

Effect of Psychological Well-Being on Sustainable Nursing Care among Nurses at Psychiatric Hospitals

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Abstract

Background: The focus on psychological well-being of nurses is very important for achieving high quality nursing care, because poor psychological well-being leads to lower performance and productivity of nurses. **Aim of the study:** To explore the effect of psychological well-being on sustainable nursing care among nurses at psychiatric hospitals. **Research design:** Descriptive correlation research design. **Setting:** The study was conducted at three hospitals; Psychiatric and neurological hospital at Assiut University, Assiut mental health hospital and Sohag mental health hospital. **Sample:** Non probability convenient sample include all psychiatric nurses. **Tools:** Demographic characteristics data sheet, Psychological well-being scale and Quality of nursing care scale. **Results:** 55.0% of studied nurses have secondary school of Nursing. Also, 36.0% of nurses have 1-5 years of experience; the highest mean score for quality nursing care is about staff characteristic subscale as 23.02±5.97. While, the lowest mean score is about human oriented activities subscale as 14.75±5.56. **Conclusion:** Monitoring psychological well-being of nursing staff can improve productivity and quality of nursing care. **Recommendation:** Developing a training program to improve psychological well-being of nurses in psychiatric settings.

Key words: Psychological Well-being, Sustainable nursing Care

Introduction

The nurse's role is to "promote health, prevent illness, and care for physically ill, mentally ill, and disabled people of all ages, in all health care and community settings." To achieve universal health coverage, not necessarily more nurses are required, but rather improved education, motivation, and support, all of which contribute to quality nursing care (Fields et al., 2021).

Nurses are the most important human resource for providing quality healthcare (Agussalim et al., 2020). Quality nursing care is one of the aspects that may enhance satisfaction among patients and improve recovery process. Furthermore, quality nursing care is highly beneficial in achieving desired patient outcomes, safeguarding patients from potential hazards, avoiding negative consequences, and maintaining patient safety (Samsualam et al., 2021).

At the same context nurses are frontline healthcare workers that identify, plan, and evaluate requirements of patients, advocate for patients, deliver medications and treatments, and assure their comfort (Navacchi & Lockwood., 2020).

Understanding nurses' well-being and how to improve it, is critical to achieving positive outcomes

for nurses, patients, and healthcare organizations as a whole. According to Santos et al. (2020), studying nurses' psychological well-being is crucial because nurses are the largest group of healthcare workers accountable for patient care, patient safety, and outcomes in clinical trials.

The affective experiences of nurses, involving their psychological and subjective well-being levels, can have a significant impact on the patients they care for. Many researchers found a strong correlation between nurses stress and patient accidents, such as medication errors. stressful workplaces had a negative impact on indicators of nurse performance and patient safety (Arnetz et al.,2019).

Also nurse well-being can have a significant impact on healthcare organizations in various ways. Nurses with higher well-being frequently have stronger self-efficacy and engagement, which may influence job performance. (Tomietto et al., 2019).

So the leaders must properly examine the problems faced by employees and support staff to improve nurses' well-being (Halcomb et al., 2020). In addition, health care leaders should conduct interventions focused at increasing resilience through training because increased resilience is critical for strengthening nurses' defenses against the

crisis's emotional, mental, and psychological consequences (Labrague and De Los Santos 2020).

Significance of the study

According to a study done in Egypt, only 24.9% of nurses showed severe levels of burnout, while 66.0% had moderate levels burnout (Anwar and Elareed.,2017). There is compelling evidence that the quality of nursing care is negatively impacted by the psychological well-being of healthcare personnel (Kinman et al.,2020).

According to an analysis of patient complaint letters, poor well-being of staff may also be a factor in unfavorable attitudes and inadequate communication, which can have a detrimental impact on patients' emotional well-being (Hogg et al., 2018). On the other hand, patients cared for by nurses who have higher levels of well-being are frequently more satisfied with their care and have better outcomes (Arnetz et al., 2019).

So the current study will explore the effect of psychological well-being on sustainable nursing care among nurses at psychiatric hospitals.

Aim of the study

To explore the effect of psychological well-being on sustainable nursing care among nurses at psychiatric hospitals

Subjects and Method

Research design

Descriptive correlation research design was applied in this study.

Research questions

Q1: Is there a relation between psychological well-being of nurses and sustainable nursing care in psychiatric hospitals?

Q2: What are the levels of quality of care among nurses at psychiatric hospitals?

Setting

The study was conducted at three hospitals. These hospitals were psychiatric and neurological hospital at Assiut University, Assiut mental health hospital and Sohag mental health hospital.

Subjects

Subjects of this study involved male and female psychiatric nurses at the three previous hospitals.

Sample

The sample consisted of (200) nurses out of a total (208) nurses, 108 nurses at Assiut mental health hospital, 55 nurses at psychiatric and neurological

hospital at Assiut University and 45 nurses at Sohag mental health hospital. Non probability convenient sample was applied, with eight nurses were excluded from the study because of having less than one year of experience.

Inclusion criteria

1. Nurses who currently employed as a registered nurses.
2. Nurses who accept to participate in the study.

Exclusion criteria

- Nurses with experience less than one year (8 nurses were excluded).

Tools of data collection

Tool (1):- personal data sheet: This tool was developed by the investigator in Arabic to collect information regarding the personal data. It involved (age, educational qualification and years of experience).

Tool (2): Psychological well-being scale: The brief version of the psychological well-being scale was created by Ryff et al., (2010) in English and translated into Arabic by the researcher. It was used to assess psychological well-being and consists of eighteen items. A 7-point Liker-type scale was used to assess the responses, with 1 denoting "strongly disagree" and 7 denoting "strongly agree." Autonomy, Environmental Mastery, Positive Relationships with Others, and Purpose in Life, Personal Growth, and Self-Acceptance were its six subscales. All of the items were combined to provide a score for psychological well-being overall. Greater psychological well-being is indicated by higher scores (Khanjani et al., 2014).

Tool (4): Quality of nursing care scale: Liu et al. (2021) developed the 5-point Likert-type Quality Nursing Care Scale (QNC) in English and translated into Arabic by the researcher. The scale was used to assess quality of nursing care. The scale has 38 items and six subscales. Task-oriented activities, human-oriented activities, staff characteristics, physical environment, precondition and patient outcomes. The response options included "strongly disagree" (1) and "strongly agree" (5). The sum of the total scale ranged from 38 to 190. (38-94) was considered Low quality nursing care, (95-142) was considered medium quality nursing care and (143-190) was considered high quality nursing care.

Validity and reliability of tools

Validity: The tools were translated into Arabic language and content validity was reviewed by five panels of jury experts in the faculty of nursing

Assiut University to test clarity, comprehensiveness, understanding, relevance, applicability and easiness.

Reliability: reliability of the tools was done by the researcher using test re-test methods for measuring internal consistency. The Cronbach's Alpha coefficient test for psychological well-being scale was (0,88) and (0.96) for Quality of nursing care scale (QNC).

Pilot study

Before beginning data collection, a pilot study was conducted on 10% (20) nurses to assess the tools' feasibility, consistency and to determine the time needed to complete the tools. No changes have done. So, the sample selected for the pilot study was included in the study sample.

Procedure and data collection

Administrative phase

An official letter was granted from the dean of the faculty of nursing Assiut university, Ethical committee, faculty of nursing Assiut university directed to the heads of psychiatric and neurological hospital at Assiut University, Assiut mental health hospital and Sohag mental health hospital to obtain permission to perform the study.

Ethical consideration

The research proposal was approved by The Faculty of Nursing ethical committee at Assiut University. Ethical code: in 27 November 2023 (N.1120230713). Prior to the study, the researcher received oral consent from nurses. There was no risk to the study subjects during application. The researcher confirmed the confidentiality and privacy of the collected data. Also, the researcher explained the study's goal to the nurses and assured that the participated nurses have the right to refuse to participate and/or withdraw from the study.

Field of work

- The studied sample was informed of the study's aim prior to data collection.
- After obtaining the permission, the researcher started introducing herself to the sample under the study.
- The researcher was gathered the data two days per week from 9 am to 1pm. Each interview took 15-20 minutes.
- The actual field work began from the beginning of July 2024 to the beginning of September.
- The investigator submitted the personal data sheet and the psychological well-being scale to the nurses and asked the nurses to fill them out, then

the investigator observed the care of the nurses and filled the quality nursing care scale.

Statistical analysis

The data were tested and analyzed using SPSS version 20 for both data entry and analysis (Statistical Package for Social Science). Data was presented as a number, percentage, mean and standard deviation. Chi-square tests were used to compare qualitative variables. Quantitative variables were correlated by using Independent T-test and One-way Anova T-test to predict high levels of dependent variables. When the P value is less than 0.05, it is considered statistically significant.

Results

Table (1): shows that, 38.0 % of studied nurses aged between 25- < 30 years old. regarding educational qualifications, the study shows that 55.0% of studied nurses have secondary school of Nursing. In addition, 36.0% of them have 1-5 years of experience.

Table (2): illustrates that, the highest mean scores of nurses' psychological well-being is about life has been a continuous process of learning, changing, and growth. as 6.1 ± 1.25 , On the other hand, the lowest mean scores related to have not experienced many warm and trusting relationships with others as 2.64 ± 1.5 .

Table (3): indicates that, the highest scores of studied sample is personal growth and environmental mastery domains as 75.45% and 68.02% respectively. On the other hand, the lowest mean scores related positive relationship domain as 55.55%. Moreover, the score for psychological wellbeing is 63.99 %.

Table (4): indicates that, regarding, the highest mean score is about staff characteristic subscale as 23.02 ± 5.97 . While, the lowest mean score human oriented activities subscale as 14.75 ± 5.56 . Moreover, the total mean score for quality of nursing care is 113.96 ± 29.76 .

Figure (1) represents that, 54.5% of studied sample have medium quality nursing care, 26.5 % of nursing staff have a low quality nursing care. 19.0 % of them have high quality nursing care.

Table (5) shows that, there is a statistically significant correlation between, total psychological well-being and total quality of nursing care for nursing staff at ($r=.316^{**}$ and $p<0.001^{**}$).

Results**Table 1: Distribution of the Studied Nurses According to Personal Data (N=200)**

	No	%
Age		
<25 years	20	10.0
25<30 years	76	38.0
30 -<35 years	62	31.0
≥35years	42	21.0
Educational qualifications		
Secondary school of Nursing	110	55.0
Bachelor of Nursing	40	20.0
Nursing Institute	50	25.0
Years of experience		
1<5 years	72	36.0
5<10 years	48	24.0
10<15 years	35	17.5
≥15 years	45	22.5

Table 2: Mean Distribution of the Studied Sample According to Psychological Well-Being (n=200)

Variables	Mean±SD	%
Autonomy		
I tend to be influenced by people with strong opinions”	2.15±1.16	30.64
I have confidence in my own opinions, even if they are different from the way most other people think.	5.3±1.81	75.64
I judge myself by what I think is important, not by the values of what others think is important.	5.4±1.72	77.14
Environmental Mastery		
The demands of everyday life often get me down.	2.82±1.47	40.29
In general, I feel I am in charge of the situation in which I live.”	6.01±1.23	85.93
I am good at managing the responsibilities of daily life.”	5.45±1.68	77.86
Personal growth		
For me, life has been a continuous process of learning, changing, and growth.”	6.1±1.25	87.14
I think it is important to have new experiences that challenge how I think about myself and the world.”	6.1±1.09	87.14
I gave up trying to make big improvements or changes in my life a long time ago	3.65±2.05	52.07
Positive relation with others		
Maintaining close relationships has been difficult and frustrating for me	3.18±1.9	45.36
People would describe me as a giving person, willing to share my time with others.	5.86±1.29	83.64
I have not experienced many warm and trusting relationships with others.	2.64±1.5	37.64
Purposive in life		
some people wonder aimlessly through life, but I am not one of them	5.49±1.39	78.36
I live life one day at a time and don't really think about the future.	3.73±1.91	53.29
I sometimes feel as if I've done all there is to do in life.”	2.95±1.65	42.07
The self-acceptance		
-I like most parts of my personality	5.27±1.81	75.21
When I look at the story of my life, I am pleased with how things have turned out so far	5.24±1.73	74.86
In many ways I feel disappointed about my achievements in life.”	3.33±1.8	47.57

Table 3: Mean Distribution of Psychological well-being Subdomain For nursing staff (n=200)

Variables	Mean±SD	Range	%
Autonomy	12.84±3.16	6-20	61.14
Environmental Mastery	14.29±3.26	4-21	68.02
Personal growth	15.85±3.29	9-21	75.45
Positive relation with others	11.67±3.38	6-21	55.55
Purposive in life	12.16±2.65	7-18	57.90
The self-acceptance	13.84±4.5	6-21	65.88
Psychological well-being scale	80.63±14.61	45-115	63.99

Table 4: Mean Score of the Quality Nursing Care Subscales for the Studied Sample (N=200)

Variables	Mean±SD	Range	%
Physical environment	17.38±5.5	6-30	57.93
Staff characteristic	23.02±5.97	8-37	57.54
Precondition	21.72±6.44	7-32	62.06
Task-oriented activities	18.39±4.77	6-26	61.30
Human-oriented activities	14.75±5.56	5-25	58.98
Patient outcomes	18.71±6.12	6-29	62.35
Quality of nursing care scale	113.96±29.76	47-169	59.98

Fig 1: Distribution of the Studied Sample Regarding Levels of Their Quality of Nursing Care (N=200).

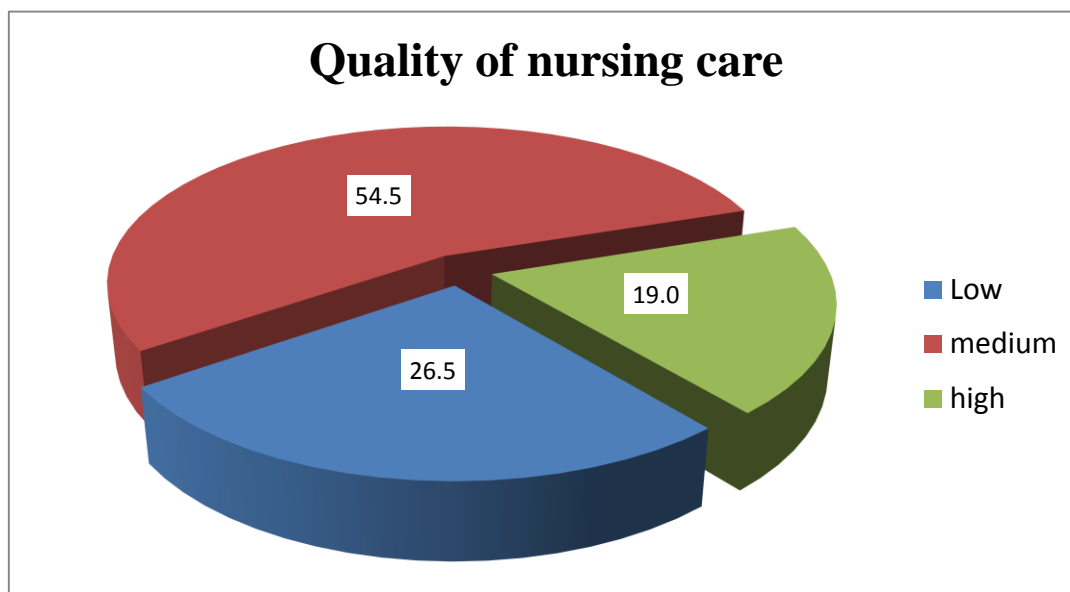


Table 5: Correlation between Psychological Well-Being and Quality of Nursing Care for Nursing Staff (N=200)

	A2	A3
Psychological well-being	1	
Quality of nursing care	.316**	1

*Statistically Significant Correlation at P. value <0.05

**Statistically significant Correlation at P. value <0.01

Discussion

Numerous work-related pressures might arise from providing care for psychiatric patients. In addition to patient-related stresses such traumatic disease occurrences, violence, death, and suicide, practice-related stressors include increased workloads, frequent workflow, a lack of social support, and poor medical facilities. The mental health and general well-being of the nursing staff are significantly impacted by these elements (Xie et al., 2020). The quality of nursing care, work efficacy, energy, creativity, timely and correct decision-making, and job productivity can all be negatively impacted by poor psychological well-being of nurses (Babapour et al., 2022).

Concerning level of education, the recent study showed that over half of the nurses had completed secondary school. This finding contrasted with that of a study on "Socio-demographic characteristics of nurses and their perceptions of shared governance and autonomy on nursing-sensitive indicators among integrated care facilities" by (McGinnis, 2022), which found that over half of nurses had a bachelor's degree in nursing. This conclusion might be because secondary nursing schools have historically served as the main entry point into the field and may be more practical than graduate nursing degrees.

In terms of years of experience, about one-third of the nurses in the study have between one and five years of experience. This might due to the high turnover rates among nurses, which result in a concentration of nurses in the early phases of their careers. It could also be related to the huge number of recent graduates joining the profession. This result was supported by a study conducted by (Sentayehu et al., 2024) titled "Professional quality of life and job satisfaction among nurses working at tertiary hospitals in central Ethiopia" and found that less than one-third of nurses had one to less than five years of experience.

Concerning the psychological well-being, the current study showed that the psychological well-being of studied nurses was moderately high, this might be due to the social support from colleagues can enhance well-being of nurses, in addition the nursing profession provide financial stability and this reduce external stressors and promote psychological well-being. This finding was consistent with (Foster et al., 2020) who studied "Workplace stressors, psychological well-being, resilience, and caring behaviors of mental health nurses" and found that, the psychological well-being of nurses was moderately high.

As regard psychological well-being of studied nursing staff, the current study revealed that, the highest mean scores of nurses' psychological well-being was about life has been a continuous process of learning, changing, and growth. While the lowest mean scores

related to have not experienced many warm trusting and relationships with others, these findings were in agreement with (Bourne, 2024) who conducted a study on " An examination of the influence of social media usage on the mental health of Jamaicans" and found that the highest mean scores is about life has been a continuous process of learning, changing, and growth and the lowest mean scores related to have not experienced many warm and trusting relationships with others.

According to Mean Distribution of Psychological well-being Subscales for studied nurses, the current study revealed that, the highest score is about personal growth. This might be related to the demanding and difficult work environment that push nurses to grow personally and professionally, also the nursing profession include providing care for patients which can enhance feeling of purpose and this feeling of purpose leads to personal growth. This finding was congruent with (Lopes & Nihe, 2021) who carried out a study about " Depression, anxiety and stress symptoms in Brazilian university students during the COVID-19 pandemic" and found that personal growth has the highest score.

On the other hand, the lowest mean scores of studied nurses related positive relations with others, this might be due to the challenging work environment where nurses deal with care for demanded patients, shortage staff and other factors which lead to stress and reduce ability of nurses to establish and maintain positive relationship with others, burnout leads to social withdrawal, in addition work for long hours reduce time and energy of nurses to form positive relationship. This finding was inconsistent with (Bello, 2024) who performed a study entitled in " An examination of the mediating role of eudaimonic well-being in the relationship between psychological flexibility and subjective well-being" reported that positive relations with others is one of the highest mean scores.

Regarding mean score of quality nursing care subscales, the current study found that the highest mean score was about staff characteristic this might be as a result of that the staff characteristic affect nurse-patient relationship and delivery of care because nurses with positive staff characteristics such as working well with the team, listening attentively to the patient and following rules and policies of the hospital are able to provide high quality care. This finding was similar to (Juanamasta, 2022) who studied " Factors influencing quality nursing care at hospitals in Indonesia" and mentioned that the highest mean score of quality nursing care subscales was staff characteristic.

According to levels of quality of nursing care, the current study revealed that more than half of nurses

provide medium quality nursing care and more than one quarter of nurses provide low quality care. This might be due to several challenges that the nurses face and affect their quality of care, these challenges may include burnout which reduce attention and motivation of nurses and then affecting quality of care.

In addition staff shortage is a contributing factor to poor care because shortage of nurses leads to heavy workload and lack of time and energy for each patient. Also lack of updated skills, education gaps, poor working conditions and inadequate resources may lead to poor quality care. This finding was in contrary with (Brešan et al.,2021) who led a study on "The relationship between the nurses' work environment and the quality and safe nursing care" and found that the minority of nurses provide poor quality care.

Regarding the correlation between nursing staff psychological well-being and care quality, the current study found a highly statistically significant positive correlation between overall psychological wellbeing and overall nursing care quality. This could be because nurses in good psychological health are more emotionally resilient, which fosters empathy and patience and produces high-quality care.

In order to provide patients with excellent care, nurses who are psychologically well can also work well with others and communicate with patients. A study on "The relationship between nurses' perceived organizational, supervisor and coworker support, psychological well-being and job performance" conducted by (Sen & Yildirim,2023) supported this conclusion by demonstrating a positive correlation between psychological well-being of nurses and job performance.

Conclusion

In light of earlier results, it may be concluded that, half of studied nurses have medium quality nursing care, more than one quarter of nursing staff have a low quality nursing care, and there were statistically significant positive correlation between psychological well-being and quality nursing care.

Recommendations

- 1- Developing a training program to improve psychological well-being of nurses in psychiatric settings.
- 2- More research is necessary to evaluate the variables that may affect the psychological well-being of nurses working in psychiatric hospital

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