

▪ **Basic Research**

**Job Stress and Emotion Regulation relation to Workplace Wellbeing among Psychiatric Nurses**

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**Abstract**

**Background:** Although the domain of psychiatric nursing is a demanding profession with certain aspects that are more stressful than others, strategies intended for enhancing emotional regulation may help psychiatric nurses deal with the stress of their jobs. The analysis of how psychiatric nurses use emotion regulation strategies to regulate their emotions during times of stress and how this affects their wellbeing at work is critical. **This study aimed** to evaluate job stress, emotion regulation, and their relation to workplace wellbeing among psychiatric nurses. **Methods:** A descriptive correlational research design was employed. **Setting:** This study was conducted at Beni-Suef Psychiatric Mental Health Hospital. **Subjects:** At the time of the study's data collection, all 79 psychiatric nurses who were available in the above-mentioned setting. **Tools:** Four tools were used to gather data. Tool 1: Personal and job characteristics data Sheet. Tool II: Psychiatric Nurse Job Stress Scale (PNJSS). Tool III: Emotion Regulation Questionnaire (ERQ). Tool VI: Eudaimonic workplace well-being scale (EWWS). **Results:** A strong positive association was observed between workplace well-being and emotion regulation at  $p$  value  $<0.01^{**}$ , while a strong negative correlation was detected between job stress and workplace well-being at  $p$  value  $0.001^{**}$ . Also, there was a high negative correlation between job stress and emotion regulation at  $p$  value  $0.002^{**}$ . **Conclusion:** These results demonstrated how experiencing high levels of job stress was substantially correlated with both poor emotional regulation and workplace well-being. **The study recommended:** Implementing emotion regulation-based intervention programs to lessen working stress and enhance the wellbeing of psychiatric nurses.

**Key words:** Job stress, Emotion Regulation, Workplace wellbeing, Psychiatric Nurses.

## Introduction

Since nurses constitute the foundation of every healthcare system, they are considered to be among the most humanitarian professions in the world. <sup>(1)</sup> Nurses practice in many different sections of the medical environment and, as such, are confronted with challenges related to their practice environments. The Department of Mental Health is one such environment. It can be difficult to imagine the experience or the work that nurses do in the mental health profession since it frequently feels unfamiliar or mysterious. Psychiatric nurses (PNs') may experience stressors in this field that go far beyond the stress of everyday life and are extraordinary in their intensity or severity. These stressors would be expected to disrupt the lives of anyone who experienced them. Additionally, the care of patients with complex and demanding needs resulting from a variety of psychiatric diseases presents unique challenges for them. <sup>(2, 3, 4)</sup>

According to the World Health Organization <sup>(5)</sup>, a person's response to pressure and demands at work that are out of proportion to their abilities and knowledge, making it difficult for them to manage their workload, is known as job stress. A healthy work environment, as described by the WHO, is one that contains factors that promote health rather than just being free of hazardous elements. Psychiatric nursing is a widely high-stressful profession, according to numerous studies, and this is a worldwide problem. <sup>(6, 7, 8)</sup> The profession is emotionally and physically stressful, and burnout is common. <sup>(9, 10)</sup>

Insufficient job training to handle this complex patient population, interpersonal conflicts with coworkers, bullying at work, and demanding relationships with patients and relatives are some of the major sources of workplace stressors for nurses. Restrictive practices, time limits, staff shortages, job overload, and/or a hostile work environment are examples of organizational stressors and practice demands that can exacerbate interpersonal issues at work. Additionally, strong emotions and unpredictable behaviors can be highly difficult for nurses who care for psychiatric patients. The emotional and professional well-being of PNs might be adversely affected by these pressures. Whilst a stressful part of their job, PNs are required to exhibit optimism despite the challenging demands placed on them by coworkers, superiors, families, psychiatric patients, and the healthcare system as a whole. <sup>(11, 12, 13)</sup>

Nurses deal with a range of situations almost daily that could make them feel strongly. Unsuitable, excessive, or uncontrollably triggered emotions can lead to an incapacity to function in society. As a result, nurses have to control their emotions nearly all the time. It is known as emotional regulation (ER) process. <sup>(12)</sup> Nurses' attempts to control the emotions they feel and express, as well as when and how they express them, are

collectively referred to as the emotion regulation (ER) processes. Providing the right emotion in the right situation is the main goal of emotion regulation. <sup>(14)</sup>

The results obtained from the study, which was conducted to ascertain nurses' abilities to regulate their emotions at the workplace, indicated that the challenges that nurses have in this area have an impact on their ability to function emotionally on a daily basis. <sup>(15)</sup> Research has indicated that nurses exhibit a limited capacity to regulate negative emotions, express feelings authentically, cope, and control their anger. <sup>(16)</sup>

People employ emotion regulation strategies both consciously and unconsciously to deal with challenging circumstances numerous times a day. One more often studied ER strategy is cognitive reappraisal (CR), also known as the antecedent-focused method. It comprises rephrasing or reinterpreting the meaning of a stimulus or circumstance through cognitive and linguistic processes in order to either up- or down-regulate the emotions. (CR) can improve emotional well-being and psychological flexibility by modifying emotional responses to stressful and anxiety-inducing situations. Conversely, expressive suppression (ES) is a response-focused ER strategy that involves suppressing the feeling that the event has evoked, as shown by a certain facial expression. This is thought to be a less successful method of controlling emotions because, unlike reappraisal, which frequently changes the emotional impact of an experience on a cognitive level, this method only suppresses the emotion's expression and increases sympathetic activation of negative emotional experiences in psychology. <sup>(17,18)</sup>

In the work environment, it's frequently not possible for PNs to avoid emotionally charged situations (such as an angry or rude client); instead, PNs may choose to act to influence the situation in some way. In order to affect the situation's emotional impact, PNs may act to change it either directly or indirectly. Acquiring proficiency in the application of adaptable ER techniques is a crucial competency for PNs. In order to safeguard themselves against the exhaustion of their mental and physical energies and resources at work, professionals need to utilize adaptable emotion regulation mechanisms. The well-being of nurses at work will be improved by implementing ER strategies that allow them to access growth-oriented and protective mechanisms. <sup>(19)</sup>

A number of physical and mental diseases can arise from jobs like psychiatric nursing, where nurses take care of others and provide medical and psychological care. One factor that can act as a moderator and preventive measure against these problems is workplace well-being. Certain aspects of the nursing profession might negatively impact a nurse's wellbeing, both inside and outside the workplace. "Well-being" is characterized by an individual's feelings, both personally and professionally, as well as how they evaluate their lives as a whole. <sup>(20,21)</sup>

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The International Labor Organization's definition of workplace well-being <sup>(22)</sup> includes all aspects of working life, such as the safety and quality of the physical environment, employee attitudes toward their occupations, and organizational culture. Although it is very essential, physical health is not the only aspect of workplace wellbeing. It is about how an employee's general health and happiness are impacted by their daily tasks, expectations, relationships, stress levels, and work settings.

Several factors, particularly relationships among coworkers, safety, the work environment, and the development of professional skills, all influence an individual's well-being at work. <sup>(22)</sup> The physical and mental health of nurses, their sense of fulfillment and purpose in their work, their degree of engagement with their work and their professional satisfaction influence their general well-being. <sup>(23)</sup> It is considered to have two aspects. Positive personality, job control, and support are predictors of positive well-being at work. Negative aspects of the job, like stress, a bad working atmosphere, and fatigue at work, are linked to decreased well-being at the workplace or in one's personal life. Improving an individual's well-being not only improves their personal health but also lowers the risk of safety issues. <sup>(24)</sup>

Because of the nature of their profession, nurses have to constantly interact with a variety of people, including patients, families, communities, administrators, staff, physicians, and other healthcare providers. These social interactions can be stressful and detrimental to nurses' wellness, despite the fact that they are essential to the profession of providing care for patients and communities. Promoting wellbeing can reduce stress and foster productive workplaces that benefit individuals as well as organizations. One's personal health and well-being can be a major element impacting staff satisfaction and organizational success. <sup>(25)</sup> Moreover, even when faced with difficult life situations, nurses who are proficient in managing their emotions may be able to reduce the neuro-hormonal stress response. A crucial capacity for nurses to handle the emotionally charged events they encounter on a daily basis when providing nursing care is emotion regulation. This enhances the ability to actively regulate and control emotional reactions to stressful situations. Consequently, applying the ER strategies that have been taught to nurses can help them manage stressful circumstances in a variety of clinical situations. <sup>(26-27)</sup>

A review of the scientific literature shows that, despite the large number of studies on the stress experienced by healthcare personnel <sup>(28-29:30)</sup>, there are still not enough studies looking at the relationship between the stressors faced by these professionals and their capacity for emotional regulation, particularly for PNs working in hospital environments. The lack of awareness of emotional regulation among healthcare professionals, particularly PNs under the effect of specific stressors, is important, and this deficiency may impact the global understanding of this concept. Therefore, this study intends to take

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emotion regulation as the entry point and psychiatric nurses as the research object to address the gap in knowledge on PNs' emotional regulation skills in handling work-related stress and how they relate to well-being at work.

### **Significance of the Study:**

Working as a nurse is a very demanding profession. In addition to the typical stresses of the job, caring for patients with mental illnesses presents special difficulties for psychiatric nurses. <sup>(31)</sup> Research has demonstrated that job stress significantly impacts the mental health and overall wellbeing of healthcare professionals, particularly nurses. Consequently, there is a growing need for interventions aimed at reducing stressors associated with the workplace. <sup>(8,9)</sup>

Globally, numerous studies on general nurses' stress levels found that they ranged from moderate to high <sup>(32)</sup>. A local study also found that stress levels among Egyptian psychiatric nurses were much higher than the international standards frequently documented in the literature.<sup>(7)</sup> This condition often results in emotional suffering for nurses. Prolonged activation of the stress system has the potential to develop into a pathogenic state and become maladaptive. Sleep disturbances, anger, poor mental and physical health, and elevated levels of anxiety, despair, and burnout are some of the emotional issues they deal with. <sup>(30)</sup> Furthermore, an increasing body of research supports the idea that pressures at work affect healthcare professionals' capacity for emotional control and regulation. <sup>(14,33,34)</sup>

In times of extreme stress, emotion regulation (ER) is especially vital for mental health. When emotional control fails, people often say or do something they later regret because they wish they had been able to control their emotions. <sup>(16)</sup> Furthermore, maintaining one's professional longevity and well-being at work depends on learning how to maintain a balance between the emotional demands of the nursing profession and personal constraints. The wellbeing of nurses is essential to the success of any organization. Healthy organizations not only support their nurses' physical and mental well-being but also increase productivity. On the other hand, working in hazardous environments has an adverse effect on nurses' productivity and well-being. <sup>(25)</sup>

**This study aimed** to assess job stress, emotion regulation and their relation to workplace wellbeing among psychiatric nurses working at Beni-Suef Psychiatric Mental Health Hospital.

### **Research questions:**

- What is the level of job stress, emotional regulation, and workplace wellbeing among psychiatric nurses?
  - To what extent does the ability to regulate emotions contribute to dealing with the job stress experienced by psychiatric nurses?
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- Is there a correlation between psychiatric nurses' job stress, emotional regulation, and workplace wellbeing?

## **Subjects and Methods**

### **Research design**

This study used a descriptive correlational research design.

### **Setting**

The study was conducted in the inpatient departments and outpatient clinics of the Beni-Suef Psychiatric Mental Health Hospital. It is the hospital of a governorate. Connected to Egypt's Ministry of Health's General Secretariat for Mental Health. All age groups can receive free mental health care from this hospital, whether they live in an urban or rural area. A multidisciplinary team comprising psychologists, social workers, nurses, and psychiatrists provides care. The hospital is divided into three floors: the first includes the pharmacy and administrative offices; the second includes the critical and male departments; and the third floor includes the female department and ECT unit. The hospital has 86 nurses, 97 patients, and 130 beds. It provides care for all kinds of mental diseases in both inpatient and outpatient settings, serving both sexes.

### **Subjects**

All available nurses of both genders who were employed in the mentioned setting at the time the study's findings were gathered. Out of the 86 total nurses, 79 completed the study's questionnaires and participated in the research, whereas 5 nurses did not finish the questionnaires and withdraw from the study, and 2 nurses were absent during data collection.

### **Inclusion criteria**

Staff nurses with at least a year of nursing experience who work in the study environment, no age limit, and who consented to be involved in the study.

### **Tools of data collection**

We collected the necessary data utilizing a structured questionnaire.

### **First tool: Personal and professional characteristics data Sheet**

The literature review was used as a guide for the researchers as they developed a structured, self-administered questionnaire. This section contained details about the

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personal and professional traits of the nurses under study, including their age, educational background, and years of nursing experience.

### **Second Tool: Psychiatric Nurse Job Stress Scale (PNJSS):**

This scale was created by *Yada et al. (2011)*.<sup>(35)</sup> The purpose of the PNJSS is to evaluate psychiatric nurses' work-related stresses. It included 22 items; 13 of them were negative, and 9 of them were positive. The scale is divided into four sub-items: six items to assess job stress related to psychiatric nursing ability as the knowledge and skills in psychiatric nursing; six items evaluate patients' attitudes as a measure of how unpleasant they are; five items evaluate attitudes toward nursing as a feeling in psychiatric nursing; and two items evaluate patient and family communication styles.

#### **Scoring system**

The Likert response scale with five points was utilized to order the 22 items. Every statement was given a score of 0 for never, 1 for rarely, 2 for sometimes, 3 for often, and 4 for always. The following scores were utilized to calculate the overall scores and assign grades: mild stress <50%, moderate stress from 50% to 70%, and severe stress >70%.

### **Third tool: Emotion Regulation Questionnaire (ERQ)**

It was created by *Gross & John (2003)*.<sup>(36)</sup> The 10-item ERQ self-report questionnaire measures individual differences in the regular application of expressive suppression and cognitive reappraisal, two techniques for regulating emotions. Expressive Suppression (4 items), such as "I regulate my feelings by not expressing them," and Cognitive Reappraisal (6 items), such as "I manage my emotions by changing the way I think about the circumstance that I'm in."

#### **Scoring system**

Higher scores indicate a higher degree of emotional regulation. Responses are scored on a 7-point Likert scale from 1 (strongly disagree) to 7 (strongly agree). The Likert scale is seven points, and the following scores were added up and used to assess the totals: Higher emotional regulation (>75%), moderate emotional regulation (60-75%), and low emotional regulation (< 60%)

**Fourth tool: Eudaimonic workplace well-being scale (EWWS):**

The Eudaimonic workplace well-being scale was developed by *Bartels et al. (2019)*.<sup>(37)</sup> The eight-item scale, sometimes known as psychological well-being, is centered on human development and optimal functioning. Its main two dimensions are intrapersonal and interpersonal workplace well-being. The interpersonal dimension is concerned with an individual's comfort level at work (item #1), associations with others (items #2 and #3), and the capacity to build and maintain connections at work (item #4). The intrapersonal dimension is concerned with a person's energy (item #5), purpose (item #6), creating value (item #7), and personal development (item #8). This scale was translated into Arabic.

**Scoring system**

A Likert scale was used to rate each item in the survey (1 being strongly disagreed with and 5 being strongly agreed with). Each nurse should attentively read and comprehend the questions before selecting the best response. The overall scores were totaled and rated using the following scores to represent nurses well-being at work: lower level of wellbeing at work < 60%, moderate level of wellbeing at work 60% – <75% and higher level of wellbeing at work  $\geq 75\%$ .

**Methods:****The following steps were followed in order to complete the study:**

The director of the chosen study setting received formal approval to conduct the study from the dean of the nursing faculty in order to acquire consent for data collection.

**Ethical consideration:**

- The Modern University's Faculty of Nursing's Research and Ethics Committee granted permission to conduct the study in an ethical manner.
- Psychiatric nurses were verbally informed of the study's goal before providing their agreement to participate in the current investigation.
- Additionally, all participants were assured that the data would only be used for research purposes.
- The confidentiality of the information they had obtained was assured to the psychiatric nurses.
- Assure the nurses that they have the freedom to decline participation in the current trial or to withdraw entirely. None of the subjects suffered any injuries as a result of the study's participation.



**Validity and Reliability:**

In order to accomplish the current study objectives, five psychiatric nursing professionals served as the jury, and the study tools were translated into Arabic. The jury's purpose was to examine the questionnaire's validity, clarity, relevance, and sufficiency. The reliability of the instruments was assessed using the Cronbach coefficient Alpha test, and the findings revealed that all three surveys had a good level of internal consistency since tool 1 ( $\alpha = 0.913$ ), tool 2 ( $\alpha = 0.862$ ), and tool 3 ( $\alpha = 0.906$ ).

**Pilot study:**

Before giving the study tools to the nurses, a pilot study was conducted with ten percent ( $n = 8$ ) of the staff nurses to evaluate their clarity and comprehension. It was also used to determine any issues or barriers that would prevent data collection from being collected, in addition to estimating the approximate duration of the participant interviews. They were incorporated into the real study because, based on its findings, no changes were made.

**Data Collection:**

The instruments of data gathering, questionnaires, have been used to gather data. Nurses employed at Beni-Suef Psychiatric Mental Health Hospital were given questionnaires, and those who answered indicated their interest in taking part in the study. All participants were helpful to the researchers. The nurses consumed around 20 to 30 minutes (depending on the nurses' free time and workload) to fill out the questionnaire. The data gathering period lasted around three months, from the beginning of May (2023) to the end of July (2023). The researchers were in the study setting three days a week, from 9 a.m. to 2 p.m.

**Statistical Design:**

The data collected from the study sample was edited, coded, and entered utilizing a personal computer (PC). Computerized data input and statistical analysis were performed utilizing the Statistical Package for Social Sciences (SPSS) version 22. The data was presented using descriptive statistics such as mean standard deviation, percentages, and frequencies. A correlation value, a statistical link between two variables, is represented by the term "Pearson correlation," which is a numerical measure of that relationship. A scalar answer and one or more explanatory variables can be modeled utilizing a linear technique called linear regression. Less than 0.05 was considered statistically significant, while less than 0.01 was considered highly significant. When the p-value is less than 0.05, there is no statistical significance.

**Results:**

**Table (1)** summarizes the subjects' personal and job characteristics. The mean age of mental health nurses was shown in this table to be  $39.86 \pm 7.5$ ; the majority of nurses (78.5%) were female, and over two-thirds (67.1%) were married. Concerning their level of education, 48.1% of them had a diploma in nursing. In addition, the mean of their experience was  $13.27 \pm 5.9$  years. Concerning their nature of work, 84.8% of them were staff nurses.

**Figure (1)** portrays that more than two fifths of nurses perceived a moderate level of stress (41.8%), less than one third (30.4%) of them had a severe level of job stress, and more than one quarter (27.8%) of them had a mild level.

**Table (2)** describes the subscales of job stress among the studied psychiatric nurses. The total mean score of job stress among psychiatric nurses was  $52.7 \pm 8.6$ . Also, the first ranking with the highest mean score ( $22.7 \pm 3.5$ ) was related to the nursing ability subscale, while the lowest mean score ( $4.1 \pm 0.87$ ) was for attitude toward the nursing subscale. The highest percent (48.1%) of psychiatric nurses have moderate job stress related to the "attitude of patients toward them"; meanwhile, 31.6% of them have severe job stress related to both "attitude toward nursing" and "communication".

**Figure (2)** appears levels of emotion regulation among the studied psychiatric nurses. Figure reported that more than two-fifths of nurses (41.8%) had a moderate level of emotion regulation, while more than one-quarter of them (27.8%) had a high level of emotion regulation, and less than one-third (30.4%) had a low level of emotion regulation.

**Table (3)** reveals the strategies of emotion regulation as reported by the studied psychiatric nurses. The highest percent (41.8%) of them rated moderate regarding total emotional regulation, with a mean score of  $32.3 \pm 6.1$ . The highest percent (44.3%, 41.8%) of the studied psychiatric nurses reported a moderate level of strategies regarding "cognitive reappraisal" and "emotional suppression," respectively.

**Figure (2)** demonstrates that while over one-quarter (27.8%) of psychiatric nurses had high levels of emotion, over two-fifths (41.8%) had moderate levels of emotion regulation.

**Table (4)** displays that the total mean score of all workplace well-being dimensions was ( $28.5 \pm 5.4$ ). Also, slightly less than half (48.1%) of the studied psychiatric nurses had a moderate level regarding the "interpersonal dimension" of workplace well-being, while the third (32.9%) of them had a high level regarding the "intrapersonal dimension."

**Figure (3)** clarifies that less than half (45.6%) of psychiatric nurses had moderate workplace well-being, while less than one quarter (21.5%) of them had low workplace well-being.

**Table (5)** illustrates the correlations between job stress, emotion regulation, and workplace well-being utilizing Pearson correlation coefficients. A strong positive connection was present between workplace well-being and emotional regulation at a  $p$  value of  $<0.01^{**}$ . Meanwhile, there was a high negative connection between job stress and workplace well-being ( $p$  value  $0.001^{**}$ ). Moreover, the same table exhibited that there was a high negative connection between job stress and emotional regulation ( $p$  value  $0.002^{**}$ ).

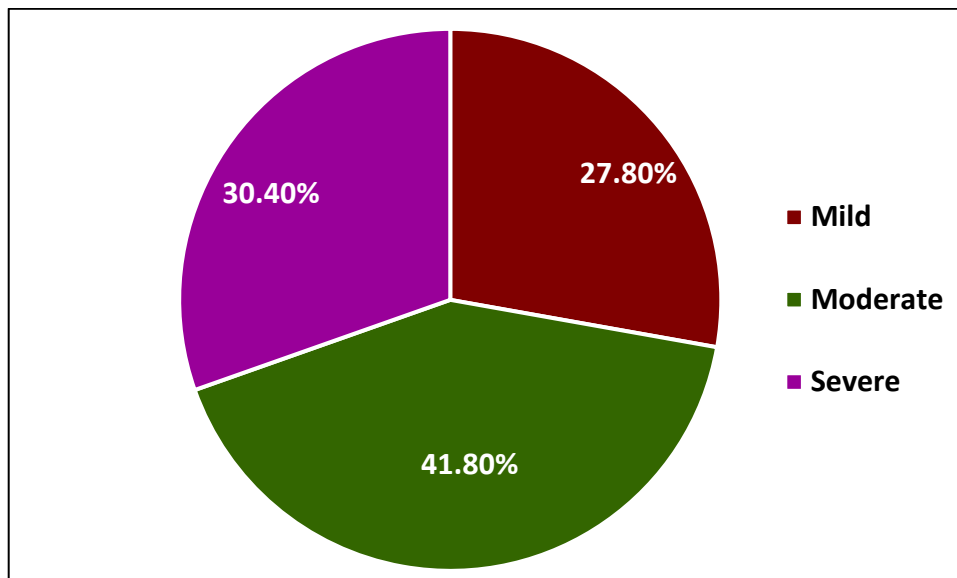
**Table (6)** shows that a highly significant model with a  $p$  value of  $.000$  was found utilizing the  $f$  test ( $12.555$ ).  $R^2 = 0.55$  indicates that 55% of the variation in work stress can be explained by this. As well, it reflects that marital status, age, and staff nurses had a minor positive frequency impact on job stress at  $p = <0.05$ . In addition, years of experience had a frequent, positive impact on job stress ( $p = <0.01$ ). While bachelor education level had a slight negative effect on job stress ( $p = <0.05$ ). However, gender did not significantly affect job stress ( $p > 0.05$ ).

**Table (7)** shows that a very significant model was found utilizing the  $f$  test ( $8.172$ ,  $p$  value  $=.004$ ).  $R^2 = 0.43$  indicates that 43% of the variation in emotion regulation may be explained by this. As well, it reflects that age, marital status, and years of expertise had a somewhat detrimental impact on emotion regulation at  $p = <0.05$ . While education level had a slight positive predictor of their emotion regulation ( $p = .012$ ), Gender, however, did not significantly affect the control of emotions at  $p > 0.05$ .

**Table (8)** shows that a highly significant model with a  $p$  value of  $.000$  was found using the  $f$  test ( $10.713$ ).  $R^2 = 0.48$  indicates that 48% of the variation in workplace well-being can be explained by this. As well, it reflects that marital status and years of expertise have a minimally detrimental impact on workplace well-being ( $p = <0.05$ ). In addition, age and nursing position had a high-frequency negative effect on workplace well-being ( $p = <0.01$ ). However, at  $p > 0.05$ , there was no significant relationship between gender, educational attainment, and job well-being.

**Table (1): Distribution of studied psychiatric nurses related their characteristics (n=79).**

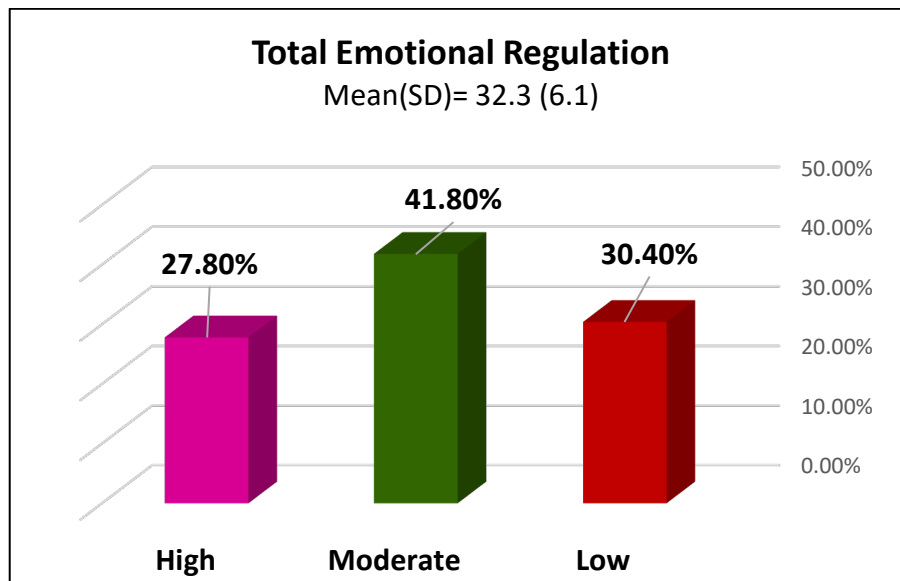
Item	n	%
<b>Age:</b>		
< 30	19	24.1
30 - <40	30	37.9
40 - <50	20	25.3
≥50	10	12.7
Mean (SD)	39.86 (7.5)	
<b>Sex:</b>		
Male	17	21.5
Female	62	78.5
<b>Marital status:</b>		
Single	22	27.8
Married	53	67.1
Widow/divorced	4	5.1
<b>Place of work:</b>		
Emergency unit	14	17.7
Inpatient unit	28	35.4
Outpatient clinics	23	29.2
Addiction unit	14	17.7
<b>Education level:</b>		
Diploma in nursing	38	48.1
Technical health institute	34	43
Bachelor	7	8.9
<b>Years of experiences:</b>		
<5	6	7.6
5 - <10 years	8	10.1
10 - <15 years	30	37.9
≥15 years	35	44.4
Mean (SD).	13.27 (5.9)	
<b>Nursing position:</b>		
Staff nurse	67	84.8
Head nurse	9	11.4
Supervisor	3	3.8



**Figure (1): Levels of job stress among studied psychiatric nurses (n=79)**

**Table (2): Distribution of studied psychiatric nurses related their job stress level (n=79)**

Total PNJSS subscales	Mild		Moderate		Severe		Mean (SD)
	n	%	n	%	n	%	
Nursing ability	20	25.4	37	46.8	22	27.8	22.7(3.5)
Attitude of patients toward me	17	21.5	38	48.1	24	30.4	17.4(2.3)
Attitude toward nursing	25	31.6	29	36.7	25	31.6	4.1(0.87)
Communication	23	29.1	31	39.2	25	31.6	8.5(1.9)
<b>Total job stress</b>	<b>22</b>	<b>27.8</b>	<b>33</b>	<b>41.8</b>	<b>24</b>	<b>30.4</b>	<b>52.7(8.6)</b>



**Figure (2): Levels of emotion regulation among studied psychiatric nurses (n=79)**

**Table (3): Types of emotion regulation strategies among studied psychiatric nurses (n=79)**

	High		Moderate		Low		Mean (SD)
	n	%	n	%	n	%	
<b>Cognitive Reappraisal</b>	20	25.3	35	44.3	24	30.4	17.5 (3.5)
<b>Emotional Suppression</b>	21	26.6	33	41.8	25	31.6	14.8 (2.6)
<b>Total emotion regulation</b>	22	27.8	33	41.8	24	30.4	32.3 (6.1)

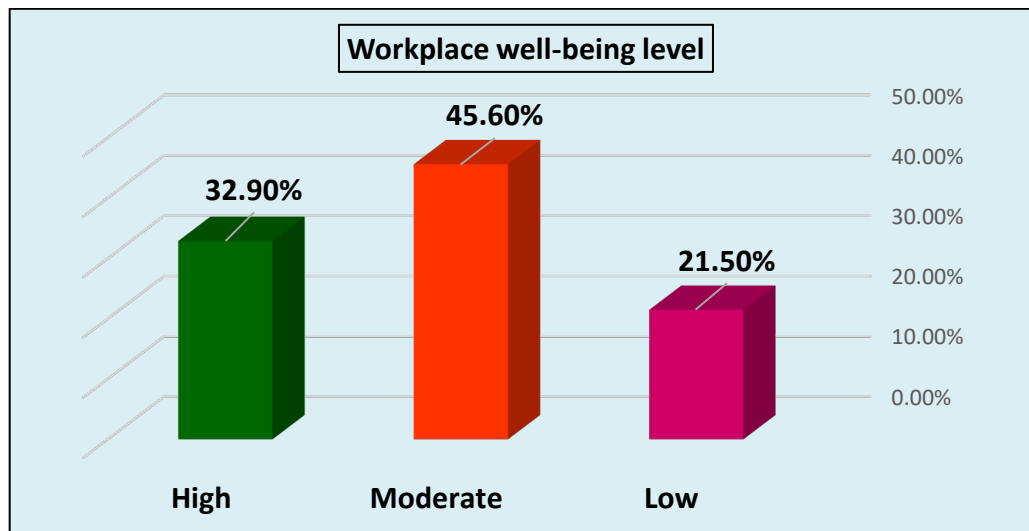


Figure (2) Levels of workplace well-being among studied psychiatric nurses (n=79)

Table (4): Dimensions of workplace well-being levels among the studied psychiatric nurses (n=79)

	High		Moderate		Low		Mean (SD)
	n	%	n	%	n	%	
<b>Interpersonal dimension</b>	25	31.6	38	48.1	16	20.3	14.6 (2.7)
<b>Intrapersonal dimension</b>	26	32.9	34	43.0	19	24.1	13.9 (3.6)
<b>Total workplace well-being</b>	26	32.9	36	45.6	17	21.5	28.5 (5.4)

Table (5): Correlation between studied variables (n=79)

	workplace well-being		Emotion regulation	
	r	p. value	r	p. value
<b>Job Stress</b>	- 0.624	0.001**	- 0.599	0.002**
<b>workplace well-being</b>			0.816	0.001**

**Table (6): Multiple Linear regression model for job stress**

	Unstandardized Coefficients	standardized Coefficients	<b>T</b>	<b>P. value</b>
	<i>B</i>	<i>B</i>		
<b>Age</b>	.200	.142	2.765	.033*
<b>Sex (female)</b>	.104	.056	1.013	.067
<b>Education level (Bachelor)</b>	-.170	.098	2.842	.032*
<b>Marital status (married)</b>	.182	.119	2.765	.039*
<b>Years of experience</b>	.195	.104	4.201	.009**
<b>Nursing position (Staff)</b>	.152	.100	2.187	.047*
<b>Model</b>				
<b>Regression</b>	<b>R<sup>2</sup></b>	<b>Df.</b>	<b>F</b>	<b>P. value</b>
<b>Regression</b>	<b>0.55</b>	5	12.555	.000**

a. Dependent Variable: total job stress

b. Predictors: (constant): Gender (female), Age, Education level (Bachelor), Marital status (married), Years of experience, Nursing position (Staff)

**Table (7): Multiple Linear regression model for workplace well-being**

	Unstandardized Coefficients	standardized Coefficients	<b>T</b>	<b>P. value</b>
	<i>B</i>	<i>B</i>		
<b>Age</b>	-.249	.197	4.012	.007**
<b>Sex (female)</b>	.060	.005	0.670	.083
<b>Education level (Bachelor)</b>	-.070	.012	0.261	.072
<b>Marital status (married)</b>	-.160	.117	2.233	.038*
<b>Years of experience</b>	-.177	.104	2.366	.040*
<b>Model</b>				
<b>Regression</b>	<b>R<sup>2</sup></b>	<b>Df.</b>	<b>F</b>	<b>P. value</b>
<b>Regression</b>	<b>0.48</b>	5	10.713	.000**

a. Dependent Variable: workplace well-being

b. Predictors: (constant): Age, Gender (female), Education level (Bachelor), Marital status (married), Years of experience, Nursing position (Staff)



**Table (8): Multiple Linear regression model for emotion regulation**

	Unstandardized Coefficients	standardized Coefficients	<b>T</b>	<b>P. value</b>
	<i>B</i>	<i>B</i>		
<b>Age</b>	.205	.136	3.012	.015*
<b>Sex (female)</b>	.073	.015	0.570	.098
<b>Education level (Bachelor)</b>	.214	.137	3.506	.012*
<b>Marital status (married)</b>	-.182	.125	2.660	.034*
<b>Years of experience</b>	-.190	.123	2.763	.031*
<b>Model</b>				
<b>Model</b>	<b>R<sup>2</sup></b>	<b>Df.</b>	<b>F</b>	<b>P. value</b>
<b>Regression</b>	<b>0.43</b>	5	8.172	.004**

a. Dependent Variable: emotion regulation

b. Predictors: (constant): Age, Gender (female), Education level (Bachelor), Marital status (married), Years of experience, Nursing position (Staff)

## Discussion

Numerous studies have shown that being a nurse is a difficult job. Nursing professionals' health and wellbeing suffer as a result of stress. Psychiatric nurses and other high-stress occupations require their workers to be able to properly control their emotions. In the demanding and emotionally charged environment of psychiatric care, the capacity to identify, comprehend, and control one's own emotions can significantly impact both the individual nurse's well-being and the overall workplace environment. <sup>(38)</sup> It is well known that nurses' practices and overall well-being can be severely harmed by stress. Due to job stresses, mental health nursing is acknowledged globally as a difficult and potentially high-risk profession. <sup>(39)</sup> This study's aim was to evaluate job stress, emotion regulation, and their relation to workplace wellbeing among psychiatric nurses.

According to job stress, the results of the current study indicated that there was a moderate level of perceived job stress among psychiatric nurses. These results are attributed to the fact that psychiatric nurses work closely with individuals who are experiencing mental health issues and have more intense relationships with their patients. The clinical setting can be emotionally and psychologically taxing due to its occasionally hostile nature,

which calls for the control and restraint of violent patients. Patients also frequently exhibit higher degrees of demanding behavior in this setting.

This finding was in agreement with research conducted by **Dawood et al. (2017)** <sup>(40)</sup> to investigate the degree of job stress experienced by registered mental nurses employed in several mental departments of a large state mental health facility situated in the central region of the Kingdom of Saudi Arabia. According to the survey, most psychiatric nurses had moderate levels of occupational stress. Similarly, research by **Eita and Alhalawany (2021)** <sup>(7)</sup> examined the connection between the job stress that psychiatric nurses experienced and clinical competency. The study found that psychiatric nurses had moderate levels of stress. Furthermore, **Adriaenssens (2015)** <sup>(41)</sup> highlighted that in most international studies, nurses reported modest to high concentrations of stress, making nursing one of the professions with the highest levels of stress. Furthermore, in a study conducted in the Beni Suef Governorate by **El-Azzab et al. (2019)** <sup>(42)</sup> in Egypt regarding "work-related stress, burnout, and self-efficacy among psychiatric nurses," the information is pertinent. A majority of the nurses involved in the research stated that their stress levels were moderate.

Conversely, **Turesson et al. (2011)** <sup>(43)</sup> noted in their research findings that the staff in the current research seemed to report extremely low perceived stress levels, which contradicted this conclusion. Also, these results disagreed with a study carried out by **Rahmat et al. (2022)** <sup>(44)</sup> to determine the psychological issues that nurses with mental health disorders who cared for patients during the COVID-19 pandemic faced. According to the report, the majority of nurses score lower than average when it comes to work stress.

To conclude, it seems that the previous studies are in agreement that the main causes of stress levels among nurses at work are unacceptable actions by mental patients, aggression, violence, overwork, working conditions, a lack of preparation, and a lack of familiarity with dealing with psychiatric patients. These could explain their reduced ability to carry out their duties perfectly, which increased the stress levels among nurses at work.

Regarding job stress subscales, psychiatric nurses said they lacked the skills necessary to offer psychiatric nursing care regarding psychiatric nursing ability. The majority of them said they lacked the skills and understanding of organizations, regulations, and policies required for nursing, that they couldn't be nurses in accordance with the situation, and that they couldn't express their opinions in front of others. This outcome can be the result of the nurse's lack of knowledge and experience in dealing with mental patients, which has strained their ability to do their jobs well and made them unable to do so.

The study conducted by **Zaki (2016)** <sup>(45)</sup> provides support for these findings, as evidenced by the finding that mental health nurses encounter stress at work and that the majority of them doubt their competence in providing mental health care. An additional study by **Ahanchian (2015)** <sup>(46)</sup> on burnout among nurses in mental health units discovered that stressors are impairing mental health nurses' capacity to provide patient care. The results of this study are similar to those of a study carried out by **Dawood et al. (2017)** <sup>(40)</sup>, who used the same tool—the Psychiatric Nurse Job Stress Scale (PNJSS)—and found that, according to the Psychiatric Nursing Ability subscale, about half of the study participants had highly stressful jobs

In terms of patient attitudes, the current study found that about half of the nurses thought that some patients were negative about them, that some patients had a terrible attitude toward them, and that some patients were threatening or terrified of them. This result may arise from unskilled nurses who are unable to understand, cope with, and accept the behavior of their patients in a professional manner. Furthermore, the demands of the patients feel like pressure on the mental nurses. This finding aligned with a study by **Zaki (2016)** <sup>(45)</sup>, who revealed that most mental health nurses felt under pressure from patients, that patients had negative opinions of them, and that some patients were threatening and frightening them.

On the other hand, the same tool, the PNJSS, was used in the research carried out by **Aladah et al. (2020)** <sup>(47)</sup>. According to the survey, most study nurses disagreed with the following statements: "I believe that patients are negative about me," "I feel that I might get embroiled in patients' conduct," and "I am afraid of some of the patients since they seemed menacing." The researchers explained that these results may be due to good preparation and well-trained nurses who understand their patients, treat them properly, and accept the patient's actions.

Regarding communication, the findings of the current study illustrated that around half of the nurses who were examined expressed some degree of agreement with the statements, "I believe it is challenging to communicate with the patients' family," and "I believe it is challenging to interact with the patients." This outcome can be the result of nurses' emotional reactions to verbal abuse they have previously experienced from patients' families and relatives. It adversely affected nurses' emotional fatigue and increased the likelihood that they would be less committed to connecting with and responding to the patient and family's criticism and negotiating. This outcome was matched with **Aladah et al. (2020)** <sup>(47)</sup>, who pointed out in their research results that over 50% of mental health nurses believe that it is challenging to interact with patients and their families. Also, this result was consistent with **Yoshizawa et al. (2016)** <sup>(48)</sup>, who said that the majority of nurses in the study had been the victims of physical abuse or hostility, which had caused them to fear interacting with these patients and feel intimidated by them.

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The current study looked at how psychiatric nurses managed their emotions. Approximately two-fifths of the nurses under study had moderate emotional regulation, whereas approximately one-third displayed low emotional regulation. Furthermore, concerning strategies for managing emotions, the current study found that psychiatric nurses reported a moderate level of use of strategies regarding “emotional suppression” and “cognitive reappraisal,” but the highest usage was for “cognitive reappraisal,” with a mean score of  $17.5 \pm 3.5$ . This may be due to the psychiatric nurses' lack of awareness of their emotions, knowledge of how to handle them under pressure, prolonged exposure to stress, and how hospital pressures impact their mental well-being, which could hinder their ability to regulate emotions effectively at work. People who have a better understanding of their emotions are able to manage stress and lessen its harmful consequences faster by learning coping mechanisms.

These results were consistent with the research by **Mohamed et al. (2021)**.<sup>(49)</sup> The study discovered that the majority of staff nurses had moderate levels of emotional regulation and its strategies and that the "cognitive reappraisal" strategy was most frequently used. Another study by **Kharatzadeh et al. (2020)**<sup>(27)</sup> reported similar findings, indicating that caring professions had poor emotional control, maybe as a result of emotional overload. Furthermore, according to a different study by **Kadović et al. (2022)**<sup>(30)</sup>, healthcare professionals typically view their own emotional control and regulation abilities at work as inadequate. Also, **Bernburg et al. (2019)**<sup>(50)</sup> detected that the majority of psychiatric nurses had poor emotion regulation. Similarly, within this framework, **Koinis et al. (2015)**<sup>(51)</sup> showed that most nurses are classified as having low levels of emotional control since their employment requires them to make quick decisions and engage in frequent close-to-personal contacts that could have catastrophic repercussions.

According to workplace well-being, our study mentioned that slightly below 50% of the studied psychiatric nurses had a moderate level regarding the “interpersonal dimension” of workplace well-being, while about a third of them possessed a great level regarding the “intrapersonal dimension. These results may be due to the fact that there is still stigma surrounding mental health, which can extend to healthcare professionals working in psychiatric settings. Also, psychiatric nurses may face inadequate control of emotional elements, including stress, fear, and safety, combined with a lack of dignity, negatively impacting mental health. This could lead to feelings of isolation and reduced workplace well-being. Additionally, a lack of support from management, conflicts with colleagues, and ineffective handling of conflicts between them in the workplace can also further exacerbate the problem. Therefore, organizations need to provide proper encouragement for open communication to maintain the wellbeing of their staff. These outcomes were correlated with those of **Gille et al. (2019)**<sup>(52)</sup> who detected that the majority of psychiatric nurses had poor workplace well-being. On the contrary, a study by **Emmanuel and**

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**Odusanya (2015)** <sup>(53)</sup> found that the majority of mental health nurses reported positive well-being.

Based on the relationship between the variables under investigation, the current research mentioned that a strong positive connection was present between workplace well-being and emotion regulation. This result may be attributed to the strong connection between regulating emotion and having high wellbeing at the workplace, as experiencing pleasant emotions is crucial for nurses in the job because it leads to beneficial outcomes like increased task activity, improved achievement, and better social interactions. A person's performance in both their personal and professional lives is significantly influenced by their emotions. Therefore, applying a program aimed at enhancing nursing care has proved beneficial in promoting the mental and professional health of nurses, as well as elevating the standard of collaboration and teamwork. As a result of adopting attitude management methods, healthcare providers can supply patients and their families with superior care as well as function more efficiently.

The current research outcome was in line with **Katana et al. (2019)** <sup>(54)</sup> who found a strong correlation between emotion control techniques and subjective well-being inside an individual. In this regard, **Hall et al. (2016)** <sup>(55)</sup> conducted a systematic analysis based on extensive research on the safety, well-being, and burnout of healthcare professionals. Based on a review of 46 studies, they discovered a connection between poor patient safety and high to medium degrees of emotional tiredness. Specifically, **Gonnelli et al. (2016)** <sup>(56)</sup> pointed out that nursing staff should prioritize acquiring effective skills for the purpose of managing their emotions as well as those of the patients they serve. A suitable method of managing many emotions may be one of the practice criteria for nurses. **Elsayes & Abo-Elyzeed (2021)** <sup>(57)</sup> and **Ramadan et al. (2022)** <sup>(58)</sup> earlier observed similar results in student samples. Also, prior studies have also discovered a link between participation at work and mood management. <sup>(59), (60)</sup>

Additionally, the current study found a strong negative association between emotion regulation and job stress. Due to the high stress nature of nursing, the degree of emotional regulation and coping strategies employed by nursing staff are significantly correlated with occupational stress, which is a form of emotional stress. The current study's result was consistent with **Katana et al. (2019)** <sup>(54)</sup> finding that there was a significant within-person association between the use of emotion control techniques and reported stress, with those who used more cognitive evaluation of pleasant feelings reporting lower levels of stress. Unsurprisingly, everyday stress exposure has been linked to a number of detrimental effects, such as lower wellbeing and an increase in social and health issues (**Richardson, 2017**). <sup>(61)</sup> In addition, **Kadović et al. (2022)** <sup>(30)</sup> noticed that if there was poor emotional regulation and control, there was a marked increase in the amount of stress experienced (Spearman's  $Rho = 0.308$ ;  $p < 0.001$ ). However, there were differences with

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the research by **Zhang et al. (2023)** <sup>(62)</sup>, who discovered a strong positive link between negative emotion and professional stress.

Furthermore, the results of this study showed a strong negative association between job stress and workplace well-being. This could be a result of the demanding work environment of psychiatric nurses, which includes high stress levels, an abundance of tasks, and insufficient interactions with colleagues. These circumstances may have an impact on the mental and physical well-being of workers, professional skill development, relationships with colleagues, safety, workplace atmosphere, degree of job satisfaction, and level of engagement. Each of these circumstances affects their overall well-being.

These results underlined earlier research on how work affects people's subjective well-being. There is evidence from research that suggests a negative relationship between low work detachment and well-being and that a high workload negatively affects work detachment (**Sonnentag and Bayer, 2005**). <sup>(63)</sup> However, **Richards et al. (2006)** <sup>(64)</sup> reviewed the research on nursing staff stress in adult acute psychiatric inpatient care and contested the idea that assaults and violent crimes cause excessive levels of stress. They observed the significant differences throughout the research and the potential influence of other factors, such as ward atmosphere and management, on staff stress. In the same respect, **Alam (2019)** <sup>(65)</sup> found that stress at work and self-efficacy among psychiatric nurses were found to be statistically significantly correlated negatively.

According to the linear regression model for job stress, the results of this investigation showed that marital status, age, and staff nurses had a slight positive effect on job stress. Years of experience also frequently have a good impact on reducing job stress. While a bachelor's educational level had a slight negative effect on job stress. There could be a number of causes for this. It's probable that the high average age or extensive experience working in mental care served as stress-reduction strategies. Additionally, the demanding nature of mental health nursing, which is regarded as a stressful field of nursing practice, particularly for married nurses who are still expected to handle the majority of housekeeping and child care duties. Additionally, the care of mental patients constantly puts a strain on nurses' workloads due to the demands of their patients' needs, particularly when those patients have a variety of diagnoses and features that wear them out emotionally.

These results were in keeping with findings from a study by **Shih et al. (2016)** <sup>(66)</sup>, which discovered a positive relationship between years of experience and stress at work in their sample of psychiatric nurses. The **El-Azzab et al. (2019)** <sup>(42)</sup> study revealed that nurses with between six and 10 years of experience had greater levels of occupational stress than nurses with less than 5 years or more than 11 years. Conversely, a study conducted by **Foster et al. (2021)** <sup>(13)</sup> who found that MHN with less experience (<1-4 years) and

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younger age (21–30 years) had significantly worse mental health. Also, these results disagreed with the study by **Han et al. (2022)** <sup>(67)</sup> who stated that the likelihood of aggression and stress reports was 2.20 (95% CI=1.72, 2.81) and 1.21 (95% CI=1.01, 1.45) times higher for male and younger nurses, respectively. A different study by **Al Hosis et al. (2013)** <sup>(68)</sup> who found that the degree of education did not have an impact on the work stress experienced by Saudi nurses employed within the Saudi Arabian Kingdom's Ministry of Health Hospitals in the Qassim area.

According to the linear regression model for emotion regulation, our study reported that age, marital status, and several years of experience had a negligible negative frequency impact on the control of emotions. While educational level had slight positive predictor on their emotion regulation. This may be because younger age, low experience, and educational attainment play a crucial part in nurses' willingness to learn new skills, be guided in accurately assessing themselves, and constantly improve themselves in the workplace and in practice. These skills include developing self-control and self-education, as well as raising their ability to regulate their emotions. These outcomes aligned with the research conducted by **Zeabadi et al. (2021)** <sup>(69)</sup> who stated that there was a significant relationship between “age” and emotion regulation. But there was disagreement with Eisenberg **(2014)** <sup>(70)</sup> who discovered that nurses will likely pick up the abilities necessary for managing emotions through a variety of approaches as they become older and have more job experience.

Related to the linear regression model for workplace well-being, the current results mentioned that marital status and years of experience had a slight frequency of detrimental impacts on workplace well-being. In addition, age and nursing position had a high-frequency negative effect on workplace well-being. On the other hand, gender and education level had no significant effect on workplace well-being. These outcomes were consistent with the research by Cramer et al. (2020) <sup>(71)</sup> who stated that gender had no effect on subjective well-being among mental health staff. However, these findings disagreed with Kovacs et al. (2010) <sup>(72)</sup> who said that having more experience and age will improve one's interactions with coworkers, management, and other staff members.

## **Conclusion**

**Based on the results of this investigation, the following inference can be made:**

- Psychiatric nurses are experiencing stress related to patient attitude and a deficiency in psychiatric nursing skills.
- Unluckily, almost half of psychiatric nurses had moderate to low usage of emotion regulation strategies and lower wellbeing at work.

- A good link was observed between emotion regulation and workplace well-being, but a negative association was found between job stress and well-being at work, as well as a strong negative correlation between the two.
- This illustrated that poor emotional regulation and workplace well-being lead to significantly greater levels of job stress.

### **Recommendations**

**Drawing from the results of this investigation, the following suggestions are proposed:**

1. Constant workshops for psychiatric nurses to improve their ability to handle stress by learning about specific stressors and challenging circumstances.
2. It is important to conduct regular assessments of the stress experienced by psychiatric nurses in order to identify problems early on and develop and implement training programs that teach nurses how to manage stress at work and its detrimental effects.
3. Regular monitoring of the nurse's emotional health and looking over the emotion regulation strategies adopted by psychiatric nurses
4. It may be possible for practicing psychiatric nurses to counterbalance work-related stress with an evidence-based stress management program.
5. Psychiatric nurses should be trained in educational programs that will help them better regulate their emotions and feel better at work.

### **Future research needs to:**

1. Identify the factors that could impact psychiatric nurses' well-being at work.
2. Further studies, including larger sample sizes and various mental hospitals, are necessary to enable the results to be generalized.

### **Limitation of the study**

We restricted our attention to just two groups of popular emotion regulation strategies. More strategies, including problem solving, disengagement, diversion, rumination, and relaxation, need to be the focus of future research. Despite the small sample size, the data indicated that larger sample sizes may be used for similar studies to allow the results to be generalized to larger associations of mental health nurses and the nursing field as a whole.



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## الملخص العربي

### علاقة ضغوط العمل وتنظيم الانفعالات بالرفاهية في مكان العمل بين الممرضين النفسيين

**المقدمة:** يعتبر التمريض النفسي مهمة مرهقة حيث تخلق بعض جوانبه ضغوطاً أكبر من غيرها، ولكن الأساليب الموجهة نحو تحسين التنظيم العاطفي يمكن أن تزيد من قدرات ممرضات الطب النفسي على التعامل مع ضغوط العمل. يعد تحليل كيفية استخدام ممرضات الطب النفسي لاستراتيجيات تنظيم العواطف لتنظيم عواطفهن أثناء أوقات التوتر وكيف يؤثر ذلك على رفاهتهن في العمل أمراً بالغ الأهمية.

**الهدف من الدراسة:** هدفت هذه الدراسة إلى تقييم ضغوط العمل وتنظيم الانفعالات وعلاقتها بالرفاهية في مكان العمل بين الممرضين النفسيين.

**تصميم البحث:** تم استخدام تصميم البحث الوصفي الارتباطي.

**مكان الدراسة:** أجريت هذه الدراسة في مستشفى الصحة النفسية ببني سويف.

**عينة الدراسة:** جميع الممرضات المتاحات (79 ممرضة نفسية) الذين كانوا يعملون في المكان المذكور سابقاً في وقت جمع بيانات الدراسة.

**ادوات جمع البيانات:** تم تجميع البيانات باستخدام اربع ادوات وهي استمارة بيانات الخصائص الشخصية والوظيفية، استبيان تنظيم المشاعر، مقياس الإجهاد الوظيفي لممرضة الطب النفسي و مقياس الرفاهية في مكان العمل.

**النتائج:** أوضحت النتائج أن الممرضين النفسيين كان لديهم مستويات معتدلة إلى شديدة من الإجهاد الوظيفي بمتوسط درجة (8.6 ± 52.7) ، في حين أن مستويات تنظيم العاطفة والرفاهية في مكان العمل كانت معتدلة ومنخفضة بمتوسط درجة (5.4 ± 28.5)، (9.6 ± 46.2) على التوالي.

**الخلاصة:** أظهرت هذه النتائج كيف أن التعرض لمستويات عالية من الإجهاد الوظيفي يرتبط ارتباطاً وثيقاً بكل من ضعف التنظيم العاطفي والرفاهية في مكان العمل.

**التوصيات:** أوصت الدراسة بعقد برامج تداخلية تعتمد على تقنيات تنظيم الانفعالات لتقليل ضغوط العمل وتحسين الرفاهية في مكان العمل لدى الممرضين النفسيين.

**الكلمات المفتاحية:** الإجهاد الوظيفي ، تنظيم العاطفة ، الرفاهية في مكان العمل ، الممرضين النفسيين