Acculturative Stress, Assertiveness, and Self Efficacy among Undergraduate International Nursing Students

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ABSTRACT

Context: Acculturative stress is an essential challenge of international students in a new culture. This challenge may impact their academic success, psychological wellbeing, and the educational institution's effectiveness in retaining these students.
Aim: To examine the relationship between acculturative stress, self-efficacy, and assertiveness among international undergraduate nursing students.
Methods: The study was conducted at the Faculty of Nursing, Cairo University. The correlational research design was used on a simple random sample consists of 135 undergraduate international nursing students. Four tools were used for data collection. They were personal data sheet, acculturative stress assessment scale, Rathus assertiveness schedule, and general self-efficacy assessment scale.
Results: 47.00% of undergraduate international nursing students had a mild level of acculturative stress, 34.8% of undergraduate international nursing students were somewhat non-assertive, about half of undergraduate international nursing students had a moderate level of self-efficacy. There was a statistically significant positive correlation between self-efficacy and assertiveness. Also, there was a statistically significant negative correlation between acculturative stress and assertiveness. There was no statistically significant correlation between self-efficacy and acculturative stress.
Conclusions: Undergraduate international nursing students were inclined towards experiencing acculturative stress, and near half of them exhibit a mild level. More than one-third of them were somewhat assertive, with near half of them had a high level of self-efficacy. The development of educational programs is needed to maximize assertiveness skills, self-efficacy, and reducing acculturative stress among undergraduate international nursing students.

Keywords: International nursing students, acculturative stress, assertiveness, self-efficacy

1. Introduction

International students come from diverse cultural, social, religious, and political backgrounds and hold various beliefs and values similar to or different from host nations and institutions. However, regardless of diversity, international students share some common characteristics when it comes to acculturation to the new culture. International students often state that factors such as language barriers, learning styles, home separation, weak social integration, and daily-life issues hinder adaptation. These factors also lead to stress and anxiety, which affect the enculturation of international students, i.e., their ability to react to or cope with life events embedded in cross-cultural interaction. However, failure to adapt to these difficulties may be detrimental to different aspects of college life. It can lead to poor academic performance, psychological and physical health problems, and dropping out of school *(Hang et al., 2017; Meng et al., 2018)*.

Acculturation refers to the individuals and groups experiencing changes as they come into contact with a new culture. It is a cultural transformation process that results from regular direct interaction between two distinct cultural individuals/groups. Psychologically, acculturation represents the degree to which people adopt the non-native society's beliefs, attitudes, behaviors, and vocabulary. Acculturation stress is specific to intercultural interactions. Individuals experience stress when they face problems originating from intercultural contact that cannot be overcome easily by simply adjusting to challenging situations through behavioral change *(Ma, 2017)*.

A person needs to use positive coping strategies to cope with acculturation stress and its associated stressors. Social support has been identified as an effective way to combat academic and psychological stress. Social support referred to the degree of support that an individual perceives from specific or general supportive behaviors of individuals in their network, such as friends or peers, that enhances their functionality or protect them from adverse outcomes. There are many forms of social support like peer groups in academia, informal interactions with faculty, personal tutorials, social networks, student support services, and intimate relationships with close friends and family *(Van Gorp et al., 2017)*.

Assertiveness is a significant social skill that fosters personal wellbeing. Assertiveness refers to the individual's ability to express himself while at the same time respecting the other rights. Assertive people speak up for their rights clearly and adequately express their desires, beliefs, opinions, and ideas. When fulfilling their own needs,

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assertive individuals do not disregard other people's needs or infringe on their personal property. Assertiveness is an attitude the individual possesses to oneself and others. It is a means of connecting to the outside world, backed up by an open and effective communication *(El-Bialy et al., 2013)*. Definitions of assertive behavior emphasized individual rights. Furthermore, assertiveness described as "expressing personal rights and feelings," as stated by *Bhardwaj and Vishwas, (2019)*.

Assertiveness is a critical skill in the learning setting, classroom engagement such as making presentations, asking and answering questions, expressing their concerns freely, reducing stress levels, growing self-esteem, enhancing decision-making skills, and becoming more confident in relationships. It can also help students control anger and stress and enhance their coping skills. Being assertive is a core communication skill and way of expressing oneself persuasively and standing up for one's perspective, while also respecting others' rights and beliefs, thus reducing stress levels *(Kyreaa,2014)*.

Assertiveness is considered a promising approach to achieving effective communication and a necessary trait in nursing students. Nursing students are expected to directly express their feelings, rights, needs, desires, and opinions positively without denying their rights or the others' rights. Furthermore, they are expected to submit requests, accept praise, or tell 'no' when they feel it is appropriate. Assertive people are keen to let others know their feelings *(Andrè et al., 2016)*.

A lack of assertiveness might reduce the effectiveness of communication and even compromise patient care. Besides, the inability of nursing staff to effectively communicate could deepen or trigger interpersonal conflicts, aggravate relationships, and undermine or emphasize negative feelings *(Vaupot, & Železnik, 2018)*. An assertive person can develop intimate relationships with others, prevent others from abusing him or her and communicate a broad array of positive and negative feelings and needs without feeling ashamed, overwhelmed, anxious, or breaching others' rights *(Larijani et al., 2017)*.

Student stress and self-efficacy are closely related. When an individual faces various demands from the external environment, personal beliefs such as self-efficacy help differentiate them as a threat or a challenge. It is the extent of competence of the individual that gives the confidence to interpret an event perceived as stressful or challenging. High perception of efficacy in many respects promotes human achievement and personal wellbeing. Such an efficient outlook creates personal achievements, reduces tension, and decreases susceptibility to depression. By comparison, people who doubt their abilities refrain from challenging activities that they perceive as personal risks. They have low expectations and little commitment to achieving the goals they choose. They succumbed to stress and depression quickly *(Mahmed, & Zaki, 2014)*.

Self-efficacy is described as "the beliefs of individuals about their ability to exercise control over events that affecting their lives." It also includes individuals' beliefs in their ability to mobilize the emotions, impulses, cognitive

resources, and courses of action necessary to fulfill a particular set of task requirements, as stated by *Bandura (1997)*.

In the present study, academic self-efficacy refers to the individuals' trust in their ability to perform academic tasks successfully. A good sense of self-efficacy helps students to adapt emotionally. Self-efficacy in the educational setting is directly linked to perseverance and achievement. Studies suggest that students with a high degree of academic self-efficacy make greater use of efficient cognitive learning techniques, manage their time more effectively, and track and evaluate their efforts *(Bulgan, 2017)*.

2. Significance of the study

Faculty of nursing strives to attract, retain, and continue to grow international students' presence. The rising number of international nursing students in Egypt over the past several years has contributed to a desire to understand the factors that add to acculturative stress. As international students move to a new host country, they face several challenges. Those challenges are prevalent in academic, social, psychological, and career domains. International students face difficulties, including variations in culture and social climate in host countries. International students face challenges in new countries. These challenges increase psychological and physiological problems such as loneliness, low self-esteem, homesickness, depression, anxiety, discrimination, lack of assertiveness, and self-efficacy.

Stressors included because of examinations, the intense amount of work, clinical area due to the conflict between `ideal' and `real,' and the pressure of time when performing duties. Students need to be aware of what will enable them to reduce the detrimental impact of migration on their mental health and what steps they are taking to adapt better. The number of international students enrolled in the nursing faculty of undergraduate education has grown substantially within the last three years, from 17- 218 students *(Faculty of Nursing, Cairo University Students' Affairs Office, 2019)*. Researchers have shown increased interest in studying the acculturation, and psychosocial functioning of this historically overlooked population.

The current study designed to fill in the information gap of understanding acculturative stress, assertiveness, and self-efficacy among international students. It also designed to understand the needs of these students as the number of international students in Egypt is likely to increase in the coming years. The results of this study will fill the current knowledge gaps to enhance the cultural competence of educators, mental health nurses, and social workers in working with international students. Despite its robust growth, the population of international students in Egypt increased.

The findings of this study will help empower the international student community by raising awareness of the impact of acculturation stress on the wellbeing of these students and their university experience. The findings of

this study will also be useful mainly for university counseling services, international student offices, and university academic and non- academic staff. Subsequently, the three parties should collaborate to reduce acculturative stress, improve self-efficacy, and assertiveness among international undergraduate nursing students.

3. Aim of the study

This study aimed to examine the relationship between acculturative stress, self-efficacy, and assertiveness among international undergraduate nursing students.

3.1. Research questions

In this study, the following questions were dealt with:
- What are the levels of acculturative stress, assertiveness, and self-efficacy among international undergraduate nursing students?
- Are there correlations between acculturative stress, assertiveness, and self-efficacy among international undergraduate nursing students?

4. Subjects and Methods

4.1. Research design

A descriptive correlation research design used in the current study to investigate the relationship between acculturative stress, self-efficacy, and assertiveness among undergraduate international nursing students. This design includes questions that focus on association or relationships generally answered with inferential and correlational studies. Descriptive correlational studies focus on the relationships between studied variables in the same population *(Stangor, & Walinga, 2010)*.

4.2. Research Setting

The study was carried out at the Faculty of Nursing, Cairo University, at Kasr Al-Aini University Hospital. The faculty was established in 1963. The Faculty of Nursing consists of six floors and nine scientific departments. They are Medical-Surgical, Maternity and Gynecology Nursing, Pediatric Nursing, Psychiatric Mental Health Nursing, Critical Care, and Emergency, Community Health Nursing, Nursing Administration, Geriatric, and Nursing Education Department. The Faculty of Nursing works on preparing qualified professionals to provide nursing care that meets all the levels' needs. The faculty awards its graduates BSc and postgraduate studies in nursing.

4.3. Subjects

Simple random sample consists of 135 international nursing faculty students who participated in this study. A Power of (β = .80) at alpha .20 (one-sided) was utilized as the significance level because these levels have been proposed for use in most behavioral science research areas.

Sampling technique: A list of all international nursing students enrolled in the faculty of nursing, Cairo University, was obtained. They were 250 international students. The researchers use a random table to select the sample. The researcher randomly selected the first student's name from the students' list by tossing and so on to select the number of international students needed for the study.

4.4. Tools of data collection

Data was collected using four scales:

4.4.1. Student Personal Data Sheet

The researchers constructed a personal datasheet to assess international students' personal information. It included information about the participants, such as gender, age, and nationality.

4.4.2. Acculturative Stress Assessment Scale for International Students

Sandhu and Asrabadi (1994) developed an acculturative stress assessment scale for international students (ASASIS). The scale was designed to assess adjustment problems. The original version of ASASIS consists of 36-item. The scale comprised of seven subscales, including perceived discrimination (8 items), homesickness (4 items), perceived hate/rejection (5 items), fear (4 items), stress due to change/culture shock (3 items), guilt (2 items), and nonspecific concerns (10 items). Statements no. 3, 9, 11, 14, 17, 23, 26, 29 for perceived discrimination. Homesickness statements 1, 6, 21, 35. Perceived hate statements 4, 15, 20, 24, 33. Fear statements 7, 18, 27, 31. Stress due to change/culture shock statements no. 2, 13, 22. Guilt 10, 34. Miscellaneous included statements no. 5, 8, 12, 16, 19, 25, 28, 30, 32, 36.

The scoring system

The scale was 5-point Likert-type ranged from (1 = strongly disagree, 2= disagree, 3 = unsure, 4= agree, 5 = strongly agree). The total cumulative scores range from 36 to 180 on this scale. Undergraduate international nursing students who obtained a score of less than 90 were considered to have a low acculturative stress level. Those who scored between 90-<126 points were considered to have mild acculturative stress levels, while those who scored between 126-163 points were considered to have moderate acculturative stress levels. Finally, those who scored more than ≥164 points were considered to have a high acculturative stress level. Construct validity was supported by a positive association with depression among international students. Internal consistency was Cronbach's alpha of 0.94.

4.4.3. Rathus Assertiveness Schedule

It was developed by *Rathus (1973)*. The schedule was used to measure the students' self-perceived assertiveness level. It consisted of 30 items, 16 reversed to avoid response bias and employs a six-point Likert-type response format. Respondent had to rank the degree to which each statement is characteristic and descriptive of his/her behavior. The reliability of the scale was measured by test-retest (r= 0.78). The schedule score ranged from (-3 to +3), with +3Always, +2 usually, +1 Sometimes, -1 once in a great, while -2 rarely, -3 Never.

Scoring system

All the (+) responses were added, and all the (-) responses were also added. Subtract the two totals to find the score. The total assertiveness score ranged between -90 (least assertive) and +90 (most assertive). The students' responses were classified as follows:

- -90 to -20   Very non-assertive
- -20 to   0   Situationally non-assertive
- 0 to +20   Somewhat assertive
- +20 to +40 Assertive
- +40 to +90 Probably aggressive

4.4.4. General self-efficacy Assessment Scale (GSE)

It was developed by *Schwarzer and Jerusalem (1995)*. The scale was designed to assess the participants' beliefs in their capabilities to deal with intercultural difficulties successfully. For example, "I can always manage to solve difficult problems if I try hard enough," "If someone opposes me, I can find the means and ways to get what I want." It is easy for me to stick to my aims and accomplish my goals." It consists of 10 statements on four Likert type scale, ranging from 1 to 4 (1 = not at all true), (2 = Hardly true), (3 = moderately true), and (4=exactly true).

The cumulative scores range from 10 to 40. The participants who obtained a score less than 20 points were considered to have low capabilities to deal with intercultural difficulties successfully, while those who scored between 20-30 points were considered to have moderate capabilities to deal with intercultural difficulties successfully. Finally, those who scored more than 30 points were considered to have a high ability to successfully deal with intercultural difficulties. Several studies across countries established the reliability of the measure. It was found to be high, ranging from 0.70 to 0.90. The internal consistency of the measure in the present study was 0.82.

4.5. Procedures

Three experts checked the content validity of these questionnaires in the field of mental health nursing and statistics. After obtaining official approval from the head of different departments at the faculty of nursing to access the potential subjects, the researchers approached the available sample to identify the eligible participants for the current study. The researchers started to contact with international nursing students.

Then the researchers interviewed all nursing students who agreed to participate in the study. The aim and purpose of the study were explained to the selected students. The researchers begin to collect data by introducing themselves to the participants and explaining the study tools' content to establish initial rapport and gain cooperation between students and researchers. All questions related to the study tools were answered, and a detailed explanation was given to participants.

Ethical considerations: A primary permission to conduct the current study was obtained from the Vice Dean for Education and Students Affairs. After the eligible subjects were identified, they were informed that they had the right to withdraw from participating in the current study without reason. Informed written consent was obtained from all eligible participants who agreed to participate in the study. Data confidentiality and students' privacy were secured. Code numbers were developed and kept by the researchers to keep students' anonymity.

A Pilot study was carried out on 13international students, who were excluded from the actual study sample, to ensure the clarity and applicability of the study measures and the feasibility of the research process. Data were collected over four weeks from the beginning of April 2019 to the end of the same month. The average time needed to complete the tools ranged from 40 to 50 min, depending on the students' responses. The researchers assured the voluntary participation and confidentiality to each subject who agreed to participate.

4.6. Data analysis

Statistics were done using a statistical package for social science (SPSS) for window version 21. Numerical data used the frequency and percentage as well as mean and standard deviation. The correlation coefficient was used to describe the association between variables. The Pearson Correlation coefficient (r) of 0.5 was considered a fair correlation; if more than 0.5 to 0.75, it was considered a good correlation. If more than 0.75, it was considered a very good correlation. Probability of less than 0.05 was proven significant, and less than 0.001 was deemed extremely important. For parametric analysis, t-test and ANOVA (Analysis of Variance) were used.

5. Results

Table 1 represents that more than half of undergraduate international nursing students were females (60.7%), and 54.8% of undergraduate international nursing students were in the age group of >20-23 years old.

Figure 1 illustrates that there were 34.1% of undergraduate international Nursing students were from Sudan. In comparison, 31.1% of them were South Sudan, while the rest of undergraduate international nursing students were from Eretria, Tchad, Saudi, Somalia, and other nationalities (8.1%, 4.4%, 3.7, and 14.1% respectively).

Figure 2 shows that 47% of undergraduate international nursing students had a mild level of acculturative stress. 41% had a low level of acculturative stress. In contrast, the minority had moderate acculturative stress 11.20%, with none of the students having a higher level of acculturative stress.

Figure 3 represents the highest percentage of acculturative stress was for homesickness domain 67.82%, followed by guilt was 55.33%, the culture shock domain represents 54.91%, perceived hate/rejection was 51.56% and perceived discrimination was 51.54%. The total acculturative stress scale percentage was 54.52%.

Figure 4 shows that 34.8% of undergraduate international nursing students had a somewhat non-

assertive level. 25.9% of them had an assertive level. 17.8% of them had a probably aggressive level, 12.6% of them had situational non-assertive level. Only 8.9% of them had an assertive level.

Figure 5 illustrates that about half of undergraduate international nursing students had a moderate level of self-efficacy (49.6%). In contrast, the rest had a high level of self-efficacy 38.4%, and the minority had low levels of self-efficacy 15.6%.

Table 2 illustrates that there were statistically significant differences between age group and self-efficacy (p= 0.049), with the older age group had a higher mean score of self-efficacy. At the same time, there were no statistically significant differences between age group and acculturative stress and assertiveness.

Table 3 illustrates a statistically significant difference between nationality and self-efficacy (p= 0.030). At the same time, there were no statistically significant differences between nationality, acculturative stress, and assertiveness.

Table 4 illustrates a statistically significant positive correlation between self-efficacy and assertiveness (r=.222, p=.010). Also, there was a highly statistically significant negative correlation between acculturative stress and assertiveness (r = -.453, p=.000). There was no statistically significant correlation between self-efficacy and acculturative stress (r= .080, p= .359).

Table (1): Frequency and percentage distribution of undergraduate international nursing students (n = 135 students).

Variables	Undergraduate international Nursing students	
	N	**%**
Gender		
Male	53	39.3
Female	82	60.7
Age		
18-20 years	39	28.9
>20-23 years	72	54.8
>23 years	22	16.3
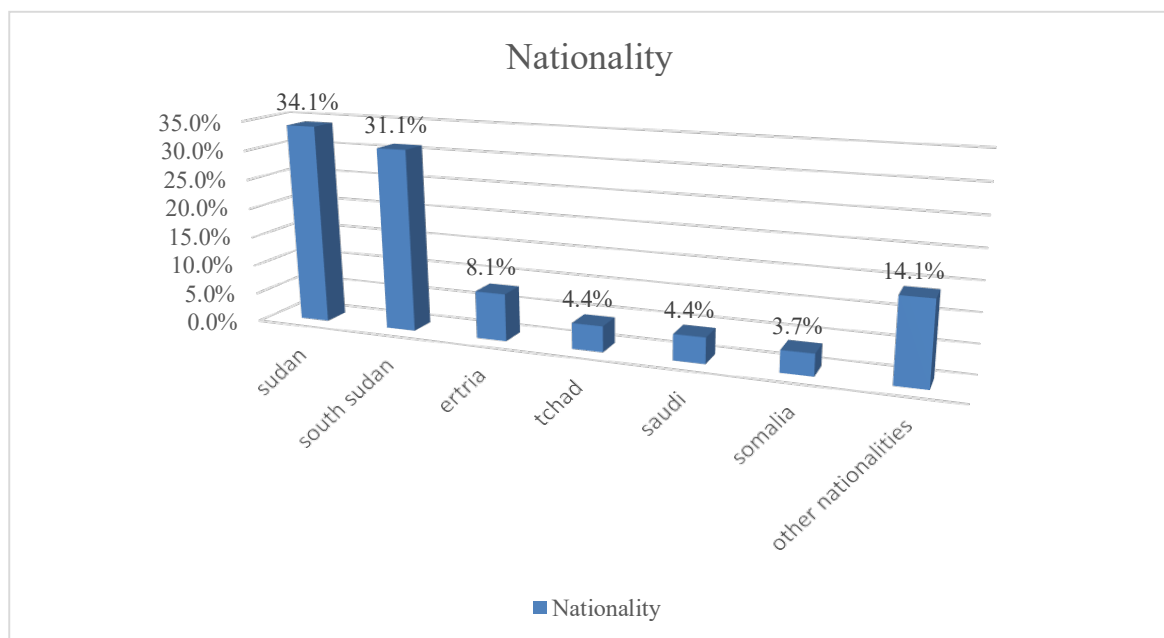
Figure (1) Percentage distribution of nationality among undergraduate international nursing students (n = 135 students).
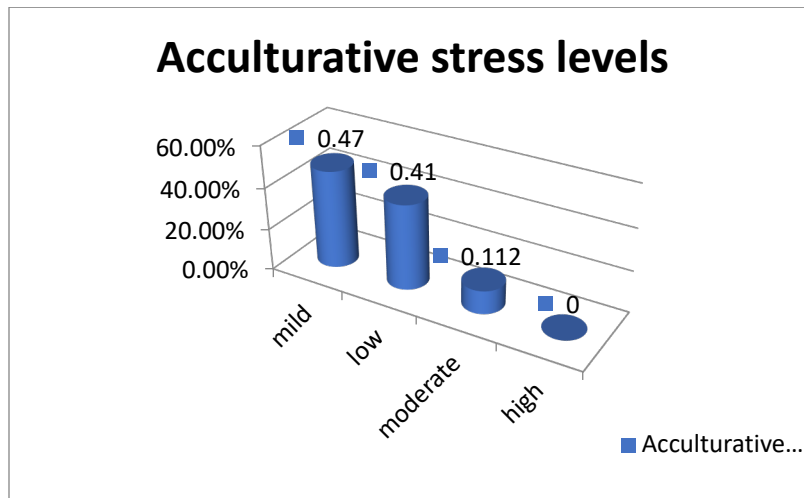
Figure (2): Percentage distribution of acculturative stress levels among undergraduate international nursing students (n = 135 students).
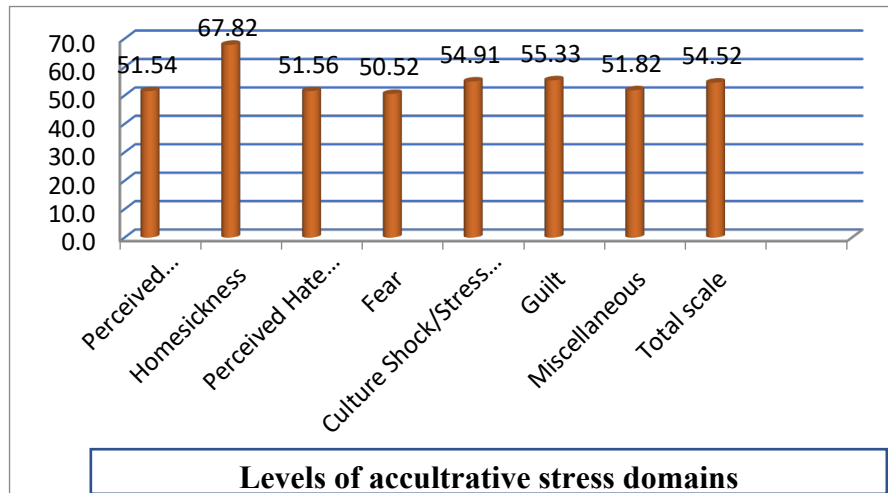

Figure (3): Percentage distribution of acculturative stress levels through different domains among undergraduate international nursing students (n = 135 students).
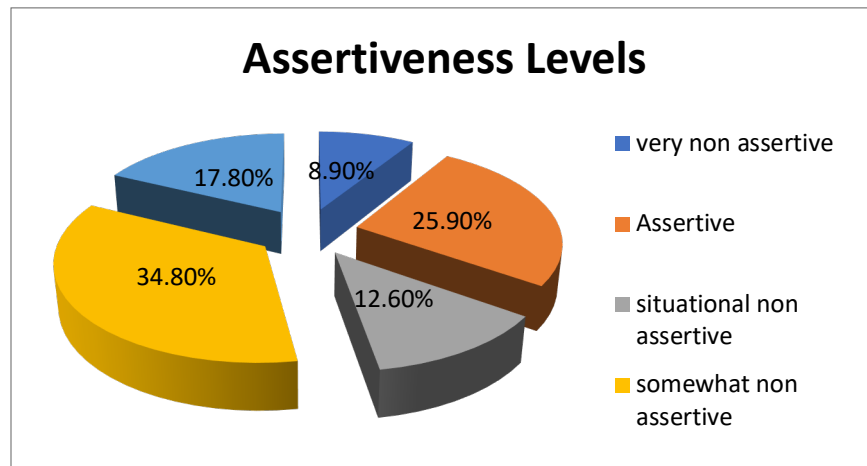

Figure (4): Percentage distribution of assertiveness levels among undergraduate international nursing students (n = 135 students).
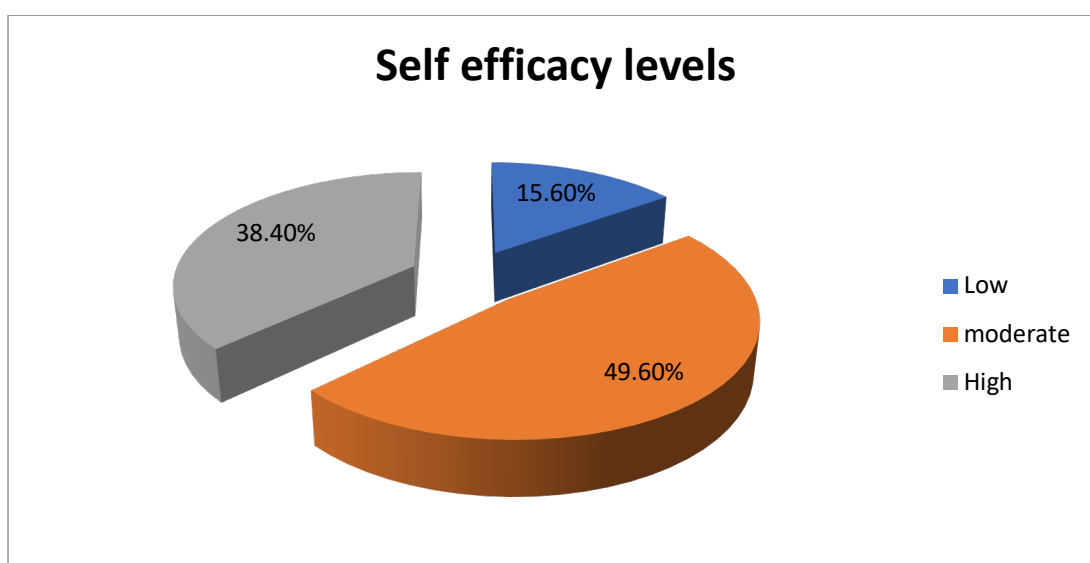
Figure (5): percentage distribution of self-efficacy levels among undergraduate international Nursing students (n = 135 students).

Table (2): Differences between age groups of undergraduate international nursing students (n = 135 students).

Variables	Age groups			One way ANOVA	
	18-20 years	**>20-23 years**	**>23+ years**	**F**	**P**
	Mean±SD	**Mean±SD**	**Mean±SD**		
Acculturative stress	93.12±24.16	99.04±24.02	98.22±29.38	0.734	0.482
Self-efficacy	25.46±6.94	28.55±6.51	28.63±6.16	3.094	0.049
Assertiveness	23.20±22.93	14.37±31.08	24.77±44.23	1.490	0.229

Table (3): Differences of acculturative stress, self-efficacy, and assertiveness among different students' nationalities (n = 135 students).

Nationality	Acculturative stress	Self-efficacy	Assertiveness
	Mean±SD	**Mean±SD**	**Mean±SD**
Sudan	94.52±24.1	25.28±7.61	20.2±28.16
South Sudan	100.71±28.44	29.73±6.60	12.28±38.32
Eretria	108.63±25.04	27.36±5.14	20.27±30.46
Tchad	91.66±17.05	30.83±4.21	22.5±28.47
Saudi	97.80±20.33	24.16±3.92	30.67±31.0
Somalia	97.00±13.87	29.2±7.19	16.8±18.17
Other nationalities	90.84±23.66	28.78±4.40	23.57±29.58
F	0.863	2.42	0.531
p	0.524	0.030	0.784

Table (4): Correlation matrix of undergraduate international nursing students concerning the studied variables (n =135 students).

Variables	Pearson Correlation	Assertiveness	Self- efficacy	Acculturative stress
Assertiveness		*1*		
Self-efficacy	r	0.222	1	
	p	0.010		
Acculturative stress	r	-0.453	0.080	1
	p	0.000	0.359	

Correlation is significant at the 0.05 (2-tailed), correlation is significant at the 0.01 (2-tailed).

6. Discussion

Acculturative stress, assertiveness, and self-efficacy were interesting and essential to determine whether these variables could be correlated. Consequently, this study aimed to examine the relationship between acculturative stress, assertiveness, and self-efficacy among international undergraduate nursing students. The present study results revealed that about two-thirds of the undergraduate international nursing students were females. More than half of them aged >20-23 years old, which is the average age of university students in Egypt. About two-thirds of the international nursing students are from South Sudan and Sudan.

This finding may indicate that these are near geographic location. There is political cooperation between the two countries, and students are used to joining the Egyptian universities. Besides, Cairo University has a branch in Sudan since 1955. This result was congruent with a recent study by *Narouz (2018)* represent that 33.6% of the students were from South Sudan, 31.6% from Sudan, while other students who participated in the study were from different countries in the Middle East. The author also emphasized that the Egyptian government has doubled scholarship opportunities for South Sudanese, according to the South Sudan ambassador in Cairo *(Hawari,* 2017).

As regards acculturative stress, the current study results indicate that nearly half of international undergraduate nursing students experience mild and moderate levels of acculturative stress. This finding could be interpreted as undergraduate international nursing students face many challenges in adjusting to their new environment. The international nursing students consider the environment as a source of acculturative stress that they are deprived of their conventional sources of support and familiar means of communication and cultural adaptation. Leaving family, friends and home culture in the pursuit of studies abroad, international nursing students frequently find themselves grieving for the missed persons and places. Language is a significant barrier to adjustment and a factor for acculturative stress for most international nursing students. These results are consistent with those of *Des et al. (2012).* They found that international students faced challenges in building new social networks. Adjusting to new cultural demands is quite a challenging task for them.

Concerning seven domains of acculturative stress, the findings referred to the domains of homesickness, followed closely by guilt, change culture shock, and perceived hate/rejection, and discrimination with a very similar distribution between them. These results indicate that homesickness started when students leave home, family, and friends. It causes homesickness because they want to return to a familiar environment, lonely, experiencing adjustment problems, and home ruminations. The undergraduate international students come from different cultures and faced difficulties with coping with the new host society. They might be unable to develop new relationships with peers in the hosted country. Culture shock may be due

to the inability to adapt to a new social life that is different and not similar to their previous lifestyle.

Concerning perceived discrimination and prejudice, perceiving a variety of forms such as being treated less favorably than host country nationals, feelings of inferiority, direct verbal insults, and even physical attacks may be experienced. These findings were congruent with several previous studies. The studies asserted that homesickness had been linked with limited social contact in the host country. International students experiencing homesickness are the ones who often think about what family and friends are doing in their home countries. Therefore, miss the food, clothes, news, entertainment, and natural climate found when back home. Culture shock and perceived discrimination are among the terrible challenges of international students in the host community. Also, they experience prejudice, and discrimination that hurts international students' adaptation and has been linked with poor psychological wellbeing and depression *(Pedersen et al., 2011; Smith & Khawaja, 2011; Jones, 2017; Yang et al, 2018).* Besides, *Akhtar (2012)* finding that homesickness was a significant source of stress for international students studying in Germany.

Regarding assertive levels, the findings refer to more than one-third of the sample had a somewhat non-assertive level, and one-fourth of them had an assertive level. These finding could be interpreted as international nursing students have the knowledge and ability to express themselves freely and adequately without imposing discomfort to others, because of their higher educational level. Also, international nursing students at this age have developed their self-concept and identity. They built their personalities and assertiveness in adolescence that promotes the establishment of their social, supportive interpersonal relationships. Assertiveness levels of international students may vary due to personal attributes, the type of behavior performed, the situation, the level of interpersonal anxiety, and levels of self-efficacy.

This finding agrees with a study carried by *Larijani et al, (2017)* found that most of the students reported a middle level of assertiveness. *Bhardwaj and Vishwas (2019)* concluded that nursing students must develop assertiveness skills to provide effective and safe patient care. Expressing positive and negative feelings honestly and straightforwardly, without anxiety or intimidation, can empower assertiveness and enhance better communication in the health care environment. Assertion skills are now considered to be a necessary attribute in nursing as such responses can be developed and nurtured during training.

About half of the undergraduate international nursing students had a moderate level of self-efficacy. This finding reflects the student believes in their abilities to perform a task successfully. These results are supported and generally consistent with similar findings of the previous study carried by *Athira et al. (2017),* who found that; general self-efficacy was high among 53.07% of nursing students. The authors considered self-efficacy as a predictor for the students' educational progress.

Regarding the relation between age and self-efficacy, there were statistically significant differences between age group and self-efficacy with the older age group had a higher percentage of self-efficacy. A possible interpretation for this finding could be that the students enrolled were older. They had beliefs in their ability to perform specified academic tasks and utilize higher tendency, endeavor, and strength in performing academic tasks and feel confident in their ability. The younger students were experiencing more stress because of the major life transition from secondary school in home country to university in other country. Also, the students did not achieve a competent level of clinical performance, or inadequate role modeling during clinical practice.

Furthermore, experiencing conflict between ideal and real clinical practice. The students did not experience mastery due to negative interaction with instructors "being observed by instructors," not allowing them to practice a new skill alone, which leads to doubt in their ability to control the situation. They acquired experience gained by age. This finding contradicted *Arbabisarjou et al. (2016)*, who showed no significant relationship between self-efficacy and students' age.

Concerning the self-efficacy and nationality of students, according to the current study findings, there was a significant relationship between nationality and self-efficacy. This finding is due to that adapting to a new culture, including the behavioral and other internal changes that are occurring during this process, will give different impact, and the language of instruction is not the same language because only some of them were from Arabic countries. Furthermore, the students were experiencing different life conditions; so, they were not affected in the same manner.

Regarding the relationship between assertiveness and self-efficacy, the findings indicate that levels of assertiveness were positively correlated with self-efficacy levels. The assertiveness also may be a reliable indicator of self-efficacy, as the assertive student could have more self-efficacy, meaning that increased levels of self-efficacy played a decisive role in the subjects' ability to assert themselves. The authors explained this finding by the premise that being assertive and having optimistic beliefs of one are essential behavioral components representing self-efficacy.

The findings of this study are consistent with *Mahmed, and Zaki (2014)*. They found that the correlation between assertiveness and self-efficacy denotes a highly significant correlation between them. This finding may be due to the assertiveness skill was essential to express what an individual thinks and feels about himself.

According to the current study findings, there was a statistically significant negative correlation between acculturative stress and assertiveness among undergraduate international nursing students. There was no correlation between self-efficacy and acculturative stress. This finding may be interpreted as the combined effect of these stressors, coupled with the lack of resources required to help international students in the transition to the host society, renders the students highly prone to the deleterious effects of acculturative stress.

Moreover, in addition to experiencing a more significant proportion of illnesses related to stress, international students may not seek proper psychological help for fear of stigma. Moving to a different country, deprives individuals of their previously established support system and makes them feel less confident, increasingly tense, and confused. Also, the authors explained this finding by the premise that being assertive and having optimistic beliefs of one are essential behavioral components representing self-efficacy.

The results of the present study are in line with the *Yusoff (2011)*. It revealed that self-efficacy is a crucial factor in dealing with acculturative stress among international students. International students who were more self-efficacious were better in cross-cultural situations that were more stressful and entailed more uncertainty compared to those who were less self-efficacious.

This result may be due to people who are capable of expressing and reacting to positive and negative emotions without undue anxiety or aggression. This finding was in agreement with *Lee and Ciftci (2014)* established that good assertiveness skills had been linked to students' sense of control over new challenging and diverse demands that a new cultural environment presents. *El-Bialy et al. (2013)* noted that levels of assertiveness were positively correlated with levels of self-efficacy.

7. Conclusion

Based on the results of the current study, near half of the undergraduate international nursing students had a mild level of acculturative stress, and about half of them were somewhat assertive and assertive level. Near half of the undergraduate international nursing students had a moderate level of self-efficacy. There was a statistically significant negative correlation between acculturative stress and assertiveness. There was no statistically significant correlation between self-efficacy and acculturative stress.

8. Recommendation:

The present study has implications for university policymakers, counselors, and student affairs departments on the need to facilitate healthy academic and psychological adjustment among international nursing students.

The findings of this study highlight the importance of development services and programs to better support international students.

Social workers who work with international students should familiarize themselves with the trajectory of acculturation experiences of these students.

The development of educational programs is needed to maximize assertiveness skills, self-efficacy, and reducing acculturative stress among undergraduate international nursing students.

The results from this study should help educational authorities, especially in Egypt, with a sufficient

understanding of international students' experiences, thereby helping to shape policies aimed at providing more appropriate support services.

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