

## Compassion, Self-efficacy and Perceived Stress among Nurses Working at Tanta Mental Health Hospital

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### Abstract

**Background:** One of the most stressful professions in the world is psychiatric nursing. It is seen as a physically and psychologically demanding task for nurses. As a result, identifying effective solutions and factors that reduce stress and improve the mental health of nurses is critical. Aim of the study: was to assess relationship between compassion, self-efficacy and perceived stress among nurses working at Tanta Mental Health Hospital. Subjects and Method: Research design was a correlational descriptive research design. Setting: the study was conducted at the Tanta Mental Health Hospital which affiliated to Ministry of Health. Subjects: All available nurses working at previously mentioned setting at the time of data collection of the study and they were 75. Tools: Four tools were used. Tool 1: Socio-demographic characteristics structured questionnaire. Tool II: Compassion Scale. Tool III: Perceived stress scale. Tool VI: General Self-Efficacy Scale (GSE). Results: There are no statistically significant relation was found between psychiatric nurses' compassion and their perception of stress and highly negative statistically significant correlation was found between perceived stress and self- efficacy. Conclusion: The present study concluded that self-efficacy is important factor affecting on nurses" stress. Nurses who have more self-efficacy are more likely to tolerate perceived stress. Meanwhile compassion in present study has no effect on stress among nurses. Recommendations: Engaged psychiatric nurses periodically in training periods or workshops to enhance both their self- efficacy, and compassion which help them to acquired skills and positive facets of mental health.

**Key words:** Compassion, Stress, Self-efficacy, Psychiatric Nurses.

## Introduction

Nursing is universally acknowledged to be a challenging profession and one of the most stressful occupations. Mental health nurses in particular are professionals high likely to experience stress which can negatively affect their physical and mental health. Mental health nurses make up one of the largest segments of the global mental healthcare workforce. Mental health nurses are on the front lines daily, delivering care to patients and serving as a lifeline of information, encouragement, and education to the patients' families <sup>(1, 2)</sup>. Inappropriate patient attitudes, the demanding nature of mental patients, violence, rising workload, working environment, insufficient resources, and ethical dilemmas are all major sources of stress for psychiatric nurses <sup>(3,4)</sup>.

In recent years, the risk of stress has increased among psychiatric nurses, and it has a substantial impact on their well-being and can result in a wide range of adverse symptoms, including physical symptoms like insomnia, headaches, and sleep problems, behavioral problems like increased alcohol intake, strained personal relationships, and patient avoidance, and psychological symptoms like emotional exhaustion, professional helplessness, and

depersonalization <sup>(5,6)</sup>. Stress may also have an impact on an organization's substructures, resulting in lower workplace productivity and a decline in the quality of provided healthcare, which can have a negative impact on the health-care system as a whole <sup>(7, 8)</sup>. As a result, if psychiatric nurses' physical and mental health are not protected, they are more likely to suffer from mental illnesses, which can have a negative impact on health-care services <sup>(5,8)</sup>. Hence, keeping nurses healthy and productive should be a top goal for health-care organizations. As a result, a greater understanding of the variables that can reduce stress in mental health nursing may enable for the development of strategies to improve the working conditions for these nurses, resulting in improved nursing care quality.

Compassion is a feeling for persons who is suffering and being motivated to act to help them. Compassion is openness to the suffering of others with a commitment to relieve it". It is not only as being aware of and moved by suffering and wanting to help, but also as involving the ability to adopt a non-judgmental stance towards others and to tolerate one's own distress when faced with other people's suffering <sup>(9,10)</sup>. Compassion

is an essential component of psychiatric nursing practice and it is a special characteristic of professional nurses. It has been widely recognized as the first principle of ethical caring and promotion of care quality<sup>(11, 12)</sup>.

Compassion consisted of three facets: noticing, feeling, and responding. Being aware of a person's suffering, either cognitively or through an unconscious physical or emotive reaction to it, was referred to as 'noticing.' Feeling' was defined as responding emotionally to that suffering and experiencing 'empathic concern' through adopting the person's perspective and imagining or feeling their condition.' Finally, 'responding' meant wanting to do something to alleviate the person's misery<sup>(13, 14)</sup>.

Compassion is considered a vital component of quality of psychiatric nursing care. It is documented that compassion is the positive aspect and potentially growth enhancing for psychiatric nursing. In psychiatric field compassion has wide- ranging benefits, for both patients and nurses: For patients, it can increase patient sense of responsibility, increase hope for recovery, control their over health, preserve the patient's independence and dignity and increase

patient satisfaction with nursing care<sup>(10, 15)</sup>. For nurses, compassion helps nurse to deal objectivity with patients and respond appropriately to patient's negative emotions, anger and hostility and it also assists nurse to be not disturbed by the patients' symptoms and by having compassion nurses are expected to handle problems appropriately and cope with stressful situations<sup>(13, 16)</sup>.

Compassion is thought to be a protective agent that can be used to alleviate or mediate the negative effect of stress. Studies of psychiatric nurses exposed to stress revealed that a higher level of compassion served as a protective factor against stress<sup>(11, 12)</sup>. Compassion is defined in the context of stress as the positive aspects and pleasures a caregiver gains despite any feelings of exhaustion and hardship), and compassion is the result of a transactional dynamic defined as the positive effects or 'payments' one gains as a result of caring for others, despite the 'cost' of helping<sup>(15, 17)</sup>.

Self- efficacy is an important psychological resource in adjustment to the stress. It has positive effect on predicting adaptive coping strategy to dealing stress, staying optimistic and finds appropriate problem solving<sup>(18 19)</sup>. Self-efficacy is defined as a cognitive

attribute that helps to determine how well a person can organize and execute behaviors required to deal with prospective situations containing many ambiguous, unpredictable, and often stressful elements <sup>(20)</sup>. Self-efficacy also refers to an overall self-confidence that person respond to different environmental challenges or face new things. Furthermore, self- efficacy defined as a person's own judgment of capabilities to perform a certain activity in order to attain a certain outcome <sup>(18, 21)</sup>.

An individual's decision to engage in and persist in performing a specific behavior or task is influenced by his/her level of perceived self-efficacy which in turn influences one's choices of activities, the amount of effort he/she will expend, and the amount of time he or she will invest in the task. From this perspective, nurses with better levels of coping self-efficacy to deal with professional obstacles are more likely to continue in nursing, and do their job tasks well, even when faced with challenges and high stress <sup>(22, 23)</sup>.

Past researches have demonstrated that higher levels of self-efficacy facilitate healthier lifestyles and healthier coping behaviors for employees in high stress professions such as nursing. In psychiatric

nursing, self-efficacy is a critical characteristic that can contribute to nurses feeling confidence in their ability to function successfully in difficult situations. <sup>(20, 21)</sup>.

Person with high self-efficacy choose more challenging to moderately difficult goals, feel more relaxed, believe in him/herself more, and show more insistent efforts and are more successful. This is especially true in the psychiatric nurses where they always have to deal with unforeseen situations, which could be factors leading to stress. In addition, psychiatric nurses who feel that they are not very effective in the face of the demands of their surroundings exaggerate their deficits, producing negative thoughts that leads to stress and makes it more difficult for them to use the resources available to them <sup>(18, 22)</sup>.

Self-efficacy performs a buffering role in the face of various job demands and had a positive psychological influence on individual's job performance <sup>(18, 24)</sup>.

### **Significance of the study**

Psychiatric nursing is regarded as one of the most stressful occupations in the world. It considered as a challenging task for nurses physically and psychologically. The psychiatric nurses' responsibilities are

primarily work with the suffering, grief, unhealthy or deviant behaviors. They often deal with clients who have experienced psychotic relapse, abused or emotional trauma. This can be stressful due to the emotional labor required to talk about these painful experiences. . Many Egyptian nursing studies carried out the topic of stress among nurses at different mental health hospital settings in Egypt and all agreement that stress is high and become epidemic among nurses and recommend for further and more strategies for reducing stress among nurses<sup>(25- 27)</sup>. Hence, it is vital to identify effective solutions and factors that reduce stress and improve mental health status of nurses. One of the hypotheses proposed in this regard indicates that nurses with higher levels of compassion and self-efficacy are more prepared to deal with stressful conditions in case of stressors and have a significant impact on patient outcomes. Therefore, it was important to assess stress, self- efficacy and compassion among nurses working in mental health hospitals for maintaining their mental health, and helping them to deal positively with their stressors, and achieving their role.

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

The aim of the study was to assess relationship between compassion, self-efficacy and perceived stress among nurses working at Tanta Mental Health Hospital 1

#### **Research question:**

1-What are the levels of compassion, self-efficacy, and perceived stress among nurses working at Tanta Mental Health Hospital?

2-What are the relations between compassion, self-efficacy, and perceived stress among nurses working at Tanta mental health hospital?

#### **Subjects and Method**

##### **Research design:**

The present study followed a correlational descriptive research design.

##### **Setting:**

The study was conducted at the Tanta Mental Health Hospital which affiliated to Ministry of Health. It has a capacity of 107 beds and provides health care services to three governments, namely Gharbya, El-Menofeya, and Kafr- El-sheikh. It works 7 days/ week, 24hrs/ day.

##### **Subjects: -**

All available nurses (75 nurses) were working at previously mentioned setting at the time of data collection of the study. The

total of nurses were 106 however six nurses didn't complete the questionnaires and withdraw from study, fifteen didn't not present during data collection of the study, 10 nurses who involved in a pilot study and 75 nurses completed the questionnaires of the study and who involved in actual study.

#### **Tools of the study:**

Three tools were used in collection of the present data:

#### **Tool 1: Socio-demographic characteristics structured Questionnaire**

It was developed by researcher and aimed to elicit socio-demographic data of studied subjects. It included 7 questions age, sex, marital status, levels of education, occupation, years of experience in field of nursing and psychiatric nursing.

#### **Tool 11: Compassion Scale:**

This scale is adopted from Pommier (2011) (28) and designed to measure psychiatric nurses' compassion toward patients. It is self-report scale. It consisted of 24-items designed to evaluate three recognized aspects of compassion: kindness versus indifference, common humanity versus separation and mindfulness versus over disengagement. Each item of this scale was

rated on a five point Likert Scale from (0) strongly disagree to (4) strongly agree. The items related to aspect: indifference, separation, disengagement had reversed scored. The total score was summed; the higher score indicated a higher level of self-compassion. The score of this scale is divided according to validated cut-off point in three levels:

#### **Scoring system:**

Low level of compassion indicated to less than 50 % of total score.

Moderate level was between 50% to 75%.

High level of compassion referred to more than 75%.

#### **Tool III: Perceived stress scale.**

It developed by Cohen (1988) (29). It used to measure the degree of stress that perceived by nurses. This scale consisted of 10-item. The items at five points Likert Scale from never = zero to usually = 4. Items No. 4,5,7, and 8 had reverse score. The total score was summed and ranged from zero to 40. The higher score means higher perceived stress. The level of stress was determined by validated cut-off point in total score to three levels.

**Scoring system:**

- Low level of stress indicated to less than 50 % of total score.

-Moderate level was between 50% to 75%.

- High level of stress refereed to more than 75%.

**Tool VI: General Self-Efficacy Scale (GSE).** It created by Schwarzer and Jerusalem (1995)(30). The scale assessed optimistic self-beliefs to cope with a variety of difficult demands in life. Specifically, it assessed the belief that one’s actions are responsible for successful outcomes. The scale composed of 10 items; each item rated in four Likert Scale from not all true (1) to exactly true (4). The total score was summed, and ranged from 10- 40, and the higher score referred to higher self- efficacy. The levels of self –efficacy determined by validated cut-off point in total score to three levels.

**Scoring system:**

-Low level (less than 50 % of total score).

-Moderate level (between 50 – less than 75 %).

-High level of self -efficacy (more than 75 %).

**Method**

- The Dean of the Faculty of Nursing issued an official letter to the head of the Mental Health Hospital, requesting permission to gather data for the current study.

**- Ethical consecrations:**

- Informed consent was obtained from the subjects after explanation purpose of the present study.

-The subjects were reassured about the confidentiality of obtained data and their privacy

- Informed the subjects about their right to withdraw at any time during data collection.

-Tools (II, III, VI) were translated into Arabic language and tested for internal validity by a jury composed of five experts in psychiatric nursing field and these tools were tested for reliability by used Cronbach's Aph test , the result was 0.81, 0.86 , 0.91 for tools ( II ,III ,VI ) respectively, it indicated higher reliability.

- **A pilot study:** it was carried out on 10% nurses. They were selected by using simple random sampling design. These subjects excluded later from actual study. Accordingly, a slight modification was done



such as changed some words with other more clarified to ensure understanding of studied subjects.

- **Actual study:** the tools of the study were distributed on the studied nurses on individual basis and asked them for filling the questionnaire in the presence of researcher for any clarification. The time that consumed for fill the tools ranged from 20- 25 minutes. The researchers collected data during morning shift. The duration of data collection was three months from September 2020 to November 2020.

#### **Statistically analysis:**

The study data were computerized and verified using the SPSS (statistical package for social science). Version 20 used to perform tabulation and statistically analysis. Quantitative data were summarized by percentage, mean, and stander deviation. Correlation between variables was evaluated using person Spearman's correlation test (r). Statistically significant was adopted at  $P > 0.05$ .

#### **Results**

**Table (1)** shows socio-demographic characteristics of the studied nurses, the most nurses are female (76%), the nurses' age with mean of years  $32.99 \pm 9.33$ , and the

almost of them are married (92%). Regarding to their level of education, 40% graduated from nursing institute and 34.7% have baccalaureate. Concerning their nature of work, 49.3% of nurses are staff nurses, 48% are head nurse and only 2.7% were supervisor. Regarding to nurses' years of experiences in field of nursing are mean of  $11.11 \pm 6.97$ , and experiences in field of psychiatric nursing with mean of  $10.53 \pm 6.81$ .

**Figure (1)** describes the levels of nurses' compassion among the studied nurses. Figure illustrated that more than half of nurses (53.3%) have moderate level of compassion, 24% of them have mild level, and only 22.7% have high level of compassion.

**Table (2)** describes description of dimensions of compassion among studied nurses. The more frequency dimension is kindness whereby 46.7% of nurses have moderate, and 48% of them have higher level with mean  $15.346 \pm 2.668$ . The second dimension is mindfulness toward people emotions, need, and their problems. It is reported that 62.7% of nurses have moderate, and 34.7% have higher level with mean  $14.466 \pm 3.176$ . The third dimension is common humanity, the nurse report that



56% of them have moderate level, and 38.7% have lower levels with mean  $14.386 \pm 2.432$ . In another hand the table show that indifference toward people emotions, needs, and problems was report more than half of nurses with moderate level (57.3%), and around one quarter (25.3%) have higher level with mean  $12.4 \pm 3.471$ , the second negative compassion toward other was disengagement, it is more than half of nurses had moderate level (53.3%), and 17.5% had lower level with mean  $12.04 \pm 3.67$ .

**Figure (2)** appears levels of perceived stress among the studied nurses, figure showed that the majority of nurses perceived moderate level of stress (68%), 18.7% nurses had low level of stress and 13.3% have high level.

**Figure (3)** reveals levels of self-efficacy among the studied nurses. Figure reported more than half of nurses (60%) had moderate level of self-efficacy, and 28% had high level of self-efficacy, and 12% them had mild level of self-efficacy.

**Table (3)** presents correlation between compassion, self-efficacy and perceived stress among the studied nurses. It was found that no statistically significant correlation between perceived stress and

compassion, and highly negative statistically significant correlation was found between perceived stress and self- efficacy among the studied nurses.

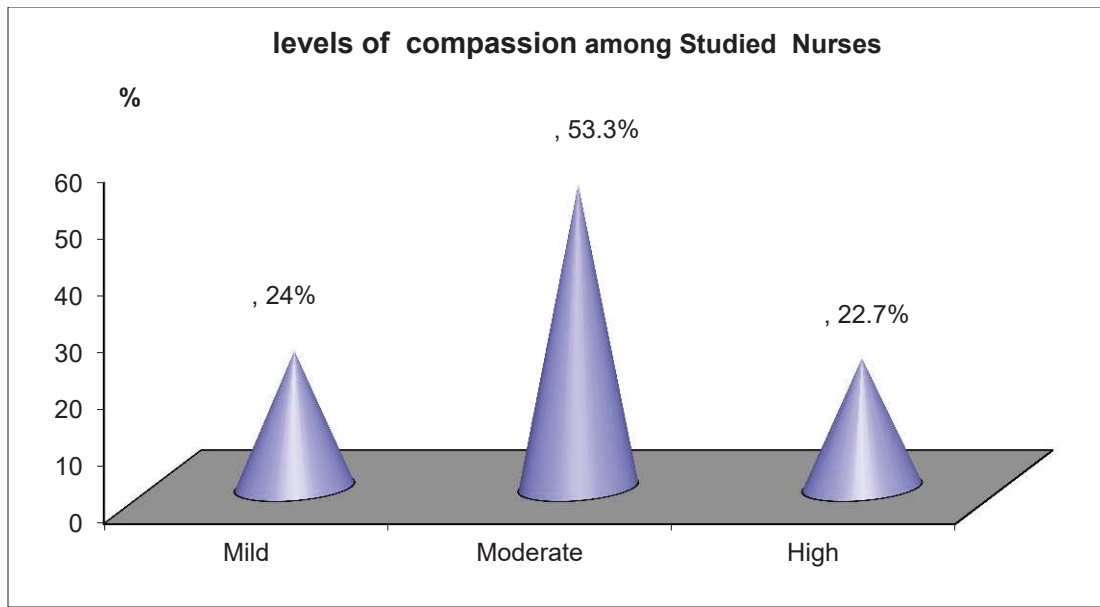
**Table (4)** reveals relation between compassion and socio-demographic characteristics of the studied nurses, the table explored that there was no statistically significant relation was found between compassion and socio-demographic characteristics of the studied nurses.

**Table (5)** represents relation between perceived stress and socio-demographic characteristics of the studied nurses. There is a statically significant relation between perceived stress and nurses' age, levels of education, their occupation, and years of experiences in nursing filed and in psychiatric nursing. The table reported that mean score of nurse's stress increased with age, and decreased with level of education, and increased among staff nurse and those contact directly with patients, in addition, mean score of stress increased with years of experiences in nursing field and in psychiatric nursing field.

**Table (6)** describes the relation between socio-demographic characteristics of the studied nurses and their self- efficacy. Statistically significant relation was found between self-efficacy and only marital status, occupation and years of experiences in nursing

**Table (1): Distribution of The Studied Nurses according to their of socio-demographic data (n=75)**

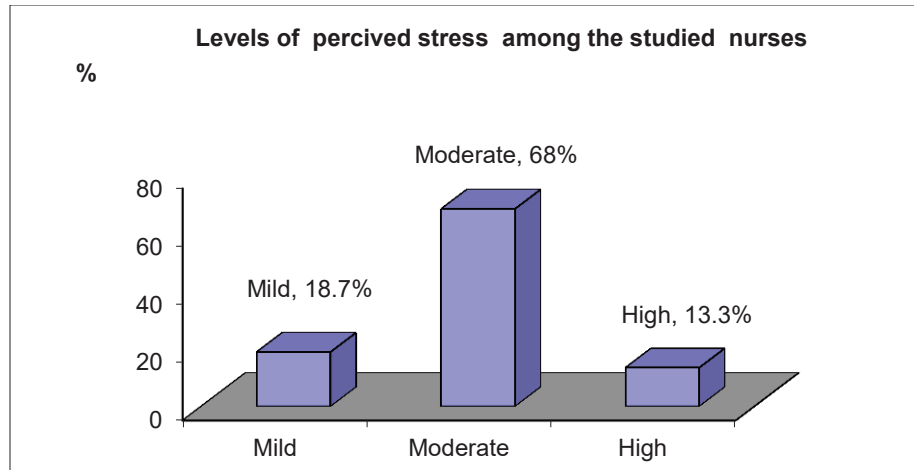
Socio- demographic data	No.	%
<b>Sex:</b>		
Male	18	24
Female	57	76
<b>Age:</b>		
18->25	17	22.7
25->35	36	48
35-	22	29.3
Mean ± SD	32.99 ± 9.33	
<b>Marital status:</b>		
Single	6	8
Married	69	92
<b>Nurses' level of education:</b>		
Secondary level education	19	25.3
Technical degree of nursing Instituted	30	40
Baccalaureate degree of nursing	26	34.7
<b>Nursing position:</b>		
Staff nurse	37	49.3
Head nurse	36	48
Supervisor	2	2.7
<b>Years of experiences in nursing:</b>		
Less than 5 years	13	17.3
5 to >10 years	22	29.3
10 - >20	32	42.7
20-	8	10.7
Mean ± SD	11.11 ± 6.97	
<b>Years of experiences in psychiatric nursing:</b>		
Less than 5 years	19	25.3
5 to >10 years	15	20
10 - >20	31	41.3
20-	10	13.3
Mean ± SD	10.53 ± 6.81	



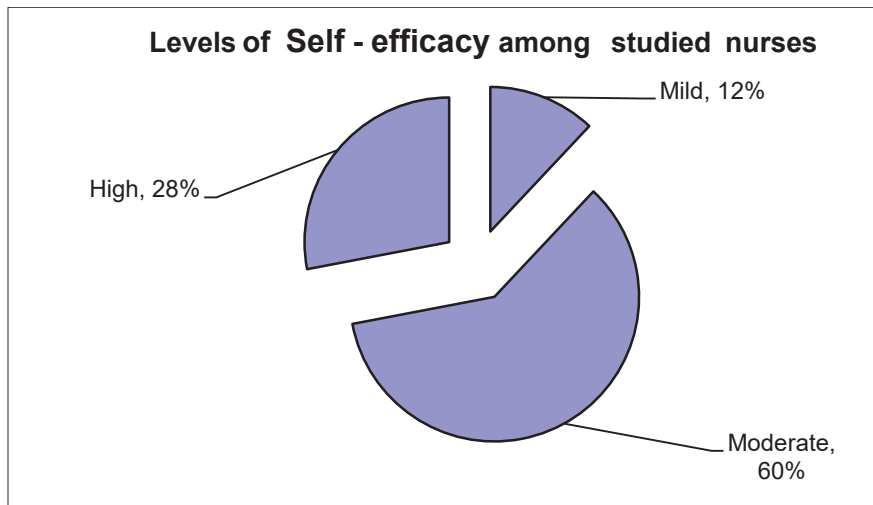
**Figure (1) Levels of Compassion among Studied Nurses (n=75)**

**Table (2): Description of Dimensions of Compassion among Studied Nurses (n=75).**

Dimensions of compassion	Mild		Moderate		Sever		Mean ± SD
	No.	%	No.	%	No.	%	
Kindness	4	5.3	35	46.7	36	48	15.346 ±2.668
Indifference	13	17.3	43	57.3	19	25.3	12.4±3.471
Common humanity	4	5.3	42	56	29	38.7	14.386±2.432
Separation	19	25.3	45	60	11	14.7	11.973±3.287
Mindfulness	2	2.7	47	62.7	26	34.7	14.466±3.176
Disengagement	22	29.3	40	53.3	13	17.3	12.04±3.674



**Figure (2): Levels of Perceived Stress among Studied Nurses.**



**Figure (3): Levels of Self –efficacy among Studied Nurses. (n=75)**

**Table (3): Correlation between Compassion, Self-efficacy and Perceived Stress among The Studied Nurses**

Variables	Perceived stress	
	R	P
Compassion	0.127	0.278
Self- efficacy	-0.442	0.001*

\*Highly statistically significant at > 0.05

**Table (4): Relation between Compassion of The Studied Nurses and Their Socio-demographic Characteristics (n=75)**

Socio- demographic characteristics	Compassion Mean ± SD	Test	p value
<b>Sex:</b>			
Male	79.83 ± 6.14	0.103	0.749
Female	80.86 ± 13.09		
<b>Age :</b>			
18- >25	81.71 ± 7.47	0.172	0.842
25->35	79.81 ± 11.77		
35-	81.09 ± 14.57		
<b>Marital status :</b>			
Single	76.83 ± 5.12	0.670	0.416
Married	80.94 ± 12.14		
<b>Nurses' level of education :</b>			
Secondary level education	83.11 ± 14.13	0.757	0.474
Technical degree of nursing Institute	78.87 ± 7.79		
Baccalaureate degree of nursing	80.81 ± 13.68		
<b>Occupation:</b>			
Staff nurse	82.65 ± 11.98	1.095	0.340
Head nurse	78.64 ± 11.67		
Supervisor	78.50 ± 2.12		
<b>Years of experiences in nursing:</b>			
Less than 5 years	79.69 ± 5.33	1.715	0.172
5 to >10 years	85.23 ± 13.02		
10 - >20	78.09 ± 12.20		
20-	79.50 ± 12.18		
<b>Years of experiences in psychiatric nursing:</b>			
Less than 5 years	85.79 ± 11.40	1.768	0.161
5 to >10 years	80.07 ± 10.44		
10 - >20	78.48 ± 12.33		
20-	78.20 ± 11.08		

\*Statistically significant at > 0.05

**Table (5): Relation between Perceived Stress of the Studied Nurses and Their Socio-Demographic Characteristics (n=75)**

Socio- demographic characteristics	Stress	Test	p value
	Mean $\pm$ SD		
<b>Sex:</b>			
Male	22.67 $\pm$ 5.14	0.301	0.749
Female	23.30 $\pm$ 3.95		
<b>Age:</b>			
18- >25	20.94 $\pm$ 2.70	14.168	0.001*
25->35	22.11 $\pm$ 3.50		
35-	26.55 $\pm$ 4.40		
<b>Marital status:</b>			
Single	20.00 $\pm$ 3.03	2.727	0.057
Married	23.42 $\pm$ 4.23		
<b>Nurses' level of education:</b>			
Secondary level education	24.89 $\pm$ 4.71	3.191	0.047*
Technical degree of nursing Institute	23.35 $\pm$ 2.81		
Baccalaureate degree of nursing	21.87 $\pm$ 4.64		
<b>Occupation:</b>			
Staff nurse	24.41 $\pm$ 4.66	3.731	0.029*
Head nurse	21.81 $\pm$ 3.46		
Supervisor	24.00 $\pm$ 1.41		
<b>Years of experiences in nursing:</b>			
Less than 5 years	20.54 $\pm$ 3.23	5.976	0.001*
5 to >10 years	23.18 $\pm$ 2.72		
10 - >20	23.00 $\pm$ 4.49		
20-	27.88 $\pm$ 4.73		
<b>Years of experiences in psychiatric nursing:</b>			
Less than 5 years	21.63 $\pm$ 2.14	3.849	0.001*
5 to >10 years	22.73 $\pm$ 4.11		
10 - >20	22.68 $\pm$ 4.29		
20-	28.10 $\pm$ 4.20		

\*Statistically significant at  $> 0.05$

**Table (6): Relation between Self – efficacy of The Studied Nurses and Their Socio demographic Characteristics (n=75)**

Socio- demographic characteristics	Self – efficacy	Test	p value
	Mean ± SD		
<b>Sex:</b>			
Male	29.00 ± 5.91	0.076	0.783
Female	28.67 ± 3.92		
<b>Age :</b>			
18- >25	27.82 ± 4.38	1.357	0.264
25->35	28.42 ± 3.09		
35-	30.00 ± 6.03		
<b>Marital status :</b>			
Single	24.00 ± 3.35	3.180	0.006*
Married	29.16 ± 4.30		
<b>Nurses' level of education :</b>			
Secondary level education :	29.42 ± 5.62	0.453	0.638
Graduate from nursing Institute	28.20 ± 4.45		
Graduate from faculty	28.88 ± 3.44		
<b>Occupation :</b>			
Staff nurse	30.00 ± 5.45	3.624	0.032*
Head nurse	27.36 ± 2.47		
Supervisor	30.50 ± 6.36		
<b>Years of experiences in nursing :</b>			
Less than 5 years	27.77 ± 4.88	4.986	0.003*
5 to >10 years	29.27 ± 4.08		
10 - >20	27.56 ± 3.66		
20-	33.63 ± 4.66		
<b>Years of experiences in psychiatric nursing:</b>			
Less than 5 years	28.68 ± 3.38	1.849	0.146
5 to >10 years	28.33 ± 5.39		
10 - >20	28.03 ± 3.83		
20-	31.70 ± 5.77		

\*Statistically significant at &gt; 0.05



## Discussion

A lot of studies have highlighted nursing as a stressful profession. Nurses pay a price for stress in terms of health, well-being, and job dissatisfaction which can have an influence on patient care quality <sup>(5,6)</sup>. Evidence supports that the psychiatric nurses are exposed to high stress during their work. It is seen as a physically and psychologically demanding responsibility for nurses, particularly those who are faced with specialized work needs such as working with persons with mental illness <sup>(4, 31)</sup>.

The current study showed that the majority of studied nurses reported that they had stress. This goes with the study conducted by Shih et al. (2016) <sup>(32)</sup>, that focused on " the relation of job stress and job exhaustion among nurses and found that the rate of stress among psychiatric nurses is high. In the same line Jordan study conducted by Masadeh et al. (2016) <sup>(19)</sup> using an Arabic version of Perceived StressScale-10 items (APSS10) and examined perceived stress for 310 nurses working in various departments (i.e. psychiatric, oncology, intensive care units, cardiac care units, emergency rooms, medical wards and surgical wards .The

study revealed that psychiatric nurses had significantly higher stress levels. Additionally, Dawood Mitsu and Monice (2017) <sup>(33)</sup>, studied the psychiatric nurses job stress and reacted to they have a moderate level of stress. An Egyptian study carried by Zaki and Barakat (2018) <sup>(27)</sup> who studied stress among nurses at Benha Mental Health Hospital, they found majority of studied nurses perceived stress.

The high level of stress among studied subjects may be related to work overload, the demanding nature of psychiatric patients and the complex ethical dilemmas in psychiatric nursing were the most common causes of stress, shedding light on the nature of psychiatric settings for patients as well as health professionals

From the previously mentioned studies, it seems that there is an agreement in the literature that inappropriate patient attitudes, violence, aggression, increasing workload, working environment, in-adequate resources and ethical dilemmas faced by psychiatric nurses are the major causes of their high stress levels.

In this respect An Egyptian study by El-Azzab (2019) <sup>(34)</sup> on "work related stress, burnout, and self- efficacy among psychiatric nurses" In Beni Suef Governorate, she found that the more than half of participants had moderate level of stress, and explained these results by lack of preparation, and proficiencies to deal with psychiatric patients, which have enforced stress on nurses' work and thus they lost the abilities to perform their job tasks perfectly. Unfortunately the present study was limited to measure stress levels without giving any etiological explanation for the reasons for high stress reported by psychiatric nurses.

Compassion is a conscious process of making decisions that is known as "Clinical judgment" among professional health care specialist, and they ability to offer safe and high quality care depend on reasoning ability and thinking <sup>(22)</sup>. The present study revealed that more than half of studied psychiatric nurses have a moderate level of compassion toward psychiatric patients and less than one quarter has high level. This may be attributed to most of studied subjects in the present study reported that "kindness", "mindfulness" and "common humanity" as most diminution components of their compassion in dealing with patients.

The "kindness" is most common dimension of compassion reported by almost of psychiatric nurses, they agreed that the kindness involved caring patients if need, support patients during difficult times, their heart goes toward them if they are unhappy. In this context Curtis (2015)<sup>(35)</sup> studied compassion and nurses responsibility in caring psychiatric patients, they reported that nurses showed their compassion through looking at patients, responding to their emotions, expressing their feeling, and putting themselves into the patients' position. In the same line Tehranineshate et al.(2019) <sup>(11)</sup> studied nurses, patients, and family care givers' perceptions of compassionate nursing care, and found that nurses supported patient emotionally and utilized communication skills.

Another dimension of compassion reported by studied psychiatric nurses in the present study was " mindfulness " the almost of studied nurses reported between moderate to high level of mindfulness in caring with psychiatric patients, they perceived mindfulness such as: interested with patients when talk, noting when patients are upset even if they don't saying anything, honest with patients when talking about their problems, and have a balanced perspective

on dealing with clinical situations. In this context, Babaei et al. (2017)<sup>(36)</sup> stated that a compassionate nurse is sensitive to patients' condition, and they have the ability in interpret or anticipate their needs.

Self-efficacy is defined as believing in one's own ability to succeed. It is concerned with assessing one's own capabilities in specific settings and activities. It has the potential to reduce overall stress levels.<sup>(25)</sup> With the agreement of this statement ,results of the present study come .The results revealed there is significant negative relation between self-efficacy and perceived stress among studied subjects. Three explanations have been proposed by which self-efficacy can reduce nurse's stress. To begin with, self-efficacy may evoke positive emotions that might help person relax. Second, self-efficacy can influence how a negative experience is perceived as a stressor; persons who doubt their abilities to control a negative event are more likely to dwell on their coping flaws and exaggerate the severity of the event. These ineffective thoughts impede their ability to cope with stress and heighten their stress perception. This finding was line with Murphy and Walsh (2015)<sup>(37)</sup>, they stated a significant negative correlation between psychiatric

nurses' work stress and their self- efficacy. Additionally some studies such as Jack and Tetley (2016)<sup>(21)</sup> and Rayan (2017)<sup>(38)</sup> show that self- efficacy can effectively adverse effects caused by stress and nurses with high self-efficacy tend to perceive less stress and make more effective use of coping resources to challenges greater stress.

Surprisingly, the unexpected finding discovered in the present study was that there was no statistically significant relation between nurse' perceived stress and compassion. The explanation of this result may be due to the demands of working in in mental health nursing; unsafe working environment and shortage of staff make nurses have no opportunity and time to express compassion toward patients. Additionally high perceived stress by nurses strained ability of the nurses to provide compassion care for their patients and also emotional suffering of the nurses may be another rationalization affects nurses' compassion. Being able to manage emotionally challenging circumstances enables nurses to continue to demonstrate compassion in practice.

In this respect Franza et al. (2015)<sup>(39)</sup> stated frequent contacts with patients who are

suffering are generally considered to be significant stressors that can limit the capacity for compassion. Also, Wang et al. (2020) (40), reported that compassion was significantly and positively correlated with physical health and health behavior and negatively correlated with perceived stress.

It is important to mention that, the present study revealed there are statistically significant relation between stress that perceived by studied nurses and their work that occupied, whereby the staff nurses who provide direct contacted with patients were more stressed than supervisors, this can be explained by caring for psychiatric patients always caused workload pressure on nurses regarding to patients' care demands, especially with different psychiatric patients' diagnosis, and characteristics which caused emotional exhaustion to nurses .

In addition to, the present study explored that statistically significant relation between psychiatric nurses' stress and their years of experiences. The increased of years were experienced in nursing and psychiatric nursing field, the more stressed was perceived by nurses. This is consisted with the study by Shih et al. (2016) (41), they found a positive correlation between years

of experiences and work related stress among their participants from psychiatric nurses. In the same line the study by El-Azzab et al. (2019) (34) explained that, nurses with six to ten years of experiences had higher levels of job stress than nurses with less than five years or more than eleven years' experiences.

It is important to mention that, the present study explored that a statically significant relation between psychiatric nurses self - efficacy and their marital status whereby means score of self- efficacy among married nurses were more than single, in addition to, there statistically significant relation between nurses self-efficacy and their occupation . The mean score of self-efficacy of psychiatric nurses who bed side or others who direct contact with psychiatric patients were more than those who are just supervisors. Furthermore, years of nurses' experiences have statically relation with their self- efficacy. The more years of experiences the more increased self-efficacy. This could be due to the psychiatric nurses who had the greater length of nursing experiences may have a higher amount of maturation which ultimately lead to possess emotional and social competencies and lead to find better

strategies to improve their performance over time, thus increasing their sense of self-efficacy. The greater exposure to the experience, the greater the level of self-efficacy. In this respect, Mahalizadeh et al. (2016) <sup>(19)</sup> mentioned that, the past experiences was either positive or negative, and the process of learning from those past experiences will affect self - efficacy of future experiences. This agreement with Masa'Deh (2018) <sup>(19)</sup> and El- Azzab et al. (2019) <sup>(34)</sup> who reported a significant positive relationship between self-efficacy and years of experiences among their participants from psychiatric nurses. Furthermore, Soudagar (2015) <sup>(42)</sup> discovered that the nurses who had more than 16 years of working experience in the field of nursing reported a better self-efficacy score.

### **Conclusion:**

The present study concluded that self-efficacy is important factor affecting nurses' stress. Nurses who have more self-efficacy are more likely to tolerate perceived stress. Meanwhile compassion in present study has no effect on stress among nurses.

### **Recommendations:**

Based on results of the present study the following recommendations are suggested:

-Educational program about stress management should be implemented to learn psychiatric nurses the effective coping strategies to dealing with daily life and work stressors.

-Engaged psychiatric nurses periodically in training periods or workshops to enhance their self- efficacy and compassion which help them to acquired skills and positive facets of mental health.

-Periodically assessment level of stress among psychiatric nurses and determine its sources regularly for early detection and dealing with it effectively.

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