Emotional Dissonance and Psychological Wellbeing Among Psychiatric Nurses

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Zagazig Nursing Journal
Vol. 21; Issue. 2
July 2025
Received: 1/6/2025
Revised: 20/6/2025
Accepted: 5/7/2025
DOAJ

ABSTRACT

Background: Nurses manipulate their emotions as part of their occupation, and as a consequence, nurses may be susceptible to emotional dissonance, a phenomenon that affects healthcare professionals from a variety of angles because it may jeopardize their psychological and mental health, as well as challenge and influence their goals and psychological wellbeing. **Aim of the study:** Assess the relation between emotional dissonance and psychological wellbeing among psychiatric nurses. **Subjects and methods: Research design:** Descriptive correlational design was used to conduct the study. **Setting:** The study was executed out at El-Azazi hospital for mental health in Abo Hamad City, Sharkia Governorate, Egypt. **Subjects**: A purposive sample of 100 psychiatric nurses participate in this study. **Tools of data collection:** Two tools were used for data collection. The Emotional Dissonance Scale is composed of two parts (Socio-demographic and work-related characteristics Questionnaire and Emotional Dissonance Scale), and Psychological Well-Being Scales (PWB). **Results:** This study demonstrated that less than half of the studied nurses had moderate level of emotional dissonance and less than three-quarters of the studied nurses had high psychological wellbeing levels. **Conclusion:** There was a statistically significant negative correlation between nurses' emotional dissonance and their psychological well-being. **Recommendation:** Developing psychosocial counselling sessions to train psychiatric nurses on emotional expression and management.

Keywords: Emotional dissonance, Psychiatric nurses, Psychological wellbeing.

Introduction

There are certain emotionally draining aspects of nursing employment, such as attending to the needs and addressing the issues and sufferings of patients and clients. Furthermore, regardless of their true emotional state, nursing personnel are expected to control their emotions and communicate them appropriately as part of their job requirements. This entails showing compassion even when they may be worn out or interacting with patients who are difficult or demanding. The resulting disparity between felt emotions and the

emotions expressed to meet organizational requirements, societal norms, and professional standards is defined as emotional dissonance **(Johannessen et al., 2025).**

Emotional dissonance is the result of a clash between an individual's feelings and the emotions they convey in order to comply with display guidelines. It arises from the fact that during social interactions, members of organizations frequently try to conceal or overtly show particular feelings. High levels of psychological strain and detrimental effects on the organization and its members are caused by the need to conceal or fake certain emotions during work-related interactions, which results in emotional dissonance and is linked to outcomes like job satisfaction or well-being **(Hoekx et al., 2022).**

Emotional dissonance is linked to detrimental health consequences for employees, including increased stress and depression, a lessened sense of motivation and wellbeing at work, increased emotional tiredness, burnout, and overall health. It has also been revealed that, even after adjusting for negative disposition, emotional dissonance was substantially linked to a worse sense of wellbeing. It is associated with lower well-being at equal levels of negative affectivity **(Vignoli et al., 2021).**

The concept of psychological wellbeing encompasses much more than just a state free from psychological issues; it also includes the capacity to view oneself favorably in relation to others, as well as environmental mastery, independence, and life goals and emotions that promote healthy development, overall self-esteem, and the absence of depressive disorders **(Badra et al., 2023).** The pursuit of psychological well-being, which encompasses many aspects of life, takes precedence. Positive feelings, a sense of purpose, and a deep sense of accomplishment in our daily endeavors are all components of psychological well-being, which goes beyond simply being free from mental suffering. Additionally, it includes a person's capacity to manage and effectively navigate negative emotions, acknowledging them as a necessary component of the human experience **(Fan and Cui, 2024)**

Significance of the study

The psychological well-being of nurses affects their mental health and development. Psychologically sound nurses are able to recognize their abilities, manage stress, and participate fully in social and community settings. Additionally, psychological well-being aids in self-management and the establishment of a healthy, psychologically and physically stimulating work environment **(Yuliatun and Karyani, 2022).** Conversely, emotional dissonance serves as a stressor that might undermine a worker's endeavor to complete their work and endanger their wellbeing. Physical and mental illness are usually associated with a significant degree of emotional discord. Consequently, higher emotional dissonance is linked to worse employee well-being and decreased motivation at work **(Omar and Nasurdin, 2020).** According to a prior study conducted in Egypt, nearly two-thirds (66.7%) of nurses had generally poor psychological wellbeing **(Hussein, Abou Hashish and Younes, 2024)**. Therefore, the present study aimed to assess the relation between emotional dissonance and psychological wellbeing among psychiatric nurses.

Aim of the study

The aim of this study was to assess the relation between emotional dissonance and psychological wellbeing among psychiatric nurses.

Research questions

- What is the level of emotional dissonance among psychiatric nurses?
- What is the level of psychological wellbeing among psychiatric nurses?
- Is there a relation between emotional dissonance and psychological wellbeing among psychiatric nurses?

Subjects and methods

Research design

Descriptive correlation research design was applied.

Study setting

The present research took place at the El-Azazi Mental Health Hospital in Abo Hamad City, Sharkia Governorate, Egypt.

Study subjects

A purposive sample of 100 Psychiatric nurses selected from the previously described settings using the following inclusion criteria: Age between 20 and 50 years, provide direct care for patients with mental illness for at least 1 year, work at least 6 months in psychiatric setting, both genders, and agree to participate in the study. Exclusion criteria: Nurses with chronic physical or mental disorder and newly admitted nurses to work in psychiatric hospital. The sample size was calculated by the following equation: Sample size = $[(Z\alpha+Z\beta)/C]^2 + 3$. The standard normal deviate for $\alpha = Z_\alpha$. The standard normal deviate for $\beta = Z_\beta$ $C = 0.5 * \ln[(1+r)/(1-r)]$ **(Hulley et al., 2013)**.

Tools of data collection

The present study used of the following two tools:

Tool 1: Part I: Socio-demographic and work-related characteristics Questionnaire: It was utilized to assess socio-demographic and work-related characteristics of the participant nurses. It encompassed 10 questions about age, gender, marital status, place of residence, years of experience, work department, number of hours worked each week ….etc.

Part II: Emotional Dissonance Scale: This scale was created by **Zapf et al. (2001)** to quantify emotional dissonance. It was designed to measure how much employees feel that their emotions and the emotions they are required to display at work clash. It evaluates the frequency of emotional dissonance in the workplace using four items.

Scoring system

It is rated on 5-point Likert scale; 1= very rarely/never, 2= rarely (once a week), 3= sometimes (once a day), 4= often (several times a day), 5= very often.

The sum of each participant's replies was divided by the total number of items to get the overall mean score. This score was then divided into the following categories: 1-2.59 denotes a low score, 2.60–3.39 is considered moderate score, and 3.40–5 is considered high score of emotional dissonance.

Tool 2: Psychological Well-Being Scales (PWB).

It is a widely used measure of psychological wellbeing, developed by **Ryff (1989).** It is composed of 42 items divided into six facets of wellbeing: autonomy (7 items); environmental mastery (7 items); personal growth (7 items); positive relations (7 items); purpose in life (7 items); and self-acceptance (7 items).

Scoring system

It is rated on 5-point Likert scale, categorized as 1= strongly disagree, 2= disagree, 3= neutral, 4= agree, 5= strongly agree.

The scores of the 42 items were added and reversed for twenty items (3, 5, 10, 13,14,15,16,17,18,19, 23, 26, 27, 30, 31, 32, 34, 36, 39, and 41). The total psychological wellness is calculated by

summing the results of all the subscales. Better wellbeing is indicated by higher scores. The degree of psychological health can be divided into:
< 50% = low psychological wellbeing, 50% - 75% = moderate psychological wellbeing, and > 75% = high psychological wellbeing.

Content validity and reliability

Four panels of experts included: four assistant professors from the department of psychiatric and mental health nursing at Zagazig University reviewed the tools and made some changes based on their opinions to assess the study tool's content validity. The content validity of the study measures was examined in order to assess each item separately and ascertain whether it is pertinent and suitable to test the intended outcomes.

The internal consistency of the instruments was evaluated by measuring their reliability. It demonstrated a high degree of reliability with Cronbach's Alpha as Emotional Dissonance Scale was 0.703 and Psychological Well-Being Scales was 0.850

Field work

The researcher met with the head nurse and hospital manager to discuss the aim of the study and get their consent to begin data collection after securing the necessary authorization to carry out the study. The scholar next introduced the study to the psychiatric nurses and described its purpose, as well as how anonymity and voluntary participation were guaranteed. The nurses were requested to complete the survey form and chose the answer that suited them beneath the instruction of the researcher.

The total time that the nurses took for answering the queries ranged from 25 to 30 minutes. To collect data, the researcher visited El-Azazi Hospital twice a week, on Monday and Wednesday, between 9:30 a.m. and 2:00 p.m. The data collection period was continued for two months, starting in mid-August to the mid of October 2024.

Pilot study

A pilot study including 16 nurses about 19% of the total sample population, was carried out. In addition to testing the tools' feasibility and clarity and the items' comprehension, the objective was to ascertain the exact amount of time required to complete the data collection forms.

The pilot study lasted for an average of 25 to 30 minutes to finish the tools. The pilot study's nurses were incorporated into the primary study sample because the data collection form didn't require any changes.

Administration and ethical consideration

Initially, the study proposal was consented by Research Ethics Committee at Faculty of Nursing-Zagazig University (REC) with the code of M.DZU.NUR/208/12/5/2024.
An official permission to conduct the study were obtained by submitting an official letter issued from the Dean of the Faculty of Nursing at Zagazig University to the director of El-Azazi hospital for mental health in Abo Hamad City. Accordingly, approvals to conduct the study were obtained from the hospital director and the nursing director. Clear instructions on how to complete the scales were given.

Participants were informed about the aim of the study and that their participation was voluntary, and they were notified that they could withdraw from the study at any time without giving any reason. Also, the studied nurses were assured that the information would be confidential and used only for research purposes. Additionally, the confidentiality and

anonymity of the participants were assured through coding of all data.

Statistical analysis

The IBM SPSS Statistics for Windows was utilized to gather, tabulate, and statistically analyze all of the data. The mean ± SD was used to convey quantitative data, while absolute frequencies (numbers) and proportional frequencies (percentages) were used for presenting qualitative data. The Chi-square test was used to compare the percentage of categorical variables. To evaluate the link between the study variables, the Pearson correlation coefficient was computed. Additionally, factors influencing psychological well-being and total emotional dissonance scores were predicted using step-wise multiple linear regression. To evaluate the scales' internal consistency and dependability, the Cronbach alpha coefficient was computed.

Results

Table (1) reveals that 56.0% of the studied nurses were less than 30 years old with a mean age of (35.50± 5.06), 72.0% of the studied nurses were females, 82.0% of the studied nurses were married, 75.0% of the studied nurses were from rural areas, 55.0% of the studied nurses had technical institute of nursing, 67.0% of the studied nurses working at male department, and 52.0% of the studied nurses had less than five members in their family and had sufficient income.

The same table also reveals that 48.0% of the studied nurses had 5-10 years of experience, and 70.0% of the studied nurses were working less than 60 hours per week with a mean (62.07±12.67).

Figure 1 demonstrates that 45.0% of the studied nurses experienced moderate emotional dissonance, 44.0% of the studied nurses experienced low level, whereas 11.0% of the studied nurses had high level.

Figure 2 represents total score of psychological well-Being. It was demonstrated that the level of total psychological well-being was high among 70.0% of the studied nurses.

Table (2) discloses that there were highly statistically significant relations between nurses' psychological well-being and their marital status, educational level and number of family members. It is obvious that the psychological well-being was higher among nurses who are married, had technical institute of nursing, work in male department and had family members less than 5.

Table (3) clarifies that psychological well-being had statistically significant negative correlation with emotional dissonance.

Table (4) reveals that marital status was a statistically significant negative predictor of emotional dissonance.

Table (5) displays that the nurses' marital status and number of family members were significant positive predictors of psychological wellbeing.

Discussion

The existing study findings disclosed that over half of studied psychiatric nurses were less than 30 years old with a mean age of (35.50± 5.06), less than three-quarters of them were females. The reason for the female predominance in this study could be due to the historically female-dominated character of the field.

The current study findings showed that most of studied psychiatric nurses were married, more than half of them had technical institute of nursing, more than two thirds of them working at male department. This might be interpreted as technical institutes often providing a more accessible and quicker

pathway into the nursing profession, appealing to those eager to start working sooner. Also, this may be because the psychiatric ward has a higher number of male patients that would require more staff to provide adequate care.

These results were in agreement with the study made by **Shokry et al. (2023)** in Egypt, who pointed out that more than two thirds of the studied nurses were female, more than three quarters of them were married and about half of them had five to ten years of experience. Also, an Egyptian study done by **Abdel-wahed et al. (2021)** found that three-quarters of studied psychiatric nurses were less than 30 years old, nearly three- quarters of them were females and three-quarters of them reside in rural areas. More than three-quarters of them were married, slightly lower than two-thirds of them had technical institute of education and slightly more than two-thirds of them had less than five family members and sufficient income.

However, these findings were inconsistent with an Egyptian study by **Mohamed et al. (2025)** revealed that over half of the studied nurses have secondary school of nursing, and over one-third of studied nurses have 1 to 5 years of experience. Additionally, a study conducted by **Back et al. (2020)** in Korea indicated that more than half of the studied nurses were single, over three-quarters of them had completed a 4-year university or higher degree and most respondents had 1–5 years of experience.

Concerning the emotional dissonance level, the current study found that less than half of the studied psychiatric nurses had moderate level of emotional dissonance, this is the answer of the first research question. This may be attributed to nurses may feel that the emotional expectations of their role are higher than they are comfortable with, which can lead to emotional dissonance. This expectation can lead to moderate emotional dissonance as they navigate between their natural emotional responses and the expected professional behavior.

These conclusions corroborated by a Korean study performed by **Ha et al. (2021),** found that the nurses had mild-to-moderate levels of emotional dissonance. Also, the study performed by **Talebpour, Mikaeli and Khoshdel, (2013)** in Iran revealed that the emotional dissonance of nursing staff was moderate.

This is supported by best fitting multiple linear regression models for emotional dissonance, the marital status was a statistically significant negative predictor of emotional dissonance. This indicates that marital status is inversely related to emotional dissonance, with married nurses reporting lower emotional dissonance compared to those who are single, divorced, or widowed. These outcomes were disapproved by **Pan, Liu and Lin, (2019)** in Taiwan concluded that the emotional labor (emotional dissonance) found no correlation with marital status of nurses.

Regarding psychological wellbeing level, the outcomes of the existing thesis showed that fewer than three-quarters of them exhibited high levels of psychological wellbeing, this is the answer of the second research question. This may be because over half of the nurses studied had enough salary, which makes them feel financially stable, resulting in experiencing lower stress levels, leading to better overall psychological well-being.

In the same vein, a study conducted in Slovenia carried out by **Lorber and Dobnik, (2022),** showed

that over half of nurses gave their psychological health a good or very good rating. Also, **Nageswaran and Apte, (2020),** who carried out a study in India, clarified that most of the nurses experienced high psychological wellbeing.

On the contrary, a study of **Abdelraof and Abdelglil, (2025)** in Egypt pointed out that the majority of studied psychiatric nurses had moderate level of psychological wellbeing.

The current study results showed that there was a highly statistically significant relationship between nurses' psychological wellbeing and their demographic data (marital status, educational level, work department, and number of family members). It was evident that married nurses had better psychological well-being than unmarried, widowed, or separated nurses didn't, those who had technical institute of nursing, those working in male department, and those who had family members less than 5. This is supported by best fitting multiple linear regression models for psychological wellbeing, marital status and the number of family members were statistically significant positive predictors of psychological wellbeing. A possible explanation for this is that the social and psychological support provided by partners and families improves psychological wellbeing. Additionally, nurses with technical or higher education levels may feel more competent and confident in their roles, leading to greater job satisfaction and mental well-being and also opens up opportunities for career advancement, which can contribute to a sense of accomplishment and purpose in life.

Furthermore, nurses who had smaller family sizes may be linked to less emotional burden and fewer familial stressors, allowing them to focus more on their own well-being.

This goes online with a study conducted in Egypt by **El-Salamony and El-ayari, (2023)**, discovered that there were statistically significant relationships between nurses' marital status, their education level and psychological well-being. Conversely, these findings were inconsistent with **Shahzad, Ghafoor and Ahmad, (2024)** study in Pakistan, which showed that there was no statistically significant relationship between nurses' mental health and family size. Also, these results disapproved with, a study conducted in Turkey by **Yayla and İlgin, (2021)**, concluded that nurses' psychological wellbeing was not statistically significant related to marital status. Further, a study of **Khalaf and Adam, (2018)** conducted in Egypt reported that there was no statistically significant difference between the psychological well-being levels and the educational level. Also, there was no statistically significant predictor of the studied staff nurses' marital status on their psychological wellbeing.

Concerning the relation between psychological well-being and emotional dissonance, there was a statistically significant negative correlation between nurses' psychological well-being and emotional dissonance, this is the answer of the second research question. This implies that higher emotional dissonance is associated with lower psychological well-being among nurses. This could be explained by the fact that emotional dissonance creates emotional strain, which can lead to burnout, stress, and struggle to maintain a positive mental state, affecting their overall psychological well-being.

These results were approved by the study of **Arif et al. (2022)** in Pakistan revealed that there was negative relation between emotional dissonance and psychological wellbeing. Similarly, the study by **Afsar, Cheema and Masood, (2017)** in Pakistan, clarified that there was significant negative correlation between emotional dissonance and well-being. In accordance with these findings, the study of **Karimi et al. (2014)** in Australia, demonstrated that there was negative correlation between emotional dissonance and wellbeing.

Conclusion

Considering the results of the extant thesis, it can be inferred that less than half of the studied nurses experienced moderate emotional dissonance level and less than three-quarters of the studied nurses had high psychological wellbeing levels. Also, there was a statistically significant negative correlation between nurses' psychological well-being and their emotional dissonance.

Recommendations

- Organizing psychosocial counselling sessions to train psychiatric nurses on emotional expression and management.
- Future research to develop educational program for improving emotional dissonance among psychiatric nurses.

Authors' contributions

A.S.I.A.; formed the thesis, explained and gathered data, wrote the original draft, and she is a corresponding author. H.S.E.; contributed extensively participated in aim & research hypothesis, introduction, significance of the study review, discussion, conclusion, and recommendations. S.M.M.; reviewed and edited the manuscript and provided critical comments, did statistical data analysis and interpretation of data. H.H.A; took part in every stage of the research process, carried out the entire supervision, and supplied the preliminary draft of the manuscript prior to its publication. The finished manuscript was revised and accepted by all authors.

Acknowledgment

Special thanks are given to all of the psychiatric nurses who took part in the research and made it possible.

Declaration of conflicting interest

The authors declare that there is no conflict of interest.

Funding source

The author received no financial support for the research, authorship, and/or publication of this article.

Table (1): Frequency distribution of socio-demographic and work-related characteristics of studied psychiatric nurses (n=100)

Characteristics	No.	%
Age		
<30	56	56.0
≥30	44	44.0
Mean ± SD 35.50± 5.06		
Gender		
Male	28	28.0
Female	72	72.0
Marital status		
Single	15	15.0
Married	82	82.0

Widow	1	1.0
Divorced	2	2.0
Residence		
Rural	75	75.0
Urban	25	25.0
Educational level		
Diploma	15	15.0
Technical institute of nursing	55	55.0
Bachelors degree	25	25.0
Post-graduate studies	5	5.0
Work department		
Female	33	33.0
Male	67	67.0
Number of Family members		
<5	52	52.0
5-10	30	30.0
>10	18	18.0
Income		
Sufficient	52	52.0
Insufficient	45	45.0
Sufficient and save	3	3.0
Years of experience		
<5	29	29.0
5-10	48	48.0
>10	23	23.0
Number of working hours per week		
<60	70	70.0
>60	30	30.0
Mean ± SD 62.07±12.67		

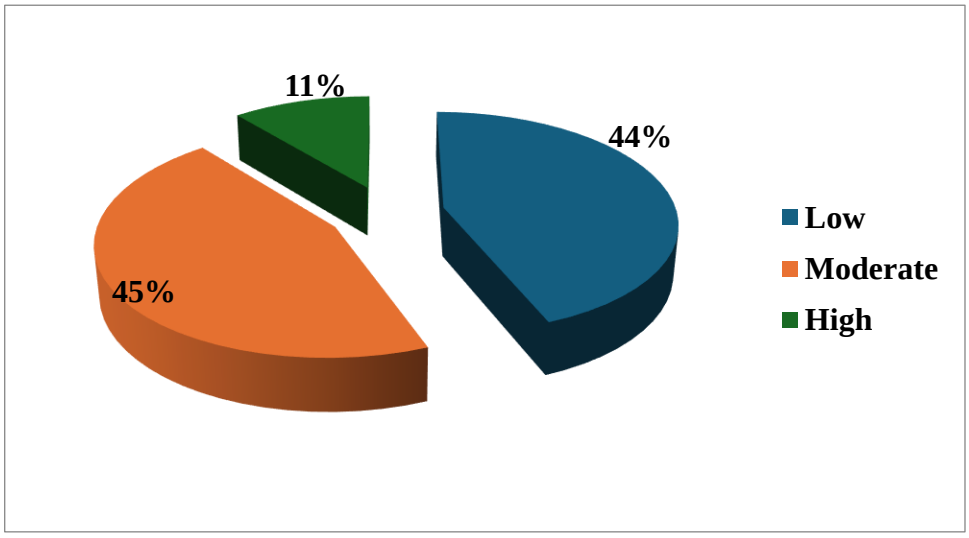

Figure 1: Total level emotional dissonance among studied nurses (n=100)

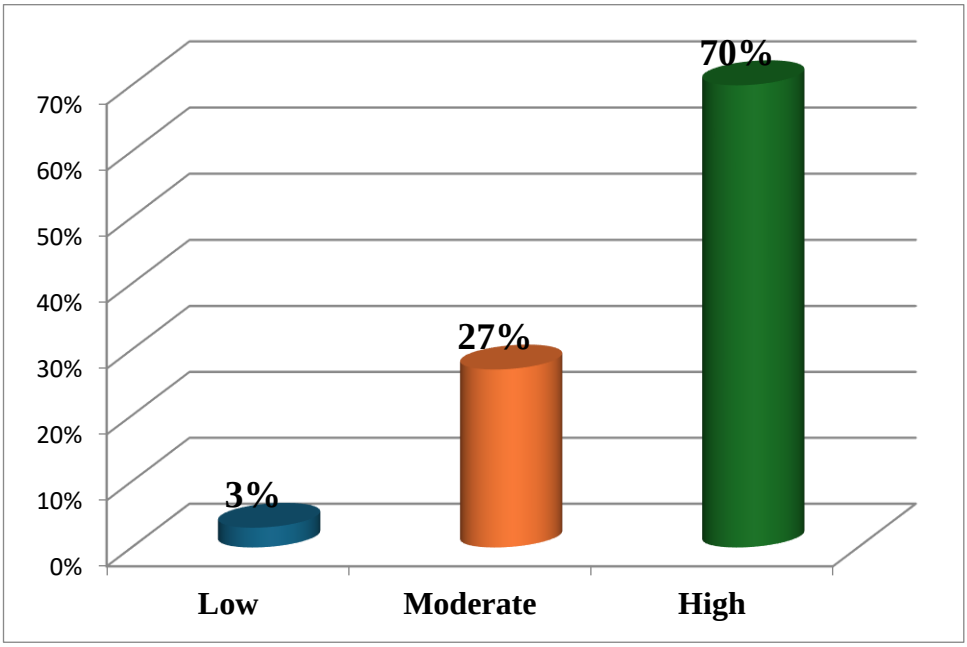

Figure 2: Total score of psychological well-being among studied nurses (n=100)

Table (2): Relation between nurses' psychological well-being and their demographic characteristics (n=100)

Characteristics	Total Psychological Well-Being score						χ^2	p-value
	Low=3		Moderate=27		High=70			
	No.	%	No.	%	No.	%		
Age								
<30	1	33.3	15	55.6	40	57.1	0.665	0.717
≥30	2	66.7	12	44.4	30	42.9		
Gender								
Male	2	66.7	5	18.5	21	30.0	3.568	0.168
Female	1	33.3	22	81.5	49	70.0		
Marital status								
Single	0	0.0	13	48.1	2	2.9	131.520	<0.001**
Married	0	0.0	14	51.9	68	97.1		
Widow	1	33.3	0	0.0	0	0.0		
Divorced	2	66.7	0	0.0	0	0.0		
Residence								
Rural	3	100.0	19	70.4	53	75.7	1.328	0.515
Urban	0	0.0	8	29.6	17	24.3		
Educational level								
Diploma	2	66.7	12	44.4	1	1.4	40.108	<0.001**
Technical institute of nursing	1	33.3	14	51.9	40	57.1		
Bachelor's degree	0	0.0	1	3.7	24	34.3		
Post-graduate studies	0	0.0	0	0.0	5	7.1		

Work department								
Female	1	33.3	17	63.0	15	21.4	15.203	<0.001**
Male	2	66.7	10	37.0	55	78.6		
Number of Family members								
<5	0	0.0	1	3.7	51	72.9	66.619	<0.001**
5-10	0	0.0	11	40.7	19	27.1		
>10	3	100.0	15	55.6	0	0.0		
Income								
Sufficient	1	33.3	17	63.0	34	48.6	2.451	0.653
Insufficient	2	66.7	9	33.3	34	48.6		
Sufficient and save	0	0.0	1	3.7	2	2.9		
Years of experience								
<5	0	0.0	8	29.6	21	30.0	5.540	0.236
5-10	3	100.0	10	37.0	35	50.0		
>10	0	0.0	9	33.3	14	20.0		
Number of working hours per week								
<60	3	100.0	21	77.8	46	65.7	2.676	0.262
>60	0	0.0	6	22.2	24	34.3		

*χ^2: Chi square test non-significant(p>0.05), **: statistically highly significant (p<0.01).*

Table (3): Correlation matrix between nurses' emotional dissonance and psychological well-being scales

Scores	Emotional Dissonance	
	r	p
Psychological Well-Being	-0.394	<0.001**

*r: correlation coefficient, non-significant (p>0.05), **: statistically highly significant (p<0.01).*

Table (4): Multiple linear regression for predicting factors of emotional dissonance.

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B	
	B	Std. Error	Beta			Lower Bound	Upper Bound
(Constant)	13.927	1.396		9.973	.000	11.156	16.698
Marital status	-1.683	.713	-.232	-2.361	0.020*	-3.097	-.268

**: statistically significant (p<0.05)*
R-square=0 .054, ANOVA: F=5.575, P=0.020 ,variables entered and excluded: age, gender, residence, educational level, work department, number of family members, income, years of experience, number of working hours per week, and psychological well-being.

Table (5): Multiple linear regression for predicting factors of psychological well-being.

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B	
	B	Std. Error	Beta			Lower Bound	Upper Bound
Constant	80.502	16.027		5.023	.000	48.689	112.314
Marital status	7.984	3.025	.226	2.639	<0.001**	1.979	13.989
Number of Family members	4.001	1.890	.181	2.117	0.037*	.249	7.752

: statistically significant (p<0.05)
****: statistically highly significant (p<0.01)***
R-square=0.303, ANOVA: F=13.916, P<0.001, variables entered and excluded: age, gender, residence, educational level, work department, income, years of experience, number of working hours per week, and emotional dissonance.

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