

## Assessment of Psychological Well-being among Nurses Working at Mental Health Hospitals in Assiut Governorate

Maria Adel Thabet Azer<sup>1</sup>, Naglaa Abd El-Megied Mohamed<sup>2</sup>, Doaa Mazen Mohamed Shafik Abdel-Salam<sup>3</sup> & Azza Mohamed Abd El-Aziz<sup>4</sup>

<sup>1</sup>. Nursing Specialist at Assiut Mental Health Hospital, Faculty of Nursing- Assiut University, Egypt.

<sup>2</sup>. Professor of Psychiatric and Mental Health Nursing, Faculty of Nursing, Assiut University, Egypt.

<sup>3</sup>. Professor of Public Health and Community Medicine, Faculty of Medicine, Assiut University, Egypt.

<sup>4</sup>. Lecturer of Psychiatric and Mental Health Nursing, Faculty of Nursing, Assiut University, Egypt.

### Abstract:

**Background:** Psychological well-being significantly affects nurses' performance and job satisfaction, particularly in mental health settings. The demanding nature of their work often leads to stress, which may impact their psychological well-being. **Aim:** To assess psychological well-being among nurses working at mental health hospitals in Assiut Governorate and determine its correlates. **Study design:** A cross-sectional study was adopted in the present study. **Setting:** The present study was conducted in Assiut Governorate, targeting the population from three mental health hospitals: two belong to the Ministry of Health (Mental Health Hospital and El-wan Hospital) and the other belongs to university hospitals. **Sample:** A convenience sample of 200 nurses was included in the current study. **Tools:** Tool I: Demographic data, Tool II: socioeconomic status scale, Tool III: Ryff's psychological well-being scale. **Results:** The results showed that (51%) of the participants had a moderate level of psychological well-being, while (49%) exhibited a favorable level. The overall score of psychological well-being was  $4.32 \pm 0.46$ . Linear regression revealed that males, those working in university hospitals, and those with high socioeconomic scores had higher psychological well-being scores. **Conclusions:** Mental health nurses had moderate (51%) to favorable (49%) psychological well-being, with lower autonomy and purpose in life. Key predictors included being male, working in a university hospital, and having a high socioeconomic level. **Recommendations:** Provide counseling and peer support to help nurses manage emotional challenges. Conduct studies on factors affecting psychological well-being and compare them across different healthcare settings.

**Keywords:** Nurses, Psychological & Well-being.

### Introduction:

Nurses in mental health hospitals encounter distinct challenges that can affect their psychological well-being. These challenges include caring for patients with severe mental health conditions, handling high-stress situations, and managing the emotional demands of their role. Psychological well-being encompasses an individual's overall mental health and emotional state (Cranage & Foster, 2022).

Nurses in mental hospitals face emotional distress due to workplace challenges, including intense interpersonal demands. They often deal with confrontational behaviors such as aggression, bullying, and suicidal tendencies (Foster et al., 2020). Continuous exposure to emotional stress can adversely affect nurses' well-being, resulting in mental distress, burnout, and compassion fatigue (López-López et al., 2019).

Psychological well-being is a state of optimal mental functioning that enhances an individual's abilities and fosters the capacity to adapt and overcome challenges over time (Joshani, 2018). Psychological well-being comprises six dimensions essential to positive psychological functioning: autonomy, sense of

purpose, growth and development, self-acceptance, mastery over one's life, and positive relationships (Ryff & Keyes, 1995, Ryff, 2013).

The literature highlights increasing evidence of the negative impact of workplace stress on the psychological well-being of nurses in mental health institutions, leading to high levels of burnout, fatigue, depression, and anxiety (Singh et al., 2015 & Tsaras et al., 2018).

### Significance of the study:

Nurses with higher psychological well-being are better equipped to handle the demands of their jobs, which can lead to improved patient care. Mental health nursing is a demanding profession that can lead to high levels of stress and burnout (Alonazi et al., 2023).

Nurses working in mental health hospitals often face unique challenges, including dealing with patients with severe mental health issues and managing high-stress situations. Promoting psychological well-being can help nurses cope with these challenges more effectively, supporting their mental health and overall well-being.

Understanding the factors that contribute to well-being can help healthcare organizations create a more supportive work environment. This includes providing access to mental health resources, opportunities for professional development, and fostering a culture of support and collaboration (Mosaad et al., 2023).

In Egypt, a study was conducted reported that 66.0% of participants had a moderate level of burnout and only 24.9% of them had a high level of burnout. Few studies have investigated the psychological well-being among nurses in different setting (Anwar & Elareed, 2017 & Arafa et al., 2003).

Data regarding psychological well-being among nurses is deficient in Egypt. In addition, no study regarding this issue was conducted among nurses working at mental hospitals in Assiut Governorate.

#### **Aim of the study:**

This study aimed to assess psychological well-being among nurses working in mental health hospitals in Assiut Governorate.

#### **Research question:**

- 1- What is the level of psychological well-being of nurses working in mental health hospitals in Assiut Governorate?
- 2- What are the predictors of psychological well-being?

### **Subjects and Method**

**Research design:** A descriptive study was carried out at mental health hospitals in Assiut Governorate.

**Setting:** The present study was carried out at mental health hospitals in Assiut Governorate. Two belong to the Ministry of Health (Mental Health Hospital and El-wan Hospital) and the other belongs to university hospitals.

**Study subjects:** A purposive sample was used in the current study, which included all staff nurses who work in the three mental health hospitals in Assiut Governorate. Subjects of this study included male and female psychiatric nurses at the three hospitals which included 200 nurses out of a total of 210 nurses. Ten nurses were excluded from the study because four of them had less than one year of experience, and six refused to participate.

However, sample in the hospitals was 200, according to the table written below.

Setting	Total No.	%
Assiut university hospital for psychiatry	52	26
Assiut Mental Health Hospital	141	70.5
El-wan hospital	7	3.5
<b>Total</b>	<b>200</b>	<b>100</b>

#### **Inclusion criteria:**

Nurses who agreed to participate in the study and had more than 1-year of experience were included in the present study.

### **Data Collection Tools:**

#### **Tool (1): Demographic data of nurses**

This tool was developed by the researcher, it included: age (years), sex, residence, educational qualification, religion, marital status, years of experience, and workplace setting.

#### **Tool (2): Socioeconomic status scale.**

It has been developed by Fahmy & El-Sherbini, (1983) and was updated scale included all the variables of the previous one and translated into Arabic by El- Gilany et al., (2012). It consisted of 7 domains. It included education, culture, occupation, family, family possessions, economics, home sanitation, and health care. This scale has a total score of 84, and levels of socioeconomic status were categorized as follows: < 42 = very low level of socioeconomic status, 42< 63= low level of socioeconomic status, 63<71.4= middle level of socioeconomic status, 71.4:84= high level of socioeconomic status. There was a strong correlation between most of the 7 domains of the scale. Cronbach  $\alpha$  for the scale was 0.84 Maghawry et al., (2024).

#### **Tool (3): Ryff's psychological well-being scale.**

Ryff's psychological well-being scale was developed by Ryff & Keyes, (1995) in an English language. The short version was developed by (Ryff's, 2010). It consisted of 18 questions. The scale included 3 items for each of the 6 aspects of well-being: self-acceptance, autonomy, environmental mastery, purpose in life, positive relations with others, and personal growth. Participants are asked to rate how each item applied to themselves using a 6-point Likert rating scale from 'strongly disagree' (1) to 'strongly agree' (6). The range of total scores was 18 to 108 to determine the degree of psychological well-being, by using the following scores: 18 to 48 scores were classified as poor, 49 to 78 as moderate, and  $\geq 79$  as favourable. The reliability of the original version of the psychological well-being scale was 0.89 using Cronbach's alpha coefficient (Ryff, 1989).

#### **Tools validity:**

Tools have been translated into Arabic language by researcher, tools validity was tested by a panel of five experts in psychiatric and mental health nursing and psychiatric medicine who reviewed the tools for clarity, relevance, comprehensiveness, understanding, and applicability. Corrections were made according to the modifications needed.

#### **Pilot study:**

A pilot study was carried out on 10% (20) of mental health nurses to test the feasibility clarify the study tools and to check the validity of questionnaires. No changes were made to the tools. So, the nurses from the pilot study were added to the overall sample.

**Ethical consideration:**

1. The research proposal was approved by the Ethical Committee at the Faculty of Nursing, at Assiut University on 26, December 2023, with ID approval (1120230733).
2. There was no risk to the study subjects during the application.
3. The researcher affirmed the confidentiality
4. Privacy was provided during the collected data.
5. The study was followed ethical principles of scientific research.
6. Study subjects had the right to refuse to participate and or withdraw from the study without any rational any time
7. Informed consent from nurses to participate in the study was obtained after explanation of the study purpose.

**Procedure:**

The data collection process lasted for five months, from the middle of April to the middle of September 2024. The researcher described the nature and goal of the study to the director of each hospital. The researcher obtained informed consent from the

nurses. The researcher introduced herself to the study nurses, explained the aim of the study, and how to fill in the questionnaire. The researcher met the study nurses either individually or in groups during shifts to distribute the questionnaires during these meetings. The nurses filled in the tools individually at once and some of them read the questionnaires and fixed another time to fill them. The average time to complete a questionnaire was between 15 and 20 minutes. The researcher was available during data collection to answer any question from the study sample. Finally, the researcher thanked the nurses for their participation.

**Statistical analysis:**

The SPSS version 26 was used for statistical analysis. For quantitative data, descriptive statistics were performed using the mean and standard deviation (SD), and for qualitative data, the number and percentage. To identify the important determinants of psychological well-being, multivariate linear regression analysis was used. A P-value less than 0.05 were considered statistically significant.

**Results:****Table (1): Demographic data of the studied nurses (N=200)**

Demographic data	No.	%
<b>Age: (years)</b>		
< 40	129	64.5%
≥ 40	71	35.5%
Mean ± SD (Range)	37.48 ± 8.76 (26.0-59.0)	
<b>Sex:</b>		
Male	73	36.5%
Female	127	63.5%
<b>Residence:</b>		
Urban	121	60.5%
Rural	79	39.5%
<b>Educational qualification:</b>		
Secondary	97	48.5%
Technical institute	57	28.5%
University	36	18.0%
Master	10	5.0%
<b>Religion:</b>		
Muslim	170	85.0%
Christian	30	15.0%
<b>Marital status:</b>		
Married	167	83.5%
Single	22	11.0%
Divorced	7	3.5%
Widow	4	2.0%
<b>Years of experience:</b>		
< 10	63	31.5%
10 – 20	64	32.0%
> 20	73	36.5%
<b>Place of work:</b>		
Assiut University Hospital for Psychiatry	52	26.0%
Mental Health Hospital in Assiut	141	70.5%
Elwan Hospital in Assiut	7	3.5%

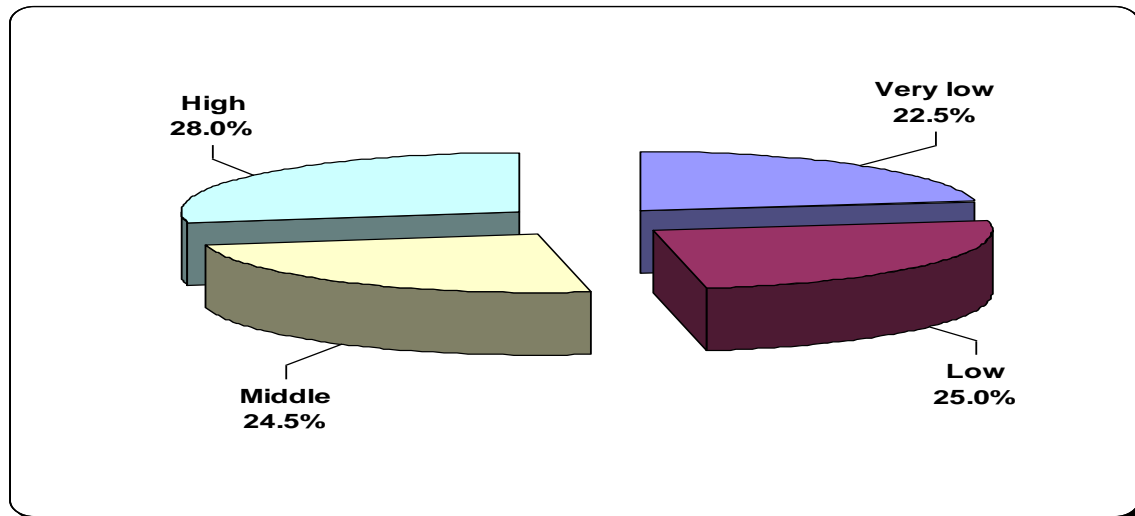


Figure (1): Socio-economic levels of the studied nurses (N= 200)

Table (2): Percentage distribution of psychological well-being scale items among the studied nurses (N=200)

Psychological well-being scale items	Strongly agree		Somewhat agree		A little agree		A little disagree		Somewhat disagree		Strongly disagreed	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
I like most parts of my personality	66	33.0	119	59.5	11	5.5	1	0.5	1	0.5	2	1.0
When I look at the story of my life, I am pleased with how things have turned out so far	51	25.5	115	57.5	25	12.5	1	0.5	6	3.0	2	1.0
Some people wander aimlessly through life, but I am not one of them	59	29.5	103	51.5	20	10.0	2	1.0	9	4.5	7	3.5
The demands of everyday life often get me down	34	17.0	60	30.0	45	22.5	5	2.5	46	23.0	10	5.0
In many ways, I feel disappointed about my achievements in life	25	12.5	52	26.0	44	22.0	16	8.0	46	23.0	17	8.5
Maintaining close relationships has been difficult and frustrating for me	9	4.5	40	20.0	19	9.5	16	8.0	88	44.0	28	14.0
I live life one day at a time and don't really think about the future	16	8.0	26	13.0	10	5.0	13	6.5	86	43.0	49	24.5
In general, I feel I am in charge of the situation in which I live	65	32.5	99	49.5	18	9.0	4	2.0	9	4.5	5	2.5
I am good at managing the responsibilities of daily life	67	33.5	127	63.5	6	3.0	0	0.0	0	0.0	0	0.0
I sometimes feel as if I've done all there is to do in life	31	15.5	94	47.0	42	21.0	7	3.5	15	7.5	11	5.5
For me, life has been a continuous process of learning, changing, and growth	70	35.0	96	48.0	30	15.0	1	0.5	3	1.5	0	0.0
I think it is important to have new experiences that challenge how I think about myself and the world	60	30.0	96	48.0	36	18.0	3	1.5	5	2.5	0	0.0
People would describe me as a giving person, willing to share my time with others	46	23.0	134	67.0	18	9.0	2	1.0	0	0.0	0	0.0

Psychological well-being scale items	Strongly agree		Somewhat agree		A little agree		A little disagree		Somewhat disagree		Strongly disagreed	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
I gave up trying to make big improvements or changes in my life a long time ago	14	7.0	42	21.0	55	27.5	17	8.5	44	22.0	28	14.0
I tend to be influenced by people with strong opinions	75	37.5	71	35.5	37	18.5	5	2.5	6	3.0	6	3.0
I have not experienced many warm and trusting relationships with others	12	6.0	46	23.0	23	11.5	12	6.0	80	40.0	27	13.5
I have confidence in my own opinions, even if they are different from the way most other people think	60	30.0	115	57.5	21	10.5	0	0.0	4	2.0	0	0.0
I judge myself by what I think is important, not by the values of what others think is important	67	33.5	93	46.5	32	16.0	4	2.0	4	2.0	0	0.0

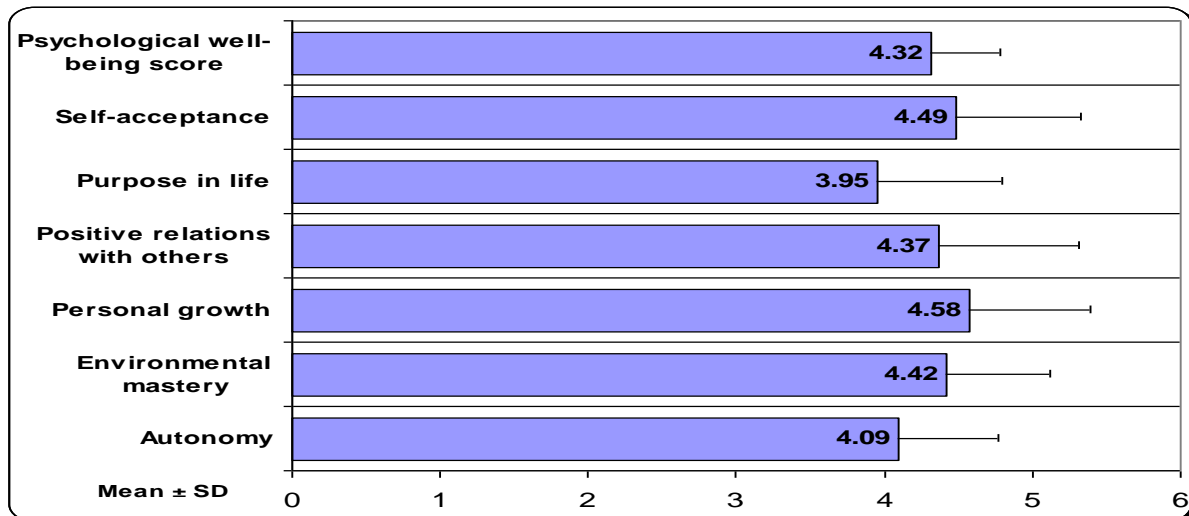


Figure (2): Total score of psychological well-being of nurses and its aspects (N= 200)

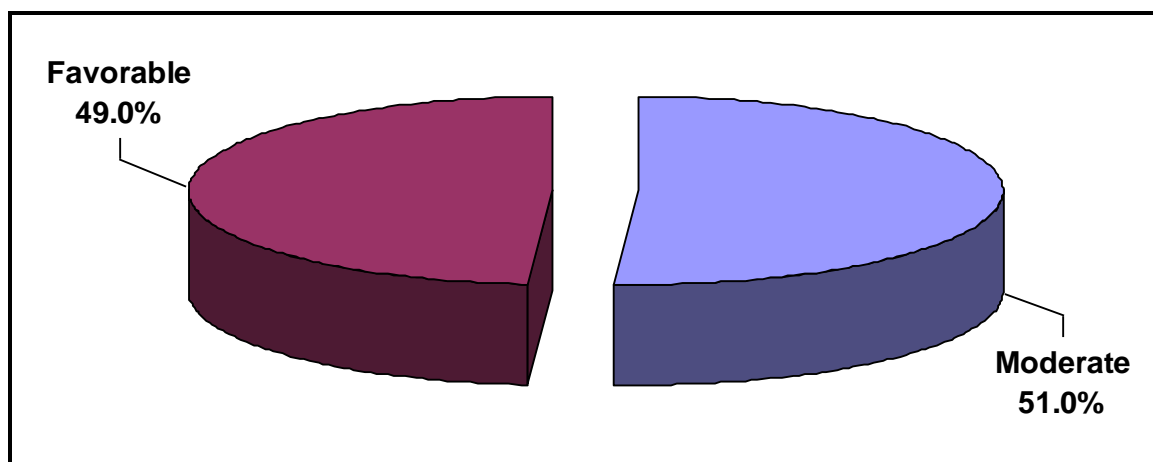


Figure (3): Levels of psychological well-being among the studied nurses (N= 200)

**Table (3): Relationship between psychological well-being degree and demographic data of the studied nurses (N= 200)**

Demographic data	Psychological well-being level				P-value
	Moderate		Favorable		
	No.	%	No.	%	
Age: (years)					
< 40	61	47.3%	68	52.7%	0.157
≥ 40	41	57.7%	30	42.3%	
Sex:					
Male	26	35.6%	47	64.4%	0.001*
Female	76	59.8%	51	40.2%	
Residence:					
Urban	61	50.4%	60	49.6%	0.837
Rural	41	51.9%	38	48.1%	
Educational level:					
Secondary	54	55.7%	43	44.3%	0.174
Technical institute	30	52.6%	27	47.4%	
University/ master	18	39.1%	28	60.9%	
Religion:					
Muslim	88	51.8%	82	48.2%	0.607
Christian	14	46.7%	16	53.3%	
Marital status:					
Married	83	49.7%	84	50.3%	0.408
Not married ( single, divorced, widow)	19	57.6%	14	42.4%	
Years of experience:					
< 10	28	44.4%	35	55.6%	0.392
10 – 20	33	51.6%	31	48.4%	
> 20	41	56.2%	32	43.8%	
Place of work:					
Assiut University Hospital for Psychiatry	25	48.1%	27	51.9%	0.624
Mental Health hospitals in Assiut	77	52.0%	71	48.0%	

Chi-square test \* Statistically significant difference ( $p < 0.05$ )

**Table (4): Relationship between psychological well-being levels and socio-economic levels of the studied nurses (N= 200)**

socio-economic levels	Psychological well-being level				P-value
	Moderate		Favorable		
	No.	%	No.	%	
Very low	26	57.8%	19	42.2%	0.113
Low	29	58.0%	21	42.0%	
Middle	26	53.1%	23	46.9%	
High	21	37.5%	35	62.5%	

Chi-square test \* Statistically significant difference ( $p < 0.05$ )

**Table (5): Predictors of psychological well-being among the studied nurses (N= 200).**

Demographic data	Unstandardized Coefficients		Standardized Coefficients	T	P-value	95.0% CI for B	
	B	SE				Lower	Upper
Age (years)	0.015	0.018	0.278	0.821	0.413	-0.021	0.050
Sex (Male)	0.282	0.065	0.294	4.327	0.000*	0.153	0.410
Residence (Urban)	0.094	0.066	0.100	1.426	0.156	-0.036	0.225
Educational level	-0.034	0.075	-0.060	-0.458	0.648	-0.182	0.113
Religion (Muslim)	-0.018	0.086	-0.014	-0.205	0.838	-0.188	0.153
Marital status (Married)	0.085	0.085	0.068	0.996	0.321	-0.083	0.253
Years of experience	-0.016	0.018	-0.354	-0.913	0.362	-0.051	0.019
Place of work (AUH)	0.213	0.072	0.203	2.943	0.004*	0.070	0.356
Total of Socioeconomic score	0.019	0.007	0.242	2.827	0.005*	0.006	0.032

Multiple linear regression



**Table (1):** Demonstrates the mean age of the nurses was 37.48 years old  $\pm 8.76$  ranging from 26 to 59 years old. Nearly two-thirds of the participants were females (63.5%) and lived in urban areas (60.5%). About half of the nurses had a secondary level of education (48.5%), and 23% had a university level of education and above. The majority of the participants were Muslims (85%) and married (83.5%). More than one-third of the participants had more than 20 years of work experience (36.5%). More than two-thirds of the nurses worked in mental health hospitals in Assiut governorate (70.5%).

**Figure (1):** Reveals the socioeconomic levels of the studied nurses, less than one-third had a high social level (28%) and approximately half had a low and very low socioeconomic level (47.5%).

**Table (2):** Illustrates the psychological well-being scores of the participants, the majority of respondents somewhat and strongly agreed (59.5% & 33.0%) that they like most parts of their personality. Nearly one-quarter of the nurses (25.5%) strongly agreed, and 57.5% showed somewhat agreement that they were pleased with how things have turned out. Nearly half of the nurses (51.5%) somewhat agreed that they did not wander aimlessly through life. Additionally, (49.5%) somewhat agreed that they were in charge of their situation, with (32.5%) showing strong confidence in this regard. However, some experienced difficulty, as (30%) somewhat agreed that everyday demands got them down. Forty-four percent of the participants somewhat disagreed that maintaining close relationships had been difficult and frustrating for them. In addition, (43%) somewhat disagreed that they lived life day by day without thinking much about the future. More than one-third (35%) strongly agreed and (48%) somewhat agreed that life had been a continuous process of learning, changing, and growth. Forty percent somewhat disagreed and (13.5%) strongly disagreed that they had not experienced many warm and trusting relationships with others.

**Figure (2):** Represents the total score of psychological well-being of participants and its aspects. The overall score of psychological well-being was  $(4.32 \pm 0.46)$ . Personal growth had the highest mean score  $(4.58 \pm 0.81)$ , followed by self-acceptance at  $(4.49 \pm 0.83)$ , and environmental mastery at  $(4.42 \pm 0.70)$ . However, purpose in life had the lowest score  $(3.95 \pm 0.85)$ .

**Figure (3):** Demonstrates that 51.0% of the participants had a moderate level of psychological well-being and 49.0% had a favorable level of psychological well-being.

**Table (3):** Illustrates the relationship between psychological well-being levels and demographic data. Younger individuals ( $< 40$  years) showed a

slightly higher percentage of favorable well-being (52.7%) compared to older individuals ( $\geq 40$  years) (42.3%), but this difference is not statistically significant ( $p = 0.157$ ). Males had a significantly higher percentage of favorable well-being (64.4%) compared to females (40.2%). There was a significant relationship between sex and psychological well-being ( $p = 0.001$ ). The percentage of favorable well-being is almost equal in both groups (49.6% in urban and 48.1% in rural areas). There was no significant difference in psychological well-being between urban and rural residents ( $p = 0.837$ ). Although university/master's degrees had the highest percentage of favorable well-being (60.9%), compared to secondary school (44.3%) and technical institute graduates (47.4%), there was no statistical significance ( $p = 0.174$ ). Married individuals had better psychological well-being (50.3% favorable) compared to unmarried individuals (42.4%), but this difference was not significant ( $p = 0.408$ ). Neither years of experience ( $p = 0.392$ ) nor place of work ( $p = 0.624$ ) showed a significant impact on psychological well-being. However, those with more than 20 years of experience tend to report more moderate well-being (56.2%).

**Table (4):** Illustrates the relationship between psychological well-being levels and socio-economic level. Individuals from higher social levels tend to have better psychological well-being. The percentage of favorable well-being increases as social status improves, with 62.5% in the high social level compared to 42.2% in the "very low" category. However, the p-value (0.113) indicates that this trend was not statistically significant.

**Table (5):** Reveals that males ( $B = 0.294$ ,  $P$  value = 0.000), nurses working in university hospitals ( $B = 0.203$ ,  $P$  value = 0.004), and those with high socioeconomic scores ( $B = 0.242$ ,  $P$  value = 0.005) had higher psychological well-being scores.

## Discussion:

Psychological well-being is a condition of well-being in which each copes with the everyday challenges of life, works successfully and efficiently, and contributes to society (Yiğit & Çakmak, 2024). The current study aimed to assess psychological well-being among nurses working at mental health hospitals in Assiut governorate.

Concerning the psychological well-being, the current study revealed that nearly half of the participants had a moderate level of psychological well-being, while less than half of them exhibited a favorable level. It may be related to the feeling of the nurses that they were valued and satisfied in their roles; nurses who struggle to balance personal and professional life may report a moderate level of well-being, while those

with better coping mechanisms may have a favorable level. This result is consistent with **Delgado et al., (2021)** who conducted a study on "Mental health nurses' psychological well-being, mental distress, and workplace resilience" and found that around half of the individuals exhibited higher psychological well-being levels. **Foster et al., (2020)** who performed a study entitled in "Workplace stressors, psychological well-being, resilience, and caring behaviors of mental health nurses" and found that mental health nurses have moderately high levels of psychological well-being. **Odusanya, (2015)** who assessed "Job satisfaction and psychological well-being among mental health nurses" and reported that the majority of mental health nurses reported positive psychological well-being.

A study conducted by **Elhosany & Helal, (2020)** who studied "The relationship between psychological well-being and work motivation among staff nurses In governmental hospitals in Port Said " and showed that less than three quarter of studied staff nurses had high levels of psychological well-being. **Nageswaran & Apte, (2020)** who performed a study entitled in "Assess the psychological well-being among nurses" and found that most of the nurses belonged to a high level of psychological well-being. A study by **Hasan & Alsulami, (2024)** who studied "Mediating role of resilience and its impact on psychological well-Being" and reported that approximately forty-five percent of mental health nurses had a higher psychological well-being level. The psychological well-being of nursing professionals entails having positive self-perception, understanding oneself, being aware of one's strengths and limitations, building quality connections, and dealing with difficult situations (**Şensoy et al., (2020)**).

According to psychological well-being components, the present study revealed that personal growth (accomplishment since obtained from realizing potential and taking on new changes) and environmental mastery (adapting well to new environments, controlling, and handling complex environments) scores are high. However, purpose in life (awareness of the meaning, value, and purpose in life) score is low. This depicts the unmet esteemed needs of nurses after they have adjusted well to the hospital environment and have recognized their needs for security, safety, and social needs. According to Benner's theory, nursing is the proficiency that seeks holistic understanding and perceiving the situation (**Benner, 1984**). Proficiency enhances decision-making ability with holistic understanding, but this study reveals that autonomy (being free from social conventions or people standards) is decreasing.

The higher scores in personal growth and self-acceptance suggest strengths in participants' sense of

achievement and contentment with themselves. The lowest scores in purpose in life may be due to mental health nurses experiencing burnout and exhaustion from work-related challenges. A study conducted by **Delgado et al., (2021)** who examined "Mental health nurses' psychological well-being, mental distress, and workplace resilience" and reported that the highest subscale mean score was personal growth, and the lowest mean score was autonomy, indicating that participants' sense of self-development, growth, and realizing their potential was high. This result is consistent with **Hasan & Alsulami, (2024)** who studied "Mediating role of resilience and its impact on psychological well-Being" and found that the highest subscale of psychological well-being was personal growth followed by self-acceptance.

Concerning the relationship between demographic data and psychological well-being. The results of this study revealed that there was no significant relation between demographic data and psychological well-being except with gender. The findings revealed that there was a highly statistically significant relation between sex and psychological well-being. Males had a significantly higher percentage of favorable well-being compared to females. This indicates that being male is associated with an increase in psychological well-being.

These findings may be due to the coping styles. Males often use problem-focused coping strategies, while females may use emotion-focused coping, making them more vulnerable to stress and workplace challenges. This implies that psychological well-being is influenced by gender and is not influenced by age, residence, educational level, religion, years of experience, place of work, and social level. This result is in line with **Otten et al., (2021)** who assessed "Similarities and differences of mental health in women and men " and found that women's mental health was worse than men's. **Otten et al., (2021)** revealed that the psychological well-being of nurses included in the study was significantly predicted by gender, social level, and educational qualification. This result is in agreement with **Patel et al., (2021)** who studied "Gender differential in low psychological health and low subjective well-being among older adults in India". This result is in agreement with **Mhaske, (2017)** who examined "Happiness and aging". This result is supported by **Shmul et al., (2024)** who performed a study entitled in " Navigating crisis: exploring the links between threat perceptions, well-being, individual and workplace resilience among general hospital staff" and reported that gender emerged as a significant predictor of well-being, with men reporting higher well-being than women. Previous studies showed that females tend to report a higher level of poor health



statuses compared to males **Oksuzyan et al., (2018)** who studied "the gender gap in health among older adults in India and China: Similarities and disparities" & **Oksuzyan et al., (2008)** who performed a study entitled in "Men: good health and high mortality. Sex differences in health and aging".

Also, the finding is congruent with **Fergus et al., (2024)** who assessed "Gender and psychological well-being among older Taiwanese adults" and reported that there was a stronger and more significant association between sex and psychological well-being observed among men than women. This finding was corroborated by **Matud et al., (2020)** which assessed "Gender and psychological well-being in older adults" and found that men's psychological well-being is higher than women's. A study conducted by **Hasan & Alsulami, (2024)** "Mediating role of resilience and its impact on psychological well-being" and found that gender, clinical experience, and educational qualification strongly predicted the psychological well-being of the nurses.

In contrast, **Delgado et al., (2021)** discovered that psychological well-being was high among mental health nurses with a high educational level. **Johnson et al., (2018)** who examined "Well-Being: productivity and happiness at work" & **Kuppens et al., (2015)** which assessed "Education-based identification and its association with well-being" showed that higher education is a major contributor to well-being. Completing education could contribute to a stronger sense of self-satisfaction and continuing self-growth and development, which are all characteristics of psychological well-being (**Ryff, 1989; Ryff & Keyes, 1995**).

Prior studies demonstrated the importance of wealth in maintaining good psychological health and better subjective well-being among older adults (**Gildner et al., 2019**) who studied "Perceived income adequacy and well-being among older adults". This was observed in the present study as participants with high socio-economic status reported higher psychological well-being. This indicates that a higher socio-economic level was associated with better psychological well-being. It may be related to financial security that reduces stress. Higher socioeconomic status is often linked to stronger social networks, providing emotional support and reducing feelings of isolation. This result is consistent with **Tolentino & Ajuwon, (2024)** who assessed "The effect of social level on psychological well-being" and found that people who were in a higher social strata were more likely to have good mental health. **Patel et al., (2021)** who studied "Gender differential in low psychological health and low subjective well-being among older adults in India" supported the result which revealed that rich people had lower rates

of poor psychological health and subjective well-being than the poorest people. **Gildner et al., (2019)** who studied "Perceived income adequacy and well-being among older adults" also emphasized the significance of financial stability in establishing good psychological health and subjective well-being among persons. Also, this result is supported by **Shmul et al., (2024)** who performed a study entitled in " Navigating crisis: exploring the links between threat perceptions, well-being, individual and workplace resilience among general hospital staff" found that financial stability can alleviate many stressors and improve well-being.

The present study revealed that nursing staff working at Assiut University Hospital had higher psychological well-being scores indicating that university-affiliated psychiatric units may have better security measures, more experienced staff, and effective ways to handle aggressive patient behavior, reducing workplace stress. Working alongside psychiatrists, psychologists, social workers, and other medical professionals fosters a collaborative and supportive environment that enhances job satisfaction. University hospitals may offer more predictable schedules, and flexible working hours, contributing to better overall psychological well-being; university hospitals typically follow well-organized protocols, ensuring better staffing ratios, clear job roles, and a supportive management system, which contributes to better psychological well-being. The university hospital provides more opportunities for continuous education, specialized training, and participation in research, enhancing job satisfaction and professional growth. Psychiatric nurses at Assiut University Hospital benefit from working in a large teaching hospital with access to a variety of medical specialties and a variety of treatment modalities, allowing for better collaboration and support from other healthcare professionals.

#### **Limitations:**

Psychological well-being of nurses were measured within a limited time, which might hinder the ability to know the long-term effect of stress. The study was conducted only at the Mental Health hospitals located in Assiut Governorate which may restrict the applicability of the results to other populations or settings.

#### **Conclusion:**

In the light of the present study, it can be concluded that:

The psychological well-being of mental health nurses was moderate in more than half of them. Concerning the aspects of psychological well-being, personal growth had the highest score while purpose in life had the lowest score. Being male, working in a university

hospital, and of high socioeconomic level were significant predictors of psychological well-being.

### Recommendations:

**In the light of the study's findings, the investigator is recommended that:**

1. Develop and implement structured psychological well-being and stress management programs targeted specifically for female nurses, as they were found to have significantly lower well-being levels compared to their male counterparts.
2. Improve the working conditions and support systems in hospitals, especially outside of Assiut University Hospital for Psychiatry, where well-being was lower.
3. Encourage team-based approaches and peer support systems to build warm and trusting relationships.
4. Periodic mental health assessments for nursing staff should be conducted.

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