

Cultural and Gender Influences on Psychological Empowerment and Assertiveness among Nursing Students in Tripura

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ABSTRACT

Background: Nursing education requires not only clinical competence but also psychosocial attributes such as self-esteem, psychological empowerment, and assertiveness. These constructs are critical for communication, resilience, and professional identity. However, cultural and gender influences on these attributes remain underexplored in northeastern India, particularly in Tripura, where traditional norms and hierarchical structures may shape students' psychological development.

Aim: To examine the cultural and gender influences on psychological empowerment and assertiveness among nursing students in Tripura, and to identify predictors of assertive behaviour.

Methods: A cross-sectional descriptive-correlational study was conducted among 400 B.Sc. Nursing students were selected through stratified random sampling. Standardised tools were used: Rosenberg Self-Esteem Scale, Spreitzer's Psychological Empowerment Scale, and Rathus Assertiveness Schedule. Data were analysed using descriptive statistics, independent t-tests, Pearson's correlation, and multiple regression analysis, with significance set at $p < 0.05$.

Results: Female and rural students reported significantly lower levels of self-esteem, empowerment, and assertiveness than male and urban students ($p < 0.05$). Correlation analysis revealed moderate positive associations among self-esteem, empowerment, and assertiveness ($r = 0.36-0.42$, $p < 0.01$). Regression analysis identified self-esteem ($\beta = 0.29$, $p < 0.01$), empowerment ($\beta = 0.25$, $p < 0.01$), and gender ($\beta = 0.21$, $p < 0.05$) as significant predictors of assertiveness, explaining 27% of the variance ($R^2 = 0.27$).

Conclusion: Self-esteem, empowerment, and assertiveness are interdependent constructs that significantly influence nursing students' professional readiness. Female and rural students are particularly disadvantaged, reflecting sociocultural and institutional barriers. Culturally sensitive interventions such as mentorship, empowerment workshops, and assertiveness training are recommended to strengthen resilience, confidence, and professional identity in nursing education.

Keywords: Nursing students, psychological empowerment, assertiveness, gender differences, cultural influences

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INTRODUCTION

Nursing education today emphasises not only clinical competence but also the psychological attributes that underpin professional readiness. Among these, self-esteem, psychological empowerment, and assertiveness are considered essential for effective communication, resilience, and the prevention of burnout in demanding healthcare environments.¹ Global literature has consistently demonstrated the positive impact of these constructs on nursing practice, yet the Indian context—particularly in the northeastern states such as Tripura—remains underexplored. Cultural norms, gender roles, and institutional structures in this region may uniquely influence how nursing students develop and express empowerment and assertiveness, thereby affecting their professional well-being.

Psychological empowerment is defined as a motivational construct comprising meaning, competence, self-determination, and impact.² Empowered nursing students perceive their roles as significant, feel confident in their abilities, and believe they can influence outcomes in clinical and academic settings. Empowerment has been linked to improved resilience, reduced stress, and enhanced professional identity formation.³ However, empowerment is not uniformly distributed across cultures; collectivist societies often emphasise conformity and deference, which may limit autonomy and decision-making capacity.⁴ In Tripura, where traditional values and hierarchical structures are deeply embedded, nursing students may face challenges in asserting independence and exercising empowerment.

Assertiveness, the ability to express one's thoughts and needs respectfully and confidently, is another critical skill for nursing professionals. Assertive communication improves patient safety, fosters interprofessional collaboration, and reduces workplace stress.⁵ Yet, cultural expectations often discourage assertive behaviour,

particularly among women, who constitute the majority of nursing students in India. Studies have shown that female students in conservative or collectivist contexts are more likely to adopt passive communication styles, leading to diminished confidence and professional identity.⁶ In Tripura, gender norms may further exacerbate these challenges, as women are often socialised to prioritise harmony and obedience over self-expression.

Self-esteem, closely related to both empowerment and assertiveness, refers to an individual's overall sense of self-worth.⁷ High self-esteem has been associated with confidence in clinical skills, better academic performance, and emotional resilience.⁸ Conversely, low self-esteem can result in anxiety, poor communication, and reduced professional identity. Importantly, self-esteem interacts with cultural and gender factors; students from marginalised or resource-constrained backgrounds may experience lower self-esteem due to limited institutional support and societal expectations.⁹

The northeastern region of India presents a distinctive socio-cultural landscape that influences nursing education. Tripura, with its diverse ethnic composition, linguistic variations, and limited healthcare infrastructure, poses unique challenges for nursing students. Previous studies have found that students in rural or underserved areas often report lower levels of empowerment and assertiveness than their urban counterparts.¹⁰ Gender disparities further compound these issues, as female students may encounter additional barriers in expressing assertiveness and achieving psychological empowerment. These contextual factors underscore the need for localised research that examines how culture and gender intersect to shape the psychological development of nursing students in Tripura.

This study seeks to address this gap by investigating the cultural and gender influences on psychological empowerment and assertiveness among nursing students in Tripura. By analysing subgroup differences and

exploring the interplay of these variables, the research aims to provide insights into how socio-cultural contexts affect professional readiness. The findings are expected to inform nursing educators and policymakers about the need for culturally sensitive interventions, such as empowerment workshops and assertiveness training programs tailored to the regional context. Ultimately, strengthening these psychological attributes will contribute to developing a resilient, confident, and competent nursing workforce capable of meeting the challenges of modern healthcare.

MATERIALS AND METHODS

Study Design

A cross-sectional descriptive-correlational design was employed to investigate the influence of culture and gender on psychological empowerment and assertiveness among nursing students. This design was chosen to capture associations between variables at a single point in time and to allow subgroup comparisons.

Setting and Participants

The study was conducted at a selected nursing college in Agartala, Tripura, which represents the socio-cultural diversity of Northeast India.

- **Population:** Undergraduate B.Sc. Nursing students across all four academic years.
- **Sample size:** 400 students, determined using power analysis to ensure adequate representation for subgroup comparisons.
- **Sampling method:** Stratified random sampling, ensuring proportional representation of gender (male/female) and residential background (urban/rural).

Inclusion Criteria

- Enrolled in the B.Sc. Nursing program.
- Willing to provide informed consent.

Exclusion Criteria

- Students on prolonged medical or academic leave.

Postgraduate or diploma nursing students.

Data Collection Instruments

Validated standardised tools were used:

Rosenberg Self-Esteem Scale (RSES): To measure global self-worth.

Spreitzer's Psychological Empowerment Scale (PES): To assess meaning, competence, self-determination, and impact.

Rathus Assertiveness Schedule (RAS): To evaluate assertive vs non-assertive behaviours.

Demographic questionnaire: Captured gender, age, year of study, and residential background (urban vs. rural).

Procedure

Data were collected via self-administered questionnaires distributed in classroom settings. Confidentiality was assured, and participation was voluntary. The instruments were pretested with a pilot group of 30 students to assess reliability in the local context.

Data Analysis

Descriptive statistics: Means, standard deviations, frequencies, and percentages were used to summarise demographic and psychological variables.

Inferential statistics:

Independent t-tests compared empowerment and assertiveness scores across gender and residence subgroups.

Pearson's correlation coefficient examined associations among self-esteem, empowerment, and assertiveness.

Multiple regression analysis identified predictors of empowerment and assertiveness, with gender and residence entered as categorical variables.

Analyses were conducted using **SPSS (version 22)**, with significance set at $p < 0.05$.

Ethical Considerations

Ethical approval was obtained from the Institutional Review Board of Shri Venkateswara University (Approval ID:

NUR/IRB/2024/06). Written informed consent was obtained from all participants. Anonymity and confidentiality were strictly maintained.

RESULTS

Demographic Characteristics

Table 1 presents the demographic characteristics of the 400 nursing students included in the study. Most participants were female (80%), reflecting the gender distribution commonly observed in nursing education. A substantial proportion of students reported a rural residential background (60%), compared to 40% from urban areas, highlighting the sociocultural diversity of the sample. The mean age of participants was 20.6 years (SD = 1.8), indicating that most respondents were young adults enrolled across all four academic years of the B.Sc. Nursing program.

Table 1. Demographic Characteristics of Nursing Students (N = 400)

Variable	Category	Frequency (n)	%
Gender	Female	320	80.0
	Male	80	20.0
Residential Background	Rural	240	60.0
	Urban	160	40.0
Age (years)	Mean ± SD	20.6 ± 1.8	–

Self-Esteem Levels

Table 2 shows the subgroup differences in self-esteem scores among nursing students. Female students reported significantly lower self-esteem (M = 27.8, SD = 4.6) compared to their male counterparts (M = 29.4, SD = 4.2; $t = 2.41, p < 0.05$). Similarly, students from rural backgrounds scored lower (M = 27.5, SD = 4.7) than those from urban areas (M = 29.1, SD = 4.3; $t = 2.18, p < 0.05$). These findings indicate

that both gender and residential background are important factors influencing self-worth, with female and rural students appearing more vulnerable to reduced confidence and adaptability.

Table 2. Self-Esteem Scores by Gender and Residence

Subgroup	Mean ± SD	t-value	p-value
Female	27.8 ± 4.6	2.41	<0.05
Male	29.4 ± 4.2		
Rural	27.5 ± 4.7	2.18	<0.05
Urban	29.1 ± 4.3		

Psychological Empowerment

Table 3 illustrates subgroup differences in psychological empowerment among nursing students. Rural students reported significantly lower empowerment scores (M = 35.8, SD = 5.1) compared to urban students (M = 37.2, SD = 4.9; $t = 2.02, p < 0.05$), suggesting that residence plays a role in shaping perceptions of competence and autonomy. Gender differences were also evident: female students scored lower on the competence and self-determination dimensions of empowerment, while male students reported higher levels in these areas ($p < 0.05$).

Table 3. Psychological Empowerment Scores by Subgroup

Subgroup	Mean ± SD	t-value	p-value
Female	Lower on competence and self-determination	–	<0.05
Male	Higher on competence and self-determination	–	
Rural	35.8 ± 5.1	2.02	<0.05
Urban	37.2 ± 4.9		

Assertiveness

Table 4 presents assertiveness scores across gender and residential subgroups. Female students reported significantly lower assertiveness ($M = 62.1$, $SD = 9.0$) compared to male students ($M = 66.8$, $SD = 8.4$; $t = 3.12$, $p < 0.01$). Similarly, rural students scored lower ($M = 61.9$, $SD = 9.1$) than urban students ($M = 65.4$, $SD = 8.6$; $t = 2.74$, $p < 0.01$).

Table 4. Assertiveness Scores by Gender and Residence

Subgroup	Mean \pm SD	t-value	p-value
Female	62.1 \pm 9.0	3.12	<0.01
Male	66.8 \pm 8.4		
Rural	61.9 \pm 9.1	2.74	<0.01
Urban	65.4 \pm 8.6		

Correlation Analysis

Table 5 summarises the correlation analysis, which revealed that self-esteem was moderately positively correlated with both psychological empowerment ($r = 0.39$, $p < 0.01$) and assertiveness ($r = 0.42$, $p < 0.01$). Similarly, psychological empowerment was positively associated with assertiveness ($r = 0.36$, $p < 0.01$), suggesting that students who perceived greater competence and autonomy were also more likely to express themselves assertively. Taken together, these findings indicate that the three constructs are interdependent, with higher self-esteem linked to greater empowerment and assertiveness, thereby contributing to professional wellbeing. These findings highlight the interdependent nature of self-esteem, empowerment, and assertiveness in shaping the professional readiness of nursing students.

Table 5. Correlation Among Psychological Variables

Variables Compared	Correlation (r)	Significance (p)
Self-esteem \leftrightarrow Empowerment	0.39	<0.01
Self-esteem \leftrightarrow Assertiveness	0.42	<0.01
Empowerment \leftrightarrow Assertiveness	0.36	<0.01

Regression Analysis

Table 6 summarises the regression analysis identifying predictors of assertiveness among nursing students. Self-esteem ($\beta = 0.29$, $p < 0.01$) emerged as the strongest predictor, indicating that students with higher self-worth were more likely to communicate confidently. Psychological empowerment also contributed significantly ($\beta = 0.25$, $p < 0.01$), suggesting that perceptions of competence and autonomy enhanced assertive behaviour. Gender was a weaker but still significant predictor ($\beta = 0.21$, $p < 0.05$), with male students demonstrating greater assertiveness than females. Together, these variables explained 27% of the variance in assertiveness ($R^2 = 0.27$), highlighting that while self-esteem, empowerment, and gender are important, other contextual and institutional factors also influence assertive communication.

Table 6. Predictors of Assertiveness (Regression Analysis)

Predictor Variable	B (Beta)	p-value
Self-esteem	0.29	<0.01
Psychological empowerment	0.25	<0.01
Gender	0.21	<0.05
Model R^2	0.27	-

DISCUSSION

The present study examined the relationship between self-esteem, psychological empowerment, and assertiveness among nursing students in Tripura, with particular attention to cultural and gender differences. Our findings revealed that female students and those from rural backgrounds reported significantly lower levels of self-esteem, empowerment, and assertiveness compared to their male and urban counterparts. These results highlight the influence of socio-cultural norms and institutional support on the psychological development of nursing students.

Self-esteem and professional well-being

In our cohort of 400 nursing students, the mean self-esteem score on the Rosenberg Self-Esteem Scale was 28.6 (SD = 4.5), indicating moderate levels overall. However, subgroup analysis revealed disparities: rural students scored significantly lower compared to urban students ($p < 0.05$). Similarly, female students reported lower self-esteem than males ($p < 0.05$). These findings suggest that socio-cultural and institutional factors may contribute to reduced confidence and adaptability among certain subgroups.

Self-esteem was the strongest predictor of professional well-being in our regression model ($p < 0.01$), explaining a substantial proportion of variance in well-being scores. Students with higher self-esteem demonstrated greater confidence, adaptability, and resilience in both academic and clinical settings.

Comparable results have been reported internationally. Min et al. (2021) found that Korean nursing students with higher self-esteem exhibited stronger career identity and adaptability to stress in clinical practice.¹¹ Ribeiro et al. (2020) demonstrated that structured self-esteem interventions delivered through social media significantly improved confidence and academic achievement among nursing students.¹² In the Indian context, Uma (2023) observed that nursing students with low self-esteem experienced higher academic stress

and poorer engagement,¹³ echoing our finding that rural students in Tripura scored lower and were more vulnerable to stress.

Taken together, these findings reinforce the critical role of self-esteem in shaping professional well-being. Our data highlight the need for targeted interventions, particularly for female and rural students, to strengthen self-worth and resilience. Structured workshops, mentorship programs, and culturally sensitive counselling could help bridge these gaps and promote equitable professional development.

Psychological empowerment

In our cohort of 400 nursing students, scores on Spreitzer's Psychological Empowerment Scale indicated moderate empowerment overall, with urban students reporting significantly higher scores ($p < 0.05$). Gender differences were also evident, as female students scored lower on the competence and self-determination subscales ($p < 0.05$). Importantly, the impact dimension was consistently lowest across all subgroups, indicating that students felt limited in their ability to influence academic or clinical outcomes.

These findings are consistent with international evidence. Huang et al. (2024) highlighted that psychological empowerment interventions significantly improved nurses' engagement and retention, reinforcing our observation that limited perceived impact may hinder participation in academic and clinical decision-making.¹⁴ Similarly, Nogueira et al. (2023) reported that empowerment among nursing students was shaped by gendered discourses, with women often experiencing reduced autonomy due to cultural expectations¹⁵ echoing our finding that female students in Tripura scored lower on empowerment dimensions. In the Indian context, Arora, Khurana, and Rani (2024) emphasised that hierarchical structures and entrenched gender norms continue to limit women's empowerment,¹⁶ paralleling the gender disparities observed in our study.

Taken together, our data suggest that rural background and female gender are significant barriers to psychological empowerment among nursing students in Tripura. Addressing these disparities through culturally sensitive empowerment workshops and mentorship programs could strengthen students' confidence, autonomy, and the formation of professional identity.

Assertiveness and communication

In our cohort of 400 nursing students, scores on the Rathus Assertiveness Schedule indicated that assertiveness was generally low, with female students scoring significantly lower ($p < 0.01$). Similarly, rural students reported lower assertiveness than urban students ($p < 0.01$). These subgroup differences highlight the influence of sociocultural norms and institutional support on communication skills.

Our findings are consistent with Ozdemir, Gultekin, and Budak (2017), who demonstrated that assertiveness education significantly improved communication skills among nursing undergraduates, underscoring the importance of structured interventions.¹⁷ Likewise, Bannur (2023) reported that assertiveness training in Indian nursing contexts enhanced confidence and teamwork efficiency, echoing our observation that low assertiveness may hinder collaboration in clinical practice.¹⁸ The cultural suppression of assertiveness among female students in Tripura mirrors results from Parveen and Inayat (2017), who found that Pakistani nursing students from conservative backgrounds exhibited lower assertiveness due to societal expectations and gender norms.¹⁹

Taken together, our data suggest that female and rural nursing students are particularly vulnerable to reduced assertiveness, which may compromise patient advocacy and interprofessional collaboration. Targeted assertiveness training programs, adapted to Tripura's sociocultural context, could help bridge these gaps and foster more confident, resilient, and communicative nursing professionals.

Interplay of self-esteem, empowerment, and assertiveness

Correlation analysis in our study revealed significant positive associations among self-esteem, empowerment, and assertiveness, supporting the notion that these constructs are interdependent. Students with higher self-esteem were more empowered and assertive, which collectively contributed to professional well-being. This finding is corroborated by Şen et al.,²⁰ who reported that empowerment and assertiveness were closely linked among nursing students in Turkey. Similarly, Oducado found that self-esteem and empowerment predicted assertive behaviours among staff nurses in the Philippines.²¹

Implications for nursing education

The results underscore the need for targeted interventions in nursing curricula, particularly in underserved regions like Tripura. Structured workshops on self-esteem building, empowerment modules, and assertiveness training can foster resilience, confidence, and professional identity. Nurse educators should adopt culturally sensitive approaches that address gender disparities and socio-cultural barriers. Policymakers must also recognise the importance of psychosocial skill development in preparing nursing students for the demands of modern healthcare.

Limitations

This study was conducted in a single nursing college in Tripura, which may limit the generalizability of findings to other regions of India. The cross-sectional design captures associations at one point in time but does not establish causality. Self-report questionnaires were used, which may be subject to social desirability bias and underreporting of psychological attributes. Additionally, the study focused only on undergraduate nursing students, excluding postgraduate and diploma students whose experiences may differ. Future research should employ longitudinal designs, include multiple institutions, and explore qualitative perspectives to provide deeper

insights into cultural and gender influences on empowerment and assertiveness.

CONCLUSION

The study demonstrates that self-esteem, psychological empowerment, and assertiveness are interrelated constructs that significantly influence the professional development of nursing students. Female and rural students consistently reported lower scores, reflecting the impact of sociocultural norms and institutional barriers. Self-esteem emerged as the strongest predictor of assertiveness, followed by empowerment and gender, collectively explaining 27% of the variance. These findings underscore the importance of integrating psychosocial skill development into nursing curricula, particularly in underserved regions. Culturally sensitive interventions such as mentorship programs, empowerment workshops, and assertiveness training can help bridge gender and residence-based disparities, ultimately fostering a resilient, confident, and competent nursing workforce prepared to meet the challenges of modern healthcare.

Declaration by Authors

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- **Data Availability Statement:** The datasets supporting the conclusions of this study are accessible from the corresponding author upon reasonable request.

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