

## The Relation between Clinical Competency and Perceived Psychiatric Nurses' Job Stress

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### **Abstract**

**Background:** Psychiatric nurses' face a variety of stressors as shortage of nurses; lack of autonomy, lack of support from managers and unexpected psychiatric patient behavior like aggression and violence. Clinical competency is used as an index for accreditation in the hospitals. Clinical competency is a complicated concept that encompasses different aspects of knowledge, skills and attitudes. Clarifications of psychiatric nursing competency enhance and embrace recovery-oriented frameworks in their daily practice. This study was aimed to explore the relation between clinical competency and perceived psychiatric nurses' job stress.

**Subjects and method:** A descriptive correlational research design was used. **Setting:** The study was conducted at Benha Hospital for mental health. **Sample:** A convenience sample of 74 psychiatric nurses constituted the study sample. **Tools:** **Tool I:** The Perceived Psychiatric Nurses Job Stress Scale (PNJSS) and **Tool II:** Clinical competency scale. **Results:** there was a positive relation between levels of clinical competency and levels of perceived job -related stress among study sample. **Conclusion:** The current study revealed that there was a good level of clinical competency and a moderate level of perceived job stress among study sample. There was also a positive relation between levels of clinical competency and levels of perceived job stress among study sample. **Recommendations:** Nurses clinical competency must be assessed regularly because of the changes in therapeutic settings and a replication of similar study with a larger sample size and use of other scales that are approximately close length.

**Keywords:** Clinical competency, Job stress, Psychiatric Nurses, Psychiatric nursing.

## Introduction

Nurses are the biggest component of the health care system around the world <sup>(1)</sup>. Nursing is a highly stressful job with high complicated demands <sup>(2)</sup>. Mental illness is a global public health problem and psychiatric patients are a significant group in healthcare system <sup>(2-3)</sup>. Psychiatric nursing is a special area of nursing profession that focuses on providing mental health needs for psychiatric patients and different consumers, understanding a mentally ill patient is unique to the psychiatric nurse <sup>(4)</sup>.

Psychiatric nurses face with a variety of stressors like shortage of nurses; they received less aid or direct assistance from colleagues, lack of autonomy, under value by the medical staff and nurse managers, lack of support from managers and unexpected psychiatric patient behavior like aggression and violence <sup>(5)</sup>. The violence from psychiatric patients towards other patients and staff, risk of suicide, and dealing with the unstable behaviors of patients imposes a great deal of stress on psychiatric nurses. They are asked to show patience, good attitude and passion, because the majority of patients are unstable. However, working with mentally ill people increases the negative public image of psychiatric nurses and they may responsible for taking care of several

patients in one shift and there was not sufficient time to carry out therapy- related to communication <sup>(7)</sup>.

Psychiatric nurses were described as “different caring” because they believed that the nature of care delivered to patients in psychiatric wards had been a different experience (Zarea et al., 2012). They are the key members who prepare psychiatric patients to deal with their life situation and regain their previous abilities and assist people to regain a sense of coherence in different setting as the hospital, home and community <sup>(6)</sup>.

On the same context, many challenges face psychiatric nursing filed such as, job dissatisfaction, gap between theory and practice, weakness of multidisciplinary team, inappropriate education, high rates of assault and injuries, great volume of administrative duties which performed by psychiatric nurses, lack of support or positive feedback from seniors and poor social position of psychiatric nurses <sup>(8, 2, 9)</sup>. Job-related stress causes job dissatisfaction, occupational burn out and has a negative impact on nurses’ clinical competency <sup>(10, 11)</sup>. Psychiatric Nurses without clinical competency are unable to give high quality and safety care to psychiatric patient and they must meet the clinical competency requirements for assessing patients with mental illness to

ensure appropriate assessment and so good and safe care based on service takers <sup>(3,8)</sup>.

It is clear that there is a risk of inadequate teaching and training of psychiatric nurses can influence the safety of patients. Besides, the nature of mental health nursing is undergoing profound changes including dealing with an aging population, change in care situation (such from hospital to community), maintaining employment opportunities, providing the essential training for career development, new science and information technology, and increase in variation in cultures and these nurses must be provided by good environment and organizational structure<sup>(11,12)</sup>.

Job stress influences on clinical competency, communication, responsibility and ethical and professional norms <sup>(2)</sup>. Clinical competency is a complicated concept that encompasses different aspects of knowledge, skills and attitudes. It is a combination of skills and personal attitudes as motivation <sup>(13)</sup>. In addition, Clinical competency is the application of technical and communication skills, knowledge, clinical reasoning and values wisely in clinical setting <sup>(14)</sup>. Competency is defined as the ability to apply specific knowledge, skills, attitudes and values to the standard of performance required in a particular

context at an acceptable proficiency level <sup>(15, 16 & 17)</sup>.

Clinical competency is used as an index for accreditation and evaluation in the hospitals. Full access to clinical competency enables the nurses to play their roles and duties with a proper quality and there are several factors as experience, environment, motivation, personal characteristics, rapid change of health monitoring system, and public awareness are affected nurses' clinical competency<sup>(14)</sup>. Competency is a complex and ambiguous concept and the more controversial issues in the nursing standards. Nursing competency is a holistic and integrated concept, which is constructed from complex activities, and it is required for fulfilling nursing responsibilities <sup>(18, 19, 20)</sup>.

There was a vision to enhance nursing capacity and a mandate requiring all nursing curricula to be competency based <sup>(21)</sup>. At present the provision of quality and safe care is the primary goal of health system worldwide because nurses, the key members of treatment care, are often the first ones in contacts with patients, their families, and the society <sup>(10)</sup> therefore, they need high-level clinical competency can assess the patients' needs accurately. In nursing profession clinical competency is a

central issue for patient care and clarification of psychiatric nursing competency enhance and embrace recovery-oriented frameworks in their daily practice <sup>(2, 22)</sup>.

In the area of mental health nursing, the specific competency is needed for nursing emphasize a unique philosophy of practice to the specialty of psychiatric nursing and needs of assisted populations such as appropriate use of assessment, drug regimens like its efficacy; safety, costs, legally authorized and interaction with other drugs; ability to analyze patient history, ability to communication, exchange experiences, participation, creativity, and be empathic <sup>(15, 19)</sup>. With the current high pace of changes in the health systems, it is necessary to provide a safe and cost- effective services, so it is essential to pay attention to clinical competency which is necessary for providing safety patient and it is the main concerns of many health systems and the top priorities of nursing programs. There is evidence regarding a paucity of researches of clinical competency among Egyptian psychiatric nurses <sup>(8)</sup>. So, this study aimed to explore the relation between clinical competency and perceived psychiatric nurses' job stress.

### **Research Aim:**

The current study aimed to explore the relation between clinical competency and perceived psychiatric nurses' job stress.

### **Research Questions:**

- 1- What are the levels of clinical competency among psychiatric nurses'?
- 2- Is there a relation between clinical competency and age, educational level, work experience years and income among psychiatric Nurses'?
- 3- What are the levels of perceived job stress among psychiatric Nurses'?
- 4- Is there a relation between perceived job stress and age, educational level, work experience years and income?
- 5- Is there a relation between clinical competency and perceived job stress among psychiatric nurses'?

### **Methods**

#### **Research Design**

A descriptive correlational research design was used to explore the relation between clinical competency and job stress among psychiatric nurses.

#### **Setting**

The study was conducted at Benha Hospital for mental health which affiliates to the ministry of health and population in the delta of Egypt.

### Sample size and power:

This study used Epi website (Open Source Statistics for Public Health)\*, in order to calculate the sample size, with the following equation:

$$\text{Sample size } n = \frac{[DEFF * Np(1-p)]}{[(d^2/Z^2_{1-\alpha/2} * (N-1) + p * (1-p))]}$$

### Where:

$n$  = Sample size

$N$  = Population size = 225 psychiatric nurses who are working at time of data collection

DEFF = Design Effect = 1

$Z^2_{(1-\alpha/2)}$  = reliability coefficient = 1.96

$(p)$  = Percent of outcome in the population (Percent of 24% of nurses had job stress ) from pilot study on 20 nurses (not included in the full-scale study) revealed that 24% of them had job stress.

$d$  = Precision = 5%

95% confidence intervals were used, with a sample size of 125 nurses. After distribution of the study tool on them, only 74 nurses agreed to participate in this research, and completed the questionnaire, with a response rate of 59.2%.

**Subjects:** A convenience sample of 74 psychiatric nurses constituted the study sample.

### Tools of Data Collection

The data of study were collected by using the following tools, a demographic data questionnaire designed by the researcher to

collect specific information pertaining to the participants as age, gender, level of education, work years' experience, and work shift.

**Tool I:** The Perceived Psychiatric Nurses' Job Stress Scale (PNJSS) by Yada (2011)<sup>(23)</sup> which is a 5 point Likert scale with 22 items, of which 9 statements are positive and remaining 13 statements are negative, negative statements scoring was reversed.

**Scoring System** Each statement was scored with 0= Never; 1= Rarely; 2= Sometime; 3= Often; 4= Always, that assesses the job stress related to psychiatric nursing ability (9 items), attitude of patients (6 items), attitude toward nursing (5 items) and communication (2 items). The highest possible score of PNJSS is (88) indicating higher Job stress, with psychiatric nursing ability subscale score range of (0–36) that measures feelings of lack of nursing ability due to job stress, attitude of patients subscales score of (0–24), this subscale measures negative emotions from patients, attitude toward nursing subscale score range of (0–20) that measures the perceived incongruity between the respondents' attitudes and the attitudes of other staff, and communication subscale score of (0–4) that measures difficulty in communicating with patients and their families. A total mean score of

(0-29) indicated mild level of job stress, a mean score of (30-58) indicated moderate level of job stress, a mean score of (59-88) indicated severe level of job stress. The original scale's reliability was (0.71).

**Tool II:** was Clinical competency scale which was developed by Moskoeiet al (2017) <sup>(24)</sup>. It was developed to assess the clinical competency in nursing students and mental health nurses. **Scoring System**

The scale consisted of 45 items. The tool was designed based on a ranking scale in four fields and Likert's five -point scale (never = 0, barely = 1, sometimes = 2, mostly = 3, always = 4). The total point of competency of each case was reported as the sum of the scores of all statements. The obtained scores by the tool were classified at excellent (score 136 -180), good (score 91-135), average (46-90), and weak (score <46) levels. The original scale's reliability was (0.98).

#### **Validity of the two tools:**

The two tools validity were done by panels of three expertise; two Professors in the field of Psychiatric Nursing, and one expert has doctorate degree in Community health nursing) who read the two tools for content accuracy and internal validity. Also, professors were asked to judge the items for completeness and clarity (content

validity). Suggestions were incorporated into the two tools.

#### **Reliability of the two tools:**

Reliability of the two tools was estimated among 10 nurses (10% of total sample) by using test retest method with two weeks apart between them. Then Cronbach alpha reliability test was done through SPSS computer package. It was 0.85 for "clinical competency evaluation in mental health nurses", 0.84 for "Perceived Psychiatric Nurses Job Stress". It was 0.74 for the subtitle: Psychiatric Nursing Ability (9 Items), 0.88 for Attitude of Patients (6 items), 0.78 for Attitude toward nursing (5 items), and 0.92 for Communication (2 items), and 0.84 for grand total Perceived Psychiatric Nurses' Job Stress, which indicated that the two tools were reliable to detect the objectives of the study.

#### **Data Collection**

Data were collected from the beginning of March to the end of May 2021. The researchers collected the data during the three shifts; morning, afternoon and night at two days/week. Subjects were interviewed individually by researchers after explaining the purpose of the study and the average time of each interview was ranged from 30-40 minutes.

### **Ethical Considerations**

An ethical approval to conduct the study was obtained from the Research and Ethics Committee at the Faculty of Nursing at one of the governmental universities in the Delta region of Egypt. Another ethical approval was obtained to collect data from selected healthcare organizations. Verbal informed consent was obtained from psychiatric nurses who participated in the study. Anonymity and voluntary participation in the study were assured to all participants. Utilization of data for research purposes only was also confirmed to all participants.

### **Data Analysis**

Data were coded, entered, and analyzed using the Statistical Package for Social Science (SPSS) software package version 20. Descriptive statistics: e.g. percentage (%), mean ( $\bar{x}$ ) and standard deviation (SD) were used to present qualitative data. Analytic statistics: e.g. Chi-square test ( $\chi^2$ ) was used to determine the mean difference between two qualitative variables. ANOVA test was used to determine the difference between more than two variables. Pearson's correlation coefficient ( $r$ ) measured how study variables were correlated. Statistical significance level was considered at ( $P \leq 0.05$ ).

### **Results**

Table (1) illustrated the demographic characteristics of study sample. The table indicated that the highest percentage of study sample were female (54.1), with educational level of diploma in nursing (70.3), had mean age of ( $27.2 \pm 7.9$ ), mean years of experience ( $16.1 \pm 9.2$ ), working morning shift, and had enough income.

Table (2) highlighted the clinical competency levels among studied psychiatric nurses. The majority (62.16%) of studied sample had a good level ( $123.61 \pm 22.77$ ) of studied sample's clinical competency. Most of psychiatric nurses had good level of clinical competency (62.16%), followed by excellent level (36.49%), and the least was the average level of clinical competency (1.35%).

Table (3) showed the mean scores of job-related stressors subscales among studied sample. The table showed a moderate level of job-related stress with a total mean score of ( $49.85 \pm 9.64$ ) among studied sample. The highest mean score ( $22.96 \pm 5.01$ ) was for lack of nursing ability subscale of job stress. While the lowest mean score ( $3.95 \pm 1.46$ ) was for difficulties in communicating with patients and their families subscale.

Table (4) revealed the relation between clinical competency and perceived job-related stress among psychiatric nurses,

there was a positive relation between levels of clinical competency and levels of perceived job -related stress among study sample.

Table (5) showed the mean total clinical competency score distributed by sociodemographic characters of studied nurses, among all demographic characteristics of studied sample, only age that showed significant statistical difference with a higher mean score ( $131.62 \pm 23.48$ ) for psychiatric nurses aged between (44-45), and experience that indicated high significant statistical difference with a higher mean score ( $135.04 \pm 22.98$ ) for psychiatric nurses who had (21-33) years of experience. Shortly, the table indicated that the older and more experienced nurses revealed higher level of competency.

Table (6) showed that among all demographic characteristics of studied sample, only gender that showed significant statistical difference with a higher mean score ( $52.71 \pm 10.59$ ) for male psychiatric nurses who had the highest mean score ( $54.08 \pm 11.61$ ) of experience (21-33). Shortly, the table indicated that male psychiatric nurses with experienced of (21-33) years of experience showed higher level of perceived job stress.

**Table 1. Demographic characteristics of studied sample (N= 74).**

<b>Demographic Characteristics</b>	<b>Frequency</b>	<b>%</b>
<b>Age in years</b>		
25 - 34 years	32	43.2
35 - 44 year	21	28.4
45 - 55 year	21	28.4
Mean $\pm$ SD	27.2 $\pm$ 7.9	
<b>Gender</b>		
Female	40	54.1
Male	34	45.9
<b>Education</b>		
Diploma	52	70.3
Bachelor	19	25.7
Postgraduate	3	4.0
<b>Work Experience in years</b>		
$\leq$ 5 years	9	12.2
6 –10 years	12	16.2
11- 20 years	28	37.8
21 – 33 years	25	33.8
Mean $\pm$ SD	16.1 $\pm$ 9.2 years	
<b>Income</b>		
Enough	41	55.4
Not enough	33	44.6
<b>Work shift</b>		
Morning	59	79.7
Afternoon	12	16.2
Night	3	4.1
<b>Total</b>	74	100 %

**Table 2. Clinical Competency' levels among studied sample (n=74)**

Levels of CC(clinical competency)	Frequency	%	M	±SD
Average (46 - 90)	1	1.35		
Good (91 - 135)	46	62.16		
Excellent (136 - 180)	27	36.49		
<b>Total</b>	74	100.0	123.61	22.77

**Table 3. Mean scores of perceived psychiatric nurses' job stress scale (pnjss) subscales among studied sample (n=74).**

Total PNJSS subscales	No. of Items	Min	Max	Mean	± SD
Nursing ability (0-36)	9	12	34	22.96	5.01
Attitude of patients (0-24)	6	5	24	12.97	5.18
Attitude toward nurses (0-20)	5	5	18	9.97	2.62
Communication (0-8)	2	1	8	3.95	1.46
<b>Total job stress (0-88)</b>	22	37	78	49.85	9.64

**Table 4. Correlation between levels of clinical competency and levels of perceived job stress among psychiatric nurses' (N=74)**

Clinical competency levels (CC)	Perceived Psychiatric Nurses Job Stress levels(PNJSS)						Total		LR	p
	Mild		Moderate		Severe		N	%		
	n	%	n	%	n	%				
Average CC	0	0	1	100	0	0	1	100	12.1	0.008*
Good CC	23	50	23	50	0	0	46	100		
Excellent CC	7	25.9	15	55.6	5	18.5	27	100		
<b>Total</b>	30	40.5	39	52.7	5	6.8	74	100		

**Table 5. The difference among total mean score of clinical competency (CC) and demographic characteristics of studied sample (n=74)**

Demographic data	Items	n	Total Mean score of clinical competency	
			Mean	±SD
Age	25 -34	32	116.03	21.73
	35 – 44	21	127.14	20.92
	45 -55	21	131.62	23.48
	F (P)		3.56 (0.03*)	
Gender	Female	40	121.00	20.53
	Male	34	126.67	25.12
	T (P)		1.1 (0.29)	
Education	Diploma	52	122.65	23.59
	Bachelor	19	127.11	22.49
	Postgraduate	3	118.00	0.00
	F (P)		0.35 (0.70)	
Work Experience in years	≤ 5	9	130.67	26.16
	6-10	12	107.08	21.69
	11-20	28	118.21	15.80
	21 – 33	25	135.04	22.98
	F (P)		6.1 (0.001**)	
Income	Enough	41	126.49	21.18
	Not enough	33	120.03	24.47
	T (P)		1.21 (0.22)	
<b>Total Mean score of clinical competency</b>			123.61	22.77

**Table 6. The difference among total mean score of Perceived Psychiatric Nurses' Job Stress levels (PNJSS) and demographic characteristics of studied sample (n=74)**

Demographic characteristics		(PNJSS) M	± SD	Test of sig.	P
<b>Age</b>	25 -34 (n=32)	48.12	7.50	F=1.12	0.33
	35 – 44 (n=21)	50.31	10.43		
	45 -55 (n=21)	52.13	11.42		
<b>Gender</b>	Female (n=40)	47.43	8.12	t=2.93	0.01*
	Male (n= 34)	52.71	10.59		
<b>Education</b>	Diploma (n=52)	51.13	10.33	F=1.7	0.18
	Bachelor (n=19)	47.26	7.53		
	Postgraduate (n=3)	44.00	0.00		
<b>Work Experience in years</b>	≤ 5 (n=9)	46.67	5.81	F=3.64	0.01*
	6-10 (n=12)	51.58	8.11		
	11-20 (n=28)	46.36	7.79		
	21-33 (n=25)	54.08	11.61		
<b>Income</b>	Enough (n=41)	48.27	9.17	t=1.6	0.09
	Not-enough (n=33)	51.82	9.98		
<b>Work shift</b>	Morning (n=59)	50.3	9.8		
	Afternoon (n=12)	47.2	7.7	F=0.58	0.56
	Night (n=3)	51.7	13.4		

## Discussion

In most psychiatric workplaces, nurses work in an extremely stressful work environment where they encounter stressors such as work overload, uncertain patients' behaviors such as hostility and violence. Nevertheless, improving the appropriate skills to interact with such situation in work environment is challenging. Appropriate interactions between nurses, colleagues, patients, and superior are important for the quality of care rendered in psychiatric settings.

The current study revealed that there was a good level of clinical competency and a moderate level of perceived job stress among study sample. The reasons for these outcomes may be nurses' shortage that affects the availability of effective lengthy in-service training programs that help nurses to develop the required competency to improve care and provide them with the required skills to cope with work related stressors. Additionally, the unexpected patients' behaviors, lack of resources and lengthy working shifts attributed to the moderate level of perceived job stress in the current study.

These outcomes were in congruent with a study conducted to examine the level of job stress among registered psychiatric nurses working in different psychiatric units of a major governmental psychiatric

hospital located at the central region of the Kingdom of Saudi Arabia. The study revealed that most psychiatric nurses were experiencing moderate level of job stress<sup>(6)</sup>.

Likewise, a study that conducted by Masa'Deha (2018)<sup>(25)</sup> to determine the level of perceived stress and identify predictors of stress level for psychiatric nurses in Jordan. The study concluded that there was a high stress level of psychiatric nurses, lack of resources that directly affects the quality of care nurses are able to provide which negatively impacted health system efficiency and capability to deliver quality of care for psychiatric patients.

Furthermore, Adriaenssens (2015)<sup>(26)</sup> highlighted that internationally nursing is recognized as a hard profession and one of the most stressful jobs and level of stress among nurses in most international researches ranged from moderate to high<sup>(27)</sup>. Moreover, similar results were found from a study compared work-related stressors among 271 nurses in two psychiatric teaching hospitals in urban and rural region of Taiwan<sup>(28)</sup>. Both urban and rural nurses reported high stress levels for a higher stress level in rural hospitals than in urban hospitals. Lack of resources was the strongest predictor of high stress for nurses in rural mental health hospitals.

In addition, Hallman (2014)<sup>(29)</sup> conducted a training program on stress management that determined stress levels before and two months after the implementation of the program. The findings displayed that the training program decreased nurses' stress levels across the two-month after training period. Increased working hours was an indicator of high stress levels for psychiatric nurses, affirming that this result may decrease the quality of nursing care provided to patients<sup>(30, 31)</sup>.

To conclude, it appears that there is a compatibility in the previous researches that improper psychiatric patients behaviors, violence, hostility, work overload, work environment, lack of resources encountered by psychiatric nurses are the major causes of stress levels and decreased quality of care provided for psychiatric patients.

The current study also revealed a positive relation between levels of clinical competency and levels of perceived job stress among study sample. There are many reasons for this result; it might be those clinical nurses' competency was measured using a questionnaire i.e. this was nurses' opinion on their clinical competency. Using an observational method could reflect the actual clinical nurses' competency. Another reason could be the different lengths of both scales could

statistically cause the positive relationship. Additionally, these data were collected during the pandemic of COVID-19 which could also increase nurses' stressors. Finally, nurses with good or high level of competency have high level of accountability and feeling of responsibility that may increase job related stressors too.

These results were supported by Amini et al (2017)<sup>(2)</sup> who investigated the association between clinical competency and occupational stress among Iranian nurses. The study indicated both high clinical competency and stress levels among Iranian nurses. It also showed a positive relation between clinical nurses' competency and nurses' job stress. The authors indicated that when nurses' clinical competency is high, naturally the knowledge, and skills as well as high, so nurses' expectations and accountability will increase and this may increase stress.

Moreover, a study conducted to study the relation between job stress and job performance among head nurses. The study revealed a high stress level and poor level of job performance of head nurses. There was also no relation between job stress and job performance of head nurses<sup>(32)</sup>.

Furthermore, Ilczak, et al.,(2021)<sup>(31)</sup> conducted a study to evaluate the predictors of stress that paramedics, nurses

and doctors encountered in the face of the COVID-19 pandemic. During the COVID-19 pandemic, stress among emergency medical personnel has increased considerably due to new factors that did not exist previously. The predictors of stress in the professional environment included fear of contracting COVID-19 patients in emergency unit, the decrease of protective measures. The study concluded that fear of COVID-19 and decreased protective measures for professional healthcare providers were new contributing factors of occupational stress.

Additionally, the study implied that older male psychiatric nurses who had the highest mean score of experiences indicated the highest mean score of clinical competency and perceived the highest mean score of job stress.

These results were in agreement with a study conducted to examine occupational stress for two hundred and forty four psychiatric nurses in China. The study showed high stress level in male nurses than females that was due to physical violence and verbal assault from patients to male nurses<sup>(34)</sup>.

On the contrary, gender was addressed as a demographic variable in a study conducted by Yada<sup>(35)</sup>, who asserted that gender differences might affect job-related stress. The results showed that female nurses had

significantly higher stress levels than males.

### **Limitations of the study**

The small sample size of psychiatric nurses participated in the study limited the generalization of results. The difference in the length of the used clinical competency scale and the perceived job stress could be the reason for identified positive relation between levels of clinical competency and perceived job stress.

### **Conclusion**

The current study revealed that there was a good level of clinical competency and a moderate level of perceived job stress among study sample. There was also a positive relation between levels of clinical competency and levels of perceived job stress among study sample.

Therefore, the study recommended a replication of similar study with a larger sample size and use of other scales that are approximately close length. Furthermore, application of an experimental study may imply the cause-effect negative relation between clinical competency and perceived job stress among nurses.

### **Recommendations**

**The findings of the present study recommended that:**

- 1- Nursing policy makers set stress management course in nursing curriculum

- 2- Using experienced nurses to guide the fresh nurses
- 3- Hiring nurses with higher clinical competency
- 4- Nurses clinical competency must be assessed regularly because of the changes in therapeutic settings
- 5- Although the clinical competency level of psychiatric nurses was good, in this study, they had adapt themselves to new ways of delivering nursing services to face political and ideological transformations
- 6- Continuous competency -based training programs for psychiatric nurses to be dated and improve clinical competency.
- 7- Empowerment of psychiatric nurses can positively influence clinical competency .
- 8- Condensed training regarding psychiatric discharge planning.
- 9- Condensed training regarding effective psychiatric evidence-based practice.

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