) OR AB=(supported decision making)) OR AB=(evidence-based nursing)) OR AB=(evidence-based practice)) OR AB=(empowerment)) OR AB=(decision making)) OR AB=(clinical competence)) OR AB=(clinical decision making)) OR AB=(clinical nursing)) OR AB=(evidence based*)) OR AB=(advanced practice nurs*)

4: #1 AND #2 AND #3