

The Effect of Mindfulness Based Stress Reduction Program on Psychiatric Nurses' Job Stress and Burnout

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Abstract

Background: Nursing stress is considered a problem that affects the practice worldwide. Job stress is a harmful response physically and emotionally when the nurses' skills, resources, and needs could not fulfill the requirement of the job. **Aim:** This study aimed to assess the effect of mindfulness based stress reduction program on psychiatric nurses' job stress and burnout. **Subject and Methods:** This study was exploratory descriptive research design, **Sampling:** A convenient sample was selected while this study was performed on 30 psychiatric nurses working at Al-Abbassia Mental Health Hospital and Data were collected using 1) Socio-demographic sheet, 2) Psychiatric Nurses Job Stress Scale and 3) Maslach Burnout Inventory. **Results:** The main results showed that psychiatric nurses suffering from a different aspect of stress regarding psychiatric nurses' ability, the attitude of patient, attitude to nursing and communication with patients and their families. Also, the results indicated that mostly psychiatric nurses have high job burnout. Furthermore, there was a statistically significant relation between stress, burnout, and socio demographic data of nurses under study. **Conclusions:** the study concluded that psychiatric nurses working at Al-Abbassia mental health hospital had job stress and burnout. **Recommendations:** This study recommended that, establish a psycho educational Program for psychiatric nurses to teach them how to cope positively with their stressors. Training programs and courses would help the psychiatric nurse to enhance their stress bearing capacity and improve their work performance.

Key words: Job Stress, Burnout, Psychiatric Nurses.

Introduction

Working as psychiatric nurses in psychiatric/mental health settings can be a rewarding yet challenging experience. During providing therapeutic interventions for patients with mental illness, psychiatric nurses must listen closely to their problems and life situations and be empathetic toward their losses, grief, anxiety or depression. Consequently, this can result in psychiatric nurses' emotional exhaustion and stress that may lead to burnout if not addressed effectively (Ahanchian, 2015).

Stress is a very broad concept which was first defined as the physiological response of the body to adverse external conditions by the physician Selye in 1956. But, in the modern medical field, it includes a wide spectrum of health-related concerns from mild emotional irritation to severe mental breakdown. Positive

stress might be beneficial to work performance. On the other hand, negative stress affects a psychiatric nurses' ability to cope with it and they might experience burnout (Chang, 2016).

Job stress is viewed as the adverse physical and mental reactions that appear when the job demands do not match the abilities, skills or requirements of the psychiatric nurses. Stress causes changes in the thinking, behavior, and feelings of psychiatric nurses, brings modification in their physiological functions and may destroy the quality of life at a certain period of time. Also, stress at work may lead to social problems, mental and physical health disturbances, and bad job performance (Yada, 2015).

Burnout is defined as, "a syndrome of emotional exhaustion, depersonalization and reduction of personal accomplishment that can

occur among psychiatric nurses who work with people in some capacity". In addition, studies have shown that the psychiatric nursing profession is highly stressful. When a psychiatric nurse encounters strain for an extended period of time without unsuccessful coping, it can also develop into burnout (Yoshizawa, 2016).

Significance of the study

The risk of job stress in psychiatric nursing is a significant concern because psychiatric nurses experience more stress than nurses in other specialty due to the constant interaction and frequent interpersonal contact with psychiatric patients and their families in addition, they play an important role in transformation of mental health care to patients and their families (Petko, 2017). Persistent high job stress has a negative impact not only on the physical and mental health of psychiatric nurses but also on work activities and performance leading to burnout, compassion, fatigue, lower job satisfaction, high workplace turnover and poor quality of care for patients (Perry, 2019). So, it was important to assess job stress and burnout among psychiatric nurses who working at Al-Abbassia mental health hospital for maintaining their mental health, and helping them to deal positively with their stressors, and achieving their role.

Aims of the study

This study aimed to assess the effect of mindfulness-based stress reduction program on psychiatric nurses' job stress and burnout.

1. Assessing the job stress and burnout of psychiatric nurses who deal with psychiatric patients.
2. Developing the Mindfulness Based Stress Reduction program for psychiatric nurses who deal with psychiatric patients.
3. Implementing the Mindfulness Based Stress Reduction program to psychiatric nurses who deal with psychiatric patients.
4. Evaluating the effect of Mindfulness Based Stress Reduction program on psychiatric nurses' job stress and burnout.

Hypothesis

The Mindfulness Based Stress Reduction program will have a positive effect on psychiatric nurses' job stress and burnout. Subject and methods

Research Design: A descriptive research design was selected to fulfill the aim of the study and answer the research questions.

Setting of the Study: The study was conducted at Al-Abbassia Mental Health Hospital including inpatient units.

Subject: A convenient sample was selected, and this study was performed on 30 psychiatric nurses working at Al-Abbassia mental health hospital.

Data Collection tools

Data were collected by using the following tools:

1. Socio-Demographic sheet:

It was developed by the researcher in the form of multiple-choice questions (MCQ) in Arabic language based on the current literature and the guidance of the supervisors, concerned with socio-demographic variables of the study subjects as Age, sex, address, marital status, number of family, income, occupation, educational levels, working hours, shift pattern and years of experience.

2. Psychiatric Nurses Job Stress Scale PNJSS (Yada, 2011)

Psychiatric Nurses Job Stress Scale was developed by Yada at 2011 and modified by Yada at 2015. It has been modified, upgraded and translated into Arabic. The aim of this scale is to assess psychiatric nurses' stressors in psychiatry departments. It contains 22 items divided into four factors:

- Psychiatric Nursing Ability
- Attitude of Patients
- Attitude about Nursing
- Communication

Scoring system:

The questionnaire of PNJSS contains 4 main items, psychiatric nursing ability, attitude of patients, attitude about nursing and communication. Each item ranged from 0-1, which was classified as (not at all=0, yes=1). The answers of every question converted to numerical data, the answer "not at all" equal 0 mark & the answer "yes" equal 1 mark. These scores were converted into a percent score. The total score of PNJSS was 22 points. Score of less than

50% was low job stress, score between 50% to less than 75% was moderate job stress and the score equal or more than 75% was high job stress. The Cronbach's alpha coefficient was 0.775 for the scale.

3. Maslach Burnout Inventory (Maslach et al., 2001). MBI aimed to measure the levels of burnout among Psychiatric Nurses. It was designed and prepared by Maslach et al., in 2001. It has been modified, upgraded, and translated into Arabic. It contains 22 statements which are rated on a five-point Likert scale that ranges from 1(Never) to 5 (Every day) to measure:

- Emotional exhaustion
- Depersonalization
- Depersonalization

Scoring system:

The questionnaire of MBI contains 3 main items: emotional exhaustion, depersonalization and personal accomplishment. Each item ranged from 1 to 5, which was classified as:

Items	Scores
Never	1
A few times a year	2
A few times a month	3
A few times a week	4
Every day	5

The answers of every question converted to numerical data, the answer "never" equal 1 mark & the answer "every day" equal 5 marks. These scores were converted into a percent score. The total score of MBI was 22 points. Score of less than 50% was low burnout, score between 50% to less than 75% was moderate burnout and the score equal or more than 75% was high burnout. The Cronbach's alpha coefficient was 0.883 for the scale.

4. Mindful Attention Awareness Scale (Carlson &Brown, 2005). MAAS aimed to assess a core characteristic of dispositional mindfulness, namely, open, or receptive awareness of and attention to what is taking place in the present. It was designed and prepared by Carlson &Brown in 2005.It has been modified, up graded, and translated into Arabic. It contains 15 items which are rated on a six-point Likert scale that ranges from 1 (Almost always) to 6 (Almost never).

Scoring system

The questionnaire of Mindful Attention Awareness Scale contains 15 main items. Each item ranged from 1-6, which were classified as (1= Almost always, 2= Very frequently, 3= Somewhat frequently, 4= Somewhat infrequently, 5= Very infrequently and 6= Almost never). The answers to every question converted to numerical data, the answer "Almost always" equal 1 mark & the answer "Almost never" equal 6 marks. These scores were converted into a percent score. The total score of Mindful Attention Awareness Scale was 15 points. Score of less than 50% was Unaware, score between 50% - less than 75% was Partial aware and the score equal or more than 75% was Complete aware. The Cronbach's alpha coefficient was 0.854 for the scale.

Pilot study

The pilot study was conducted on 5 psychiatric nurses at Al-Abbassia hospital Mental Health Hospital to ensure the clarity of questions, applicability of the tools, the time needed to complete them and perform the required modifications according to the available resources.

Ethical considerations

The ethical research considerations in this study included the following:

1. A written initial approval was obtained from the research ethical committee at the Faculty of Nursing, Helwan University.
2. Ethical approval obtained from the Scientific Ethical Committee of General Secretariat of Mental Health and Addiction Treatment.
3. Individual oral consent was obtained from each participating psychiatric nurses after explaining the nature and benefits of the study.
4. The researcher cleared the objectives and aim of the study to participating psychiatric nurses.
5. The researcher-maintained anonymity and confidentiality of participating psychiatric nurses.
6. Participating psychiatric nurses were allowed to choose to participate or not in the study and were given the right to withdraw at any time from the study.

Results

Table (1): Distribution of the psychiatric nurses according to their socio-demographic characteristics (n=30)

Items	Psychiatric Nurses (n=30)	
	N	%
Age (years):		
From 25 to < 35	11	36.7
From 35 to < 45	14	46.7
45 or more	5	16.6
Mean±SD	37.03±7.98	
Sex:		
Male	16	53.3
Female	14	46.7
Address:		
In-Cairo	27	90.0
Out-Cairo	3	10.0
Marital status:		
Single	3	10.0
Married	24	80.0
Divorced	3	10.0
Number of family:		
Live alone	2	6.7
2 to 4	19	63.3
4 to 6	8	26.7
Up to 6	1	3.3
Income		
Adequate with ease	1	3.4
Barely adequate	10	33.3
Inadequate	19	63.3
Occupation		
Staff nurse	22	73.3
Head nurse	3	10.0
Supervisor	5	16.7
Educational level		
Diploma	20	66.7
Technician	6	20.0
Bacclruate	4	13.3
Master	0	0
Doctorate	0	0
Working hours		
6 hrs	2	6.7
8 hrs	19	63.3
12 hrs	2	6.7
24 hrs	7	23.3
Mean±SD	9.15±3.48	
Shift pattern		
Morning	21	70.0
All shifts	9	30.0
Years of experience		
1<5	6	20.0
5<10	3	10.0
Over 10	21	70.0
Mean±SD	9.65±4.7	

Table (1) reveals the socio-demographic characteristics of psychiatric nurses and found that less than half of psychiatric nurses (46.7%) are ranged from 35 to < 45 years with a Mean±SD of 37.03±7.98. Regarding their sex, it is found that more than half of them representing (53.3%) is male. Concerning marital status (80%) are married and about two-third of them have inadequate income representing (63.3%). In addition, there is no one of them have master or doctorate degree, while two-third of them are a diploma nurse and more than two-third of them are working as a staff nurse constituted (66.7%) and (73.3%) respectively. Moreover, more than two-third of them have over 10 years of experience representing (70%) with a Mean±SD of 9.65±4.7.

Table (2): Job Stress among psychiatric nurses under the study

Items	Psychiatric Nurses (n=30)	
	Yes %	Not at all %
1- Psychiatric Nursing Ability		
I think that I can a nurse and correspond as the case requires.	30.0	70.0
I think that I can explain the nursing that I am doing.	13.3	86.7
I think that I have the psychiatric nursing ability.	33.3	66.7
I think that my experience has been used in the job.	26.7	73.3
I feel that my role as a nurse is well-defined.	23.3	76.7
I think that I understand the patients.	30.0	70.0
I think that I can express my opinion in front of others.	20.0	80.0
I think that I have knowledge about the laws, the institutions and the policies necessary for nursing.	26.7	73.3
I feel that the advancing direction of nursing is not clearly defined.	86.7	13.3
2- Attitude of Patients		
I feel that patients are negative for me.	83.3	16.7
I feel that there are patients who have an unpleasant attitude toward me.	86.7	13.3
I feel that there are patients who are threatening and make me afraid.	83.3	16.7
I feel that I might get entangled in patients' behavior.	76.7	23.3
I feel that I am pressured by patients' demands.	90.0	10.0
I feel that patients make impossible demands on me.	80.0	20.0
3- Attitude Toward Nursing		
I feel that there is a difference between the philosophy of the Institution and the reality.	26.7	73.3
I feel that there is a gap between my ideal and actual nursing.	16.7	83.3
I feel that there is a difference among nurses in the way of thinking about nursing.	23.3	76.7
I feel that I have a difference of opinion with my superior.	83.3	16.7
I feel that I can do integrated nursing.	30.0	70.0
4- Communication		
I think it is difficult to communicate with the family of patients.	76.7	23.3
I think it is difficult to communicate with patients.	90.0	10.0

Table (2) illustrates the stressors of psychiatric nurses under study regarding psychiatric nursing ability subscale and found that the greatest percent (86.7%) of psychiatric nurses did not think that they can explain the nursing that they are doing, (80.0%) cannot express their opinion in front of others, (76.7%) did not feel that their role as a nurse is well-defined, (73.3%) did not think that their experience has been used in the job and not have knowledge about the laws, the institutions and the policies necessary for nursing and (70.0%) did not think that they understand the patients and cannot be a nurse and correspond as the case requires. Concerning attitude of patients subscale, it was found that the majority of psychiatric nurses (90.0%) answered that they feel pressured by patients' demands, (86.7%) feel that there are patients who have an unpleasant attitude toward them. (83.3%) feel that patients are negative about them and (69%) feel that patients are negative for them and there are patients who are threatening and make them afraid. As regards to attitude toward nursing, it was clear from this table that (83.3%) of psychiatric nurses feel that they

have a difference of opinion with their superior and did not feel that there is a gap between their ideal and actual nursing. Finally, regarding communication, it was found that psychiatric nurses thought that it is difficult to communicate with patients and also difficult to communicate with the family of patients constituting (90.0%) and (76.7%) respectively.

Table (3): Burnout dimensions among psychiatric nurses under the study

Burnout dimensions	Never		A few times a year		A few times a month		A few times a week		Every day	
	N	%	N	%	N	%	N	%	N	%
1. Emotional exhaustion										
I feel emotionally drained from my work.	2	6.7	1	3.3	3	10.0	10	33.3	14	46.7
I feel used up at the end of the work day.	1	3.3	4	13.3	5	16.7	8	26.7	12	40.0
I feel fatigued when I get up in the morning and have to face another day on the job.	0	0.0	3	10.0	12	40.0	5	16.7	10	33.3
I feel frustrated by my job.	1	3.3	6	20.0	1	3.3	7	23.3	15	50.0
Working with people directly puts too much stress on me.	2	6.7	4	13.3	3	10.0	5	16.7	16	53.3
I feel very energetic.	12	40.0	11	36.7	3	10.0	3	10.0	1	3.3
I can easily create a relaxed atmosphere with my recipients.	16	53.3	7	23.3	1	3.3	4	13.3	2	6.7
I have accomplished many worthwhile things in the job.	12	40.0	8	26.7	3	10.0	2	6.7	5	16.7
I worry that this job is hardening me emotionally.	1	3.3	3	10.0	0	0.0	16	53.3	10	33.3
2. Depersonalization										
I feel burned out from my work.	1	3.3	3	10.0	3	10.0	5	16.7	18	60.0
I can easily understand how my recipient feels about things	14	46.7	7	23.3	3	10.0	5	16.7	1	3.3
I deal very effectively with the problems of my recipients.	13	43.3	8	26.7	6	20.0	2	6.7	1	3.3
I feel exhilarated after working closely with my recipients.	15	50.0	7	23.3	5	16.7	2	6.7	1	3.3
I feel recipients blame me for some of their problems.	2	6.7	5	16.7	3	10.0	10	33.3	10	33.3
3. Personal accomplishment										
Working with people all day is really a strain for me.	2	6.7	1	3.3	12	40.0	1	3.3	14	46.7
I feel I'm working too hard on my job.	14	46.7	8	26.7	3	10.0	3	10.0	2	6.7
I feel like I'm at the end of my rope.	0	0.0	4	13.3	8	26.7	7	23.3	11	36.7
I feel I'm positively influencing other people's lives through my work.	14	46.7	2	6.7	4	13.3	8	26.7	2	6.7
In my work, I deal with emotional problems very calmly.	17	56.7	6	20.0	2	6.7	2	6.7	3	10.0

Table (3) illustrates the burnout dimensions regarding emotional exhaustion subscale and found that (53.3%) of psychiatric nurses cannot easily create a relaxed atmosphere with my recipients and working with people directly puts too much stress on them. Concerning

depersonalization subscale, it was found that (60.0%) of psychiatric nurses answered that they feel burned out from their work. Finally, regarding personal accomplishment, it was found that psychiatric nurses in their work did not deal with emotional problems very calmly and also did not care what happens to some recipients (56.7%) and (50.0%) respectively.

Table (4): Correlation between psychiatric nurses' job stress and burnout dimensions

Burnout dimensions	Job stress levels							
	Psychiatric Nursing Ability		Attitude of Patients		Attitude Toward Nursing		Communication	
	r	P-value	r	P-value	r	P-value	r	P-value
Emotional exhaustion	0.184	0.291	0.64 4	<0.001* * HS	0.115	0.509	0.34 7	0.037* S
Depersonalization	0.745	<0.001** HS	0.75 5	<0.001* * HS	0.384	<0.001** HS	0.01 3	0.970
Personal accomplishment	0.265	0.041* S	0.96 6	<0.001* * HS	0.332	0.024* S	0.43 0	<0.001* * HS

(*) Statistically significant at $p < 0.05$ (**) High statistically significant at $p < 0.001$

Table (4) shows that there is a highly statistically significant correlation regarding psychiatric nursing ability with depersonalization & personal accomplishment. Regarding attitude of patients, there is a highly statistically significant correlation with burnout dimensions. Concerning attitude toward nursing, there is a statistically significant correlation with depersonalization & personal accomplishment. Moreover, there is a highly statistically significant correlation regarding communication with emotional exhaustion & personal accomplishment.

Table (5): Relation between psychiatric nurses' job stress and their socio-demographic characteristics

Socio-demographic characteristics of psychiatric nurses	Total Job stress						Total	Chi-square		
	High		Moderate		Low			X ²	P-value	
	N	%	N	%	N	%				
Age	25- <35	0	0.0	2	18.2	9	81.8	11	21.511	<0.001** HS
	35- <45	1	7.1	7	50.0	6	42.9	14		
	45 or more	4	80.0	0	0.0	1	20.0	5		
Sex	Male	5	31.3	6	37.5	5	31.3	16	8.153	0.017* S
	Female	0	0.0	3	21.4	11	78.6	14		
	2 to 4	2	10.5	7	36.8	10	52.6	19		
Income	4 to 6	2	25.0	2	25.0	4	50.0	8	2.961	0.564
	Up to 6	0	0.0	0	0.0	1	100.0	1		
	Adequate with ease	0	0.0	0	0.0	1	100.0	1		
Income	Barely adequate	1	10.0	2	20.0	7	70.0	10	2.961	0.564
	Inadequate	4	21.1	7	36.8	8	42.1	19		

(*) Statistically significant at $p < 0.05$ (**) High statistically significant at $p < 0.001$

Table (5) reveals that there is a statistically significant relation between psychiatric nurses' job stress with their age ($p < 0.001^{**}$), sex ($p = 0.017^*$) and occupation (0.018^*). It can be noticed that psychiatric nurses 45 or more years old, psychiatric nurses from males and psychiatric nurses who are working as a staff nurse have the highest percentages of job stress.

Table (6): Job Stress related to attitude of psychiatric nurses toward nursing pre, post and follow up the Mindfulness Based Stress Reduction Program

Psychiatric Nurses' Job Stress	Pre-intervention (n=30)		Post-intervention (n=30)		Follow up (n=30)		Chi-square				
							Pre & post		Post & Follow up		
	N	%	N	%	N	%	X ²	P-value	X ²	P-value	
3- Attitude Toward Nursing											
I feel that there is a difference between the philosophy of the Institution and the reality.	Yes	8	26.7	27	90	25	83.3	24.754	<0.001** HS	0.577	0.448
	Not at all	22	73.3	3	10.0	5	16.7				
I feel that there is a gap between my ideal and actual nursing.	Yes	5	16.7	26	86.7	24	80	29.433	<0.001** HS	0.480	0.488
	Not at all	25	83.3	4	13.3	6	20.0				
I feel that there is a difference among nurses in the way of thinking about nursing.	Yes	7	23.3	24	80	23	76.7	19.288	<0.001** HS	0.098	0.754
	Not at all	23	76.7	6	20.0	7	23.3				
I feel that I have a difference of opinion with my superior.	Yes	25	83.3	11	36.7	9	30	17.376	<0.001** HS	0.300	0.584
	Not at all	5	16.7	19	63.3	21	70.0				
I feel that I can do integrated nursing.	Yes	9	30	28	93.3	27	90	25.452	<0.001** HS	0.218	0.640
	Not at all	21	70.0	2	6.7	3	10.0				

(*) Statistically significant at $p < 0.05$

(**) High statistically significant at $p < 0.001$

Table (6) shows that there is a highly statistically significant difference between pre and post Mindfulness Based Stress Reduction program implementation regarding attitude of psychiatric nurses toward nursing at p -value $< 0.001^{**}$ which increased in all items concerning "yes" answer and decreased in all items concerning "not at all" answer in post program implementation except " I feel that I have a difference of opinion with my superior" while, there is no statistically significant difference between post and follow up the program regarding attitude of psychiatric nurses toward nursing at p -value > 0.05 which decreased in all items concerning "yes" answer and increased in all items concerning "not at all" answer in the program follow up.

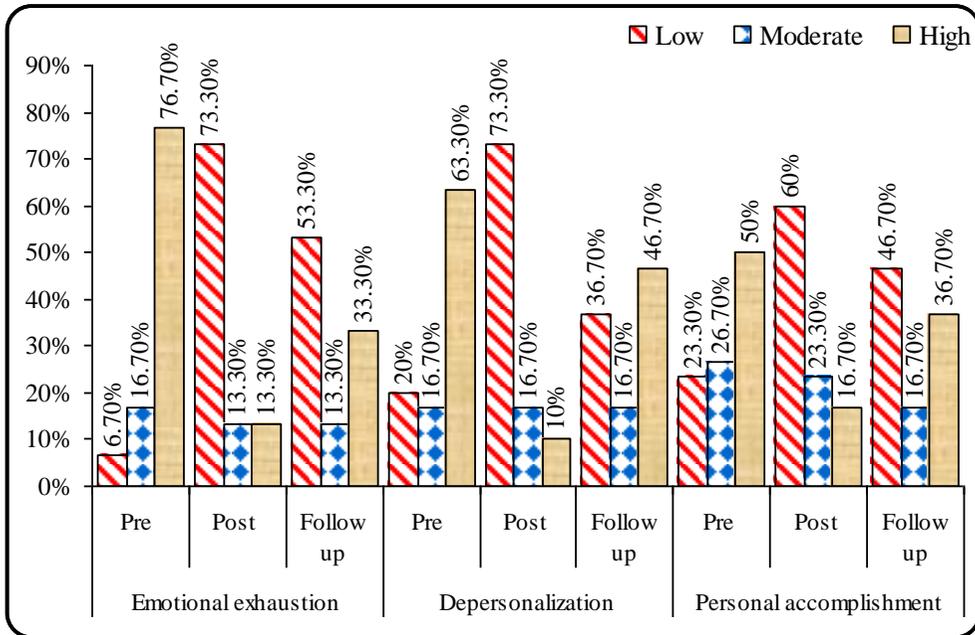


Figure (1): Burnout levels among psychiatric nurses pre, post and follow up the Mindfulness Based Stress Reduction Program implementation (n=30).

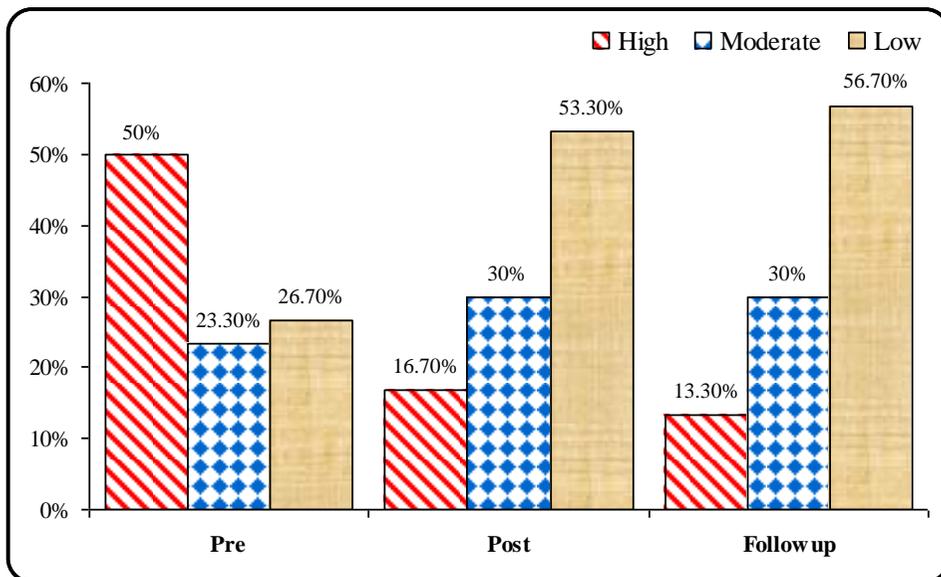


Figure (2): percentage of total psychiatric nurses' job stress pre, post and follow up the Mindfulness Based Stress Reduction program.

Table (7): Correlation between psychiatric nurses' burnout levels and Mindful Attention Awareness

Burnout levels	Mindful Attention Awareness					
	Pre		Post		Follow up	
	r	P-value	R	P-value	R	P-value
Emotional exhaustion	0.425	<0.001** HS	0.375	0.002* S	0.284	<0.001** HS
Depersonalization	0.495	0.122	0.433	<0.001** HS	0.132	0.699
Personal accomplishment	0.103	0.199	0.451	0.164	0.169	0.035* S

(*) Statistically significant at $p < 0.05$ (***) High statistically significant at $p < 0.001$

Table (17) shows that there is a highly statistically significant correlation between Mindful Attention Awareness with emotional exhaustion preprogram implementation. Regarding post program implementation, there is a statistically significant correlation between Mindful Attention Awareness with emotional exhaustion & depersonalization while, there is no statistically significant correlation between Mindful Attention Awareness with depersonalization in the program follow up.

Table (8): Relation between psychiatric nurses' burnout and their socio-demographic characteristics

Socio-demographic characteristics of psychiatric nurses	Total Burnout						Total	Chi-square	
	High		Moderate		Low			X ²	P-value
	N	%	N	%	N	%			
Age	25- <35	2	18.2	5	45.5	4	36.4	15.586	0.004* S
	35- <45	12	85.7	1	7.1	1	7.1		
	45 or more	5	100.0	0	0.0	0	0.0		
Sex	Male	13	81.3	0	0.0	3	18.8	8.684	0.013* S
	Female	6	42.9	6	42.9	2	14.3		
	2 to 4	11	57.9	5	26.3	3	15.8		
Income	4 to 6	6	75.0	1	12.5	1	12.5	10.893	0.028* S
	Up to 6	0	0.0	0	0.0	1	100.0		
	Adequate with ease	0	0.0	0	0.0	1	100.0		
Occupation	Barely adequate	7	70.0	0	0.0	3	30.0	0.881	0.927
	Inadequate	12	63.2	6	31.6	1	5.3		
	Staff nurse	14	63.6	4	18.2	4	18.2		
educational level	Head nurse	2	66.7	1	33.3	0	0.0	6.513	0.164
	Supervisor	3	60.0	1	20.0	1	20.0		
	Diploma	13	65.0	2	10.0	5	25.0		
working hours	Technician	3	50.0	3	50.0	0	0.0	18.575	0.005* S
	Bacclruate	3	75.0	1	25.0	0	0.0		
	6 hrs	0	0.0	1	50.0	1	50.0		
working hours	8 hrs	16	84.2	0	0.0	3	15.8	18.575	0.005* S
	12 hrs	0	0.0	1	50.0	1	50.0		
	24 hrs	3	42.9	4	57.1	0	0.0		
working hours	5<10	1	33.3	1	33.3	1	33.3	18.575	0.005* S
	Over 10	16	76.2	2	9.5	3	14.3		

(*) Statistically significant at $p < 0.05$ (***) High statistically significant at $p < 0.001$

Table (6) reveals that there is a statistically significant relation between psychiatric nurses' burnout with their age ($p = 0.004^*$), sex ($p = 0.013^*$), income ($p = 0.028^*$), working hours ($p =$

0.005*) and shift pattern ($p= 0.006^*$). It can be noticed that psychiatric nurses 45 or more years old, psychiatric nurses from males, psychiatric nurses with barely adequate income, psychiatric nurses who are working 8 hours and morning shift have the highest percentages of burnout.

Discussion

The present study clarified that less than half of psychiatric nurses under the study were in age group from 35 to < 45 years and hading experience in their work over 10 years. This finding might be due to demand for psychiatric nursing from the new graduators is low. This result is not in accordance with a study carried out by **Sailaxmi (2015)** who studied the impact of a stress management program on stress perception of nurses working with psychiatric patients and found that the majority of psychiatric nurses were in age from 24 to 35 years and their experience of working was ranged from 2 years to 10 years.

The present study result clarified that males were relatively more common as main worker constituting more than half of psychiatric nurses under the study and more than three-quarter of them were married. This finding might be due to demand for psychiatric nursing from the males in the current time is high than females and most of the youth nowadays tends to form a family and settle. This result contradicts with a study carried out by **Verhaeghe (2014)** who studied the mental health nurses' attitude and self-efficacy to adult inpatient aggression and found that more than two -third of mental health nurses under the study were female and unmarried.

The present study result clarified that there was no one of psychiatric nurses under the study had master or doctorate degree but the majority of them were diploma nurse and more than two-third of them were working as a staff nurse. This finding might be due to the workloads and responsibilities prevent most nurses to complete the study after graduation

which need time, money and effort. This result disagrees with a study carried out by **Yada (2015)** who studied the factors influencing job-related stress in Japanese psychiatric nurses and noticed that Forty-one participants were managers (head or chief nurse).

Regarding monthly income, the current study result illustrated that two-third of psychiatric nurses had inadequate income. This finding might be due to increase the prices of products and requirements of daily living which not compatible with the current salaries. This result contradicts a study carried out on 32 internship nurses by **Hamed (2017)** who studied stress and sleep disturbances among nursing internship and found that approximately about three quarters of the studied subjects had a sufficient income.

The result of the present study shows that psychiatric nurses are suffering from job stress. Concerning psychiatric nurses ability sub- items ,the most of the psychiatric nurses did not think that they can explain the nursing that they are doing, cannot express their opinion in front of others, did not feel that their role as a nurse is well-defined, did not think that their experience has been used in the job and not have knowledge about the laws, the institutions and the policies necessary for nursing and did not think that they understand the patients and cannot be a nurse and correspond as the case requires. . This could be due to psychiatric nurses' lack of preparedness and experiences for dealing with the psychiatric patient and emergency in addition to the lack of logistics and professional support at the psychiatric hospital which has been imposed stress on their work and lost the ability to do their roles. Furthermore, the ward atmosphere not supporting psychiatric nursing staff performance. This result is like **Ahanchian (2015)** who studied nurses' burnout in psychiatric wards and found that stressors are

consequently affecting psychiatric nurses' ability to care for patients.

Regarding the attitude of patients, the present study exposes that the majority of psychiatric nurses are feeling that they are pressured by patients' demands, feeling that there are patients who have an unpleasant attitude toward them, feeling that patients are negative about them and feel that there are patients who are threatening and make them afraid. This finding might be due to many factors such as lack of suitable working conditions, including failure to ensure a safe working environment and also due to interacting with a large number of patients with different diagnosis and with unpredictable patient behavior. This result is in accordance with a study carried out on 55 participants by **Shobitha et al., (2016)** who studied the effect of mindfulness meditation on perceived stress scores and automatic function tests and found that more than one-third of nurses had moderate levels of stress and low levels of individual achievement in dealing with a patient.

About attitude toward nursing, the results explain that most psychiatric nurses are feeling feel that they have a difference of opinion with their superior and did not feel that there is a gap between their ideal and actual nursing. This result might be due to lack of coordination, irregularities, lack of a clear job description and nurses deviated from their main tasks, lack of cooperation and intimacy between the staff these factors create a conflict with the role of the nurses, and disputes between nurses and put them under pressure which increases the mental and occupational stress. This result is in accordance with a study carried out on 32 participants by **Mohammad et al., (2017)** that denoted that psychiatric nurses were more stressed by organizational relationship rather than the client issues.

Regarding communication, the current results illustrate that many psychiatric nurses thought that it is difficult to communicate with patients and also difficult to communicate with the family of patients. This could be due to caring for psychiatric patients always causes high workload pressure on nurses regarding

patient care demands, lack of role confidence and competence especially with different psychiatric patients' diagnosis and characteristics which negatively caused emotional exhaustion to nurses and make them more liable to decrease their interests to communicate and or to respond to criticism and negotiation from patients and their families ,in addition to patients with psychiatric disorders manifest positive symptoms and negative symptoms resulting in many situations as verbal and non-verbal aggression in which it is hard to communicate with nurses. This result is supported with **Yoshizawa (2016)** who studied the psychological impact of verbal abuse and violence by patients on nurses working in psychiatric departments in Japan and reported that the majority of nurses were replied that they had experienced verbal abuse or violence that had left an impression on them to fear in communicate with them and feel threatening by those psychiatric patients.

The result of the present study shows that psychiatric nurses are suffering from job burnout. Concerning emotional exhaustion sub-items, most of the psychiatric nurses cannot easily create a relaxed atmosphere with my recipients and working with people directly puts too much stress on them. Concerning depersonalization subscale, it was found that psychiatric nurses answered that they feel burned out from their work. As regards personal accomplishment, it was found that psychiatric nurses in their work did not deal with emotional problems very calmly and also did not care what happens to some recipients. This result is in accordance with a study carried out on 217 nurses by **Shih et al., (2016)** who studied occupational burnout among psychiatric nurses and found that in the emotional exhaustion dimension, the highest scored item was "At the end of the day, I felt completely exhausted". In the depersonalization dimension, the highest scored item was "I think my clients will blame some of their own problems on me". In the personal accomplishment dimension, the highest scored item was "I can be very effective handle problems of my clients".

The present study revealed that there was a statistically significant correlation

between psychiatric nurses' job stress levels and burnout dimensions. This finding might be due to the workloads, responsibilities, demands and failure to face and solve the job stressors lead to loss of confidence, exhaustion, lack of productivity and thus burnout. This result is in agreement with a study carried out on 159 students by **Piatkowska (2014)** who studied the relationship between mindfulness and burnout among master of social work students and found that there was a statistically significant correlation between job stress and burnout levels.

The present study revealed that there was a statistically significant relation between psychiatric nurses' job stress with their age, sex and occupation. It can be noticed that psychiatric nurses 45 or more years old, psychiatric nurses from males and psychiatric nurses who were working as a staff nurse had the highest percentages of job stress. This finding might be due to the job stress increased with increasing the age, the males in our community are exposed to higher workloads and responsibilities, working as a staff nurse put more stressors on nurses due to work overloads and demands resulting from psychiatric patients care. This finding contradicts with a study carried out on 320 mental health professionals by **Choi & Koh (2015)** who studied relations of job stress, burnout, mindfulness, and job satisfaction of clinical nurses and found that there was significant relation between nurses' job stress with their age, working hours, shift pattern, sex and years of experience. It can be noticed that psychiatric nurses who have 20 or more years old, psychiatric nurses from females, psychiatric nurses who are working 12 hours, night shift and less five years of experience had the highest percentages of job stress.

The present study revealed that there was a statistically significant relation between

psychiatric nurses' burnout with their age, sex, income, working hours and shift pattern. It can be noticed that psychiatric nurses 45 or more years old, psychiatric nurses from males, psychiatric nurses with barely adequate income, psychiatric nurses who were working 8 hours and morning shift had the highest percentages of burnout. This finding was compatible with the previous results and subsequently job burnout increases with increasing age, males are exposed to higher workloads and responsibilities, nurses who are working eight hours and morning exposed to more patients and job demands which increase with day shifts. This result is not in accordance with a study carried out on 60 nurses by **Güven (2016)** who studied stress, burnout and coping mechanisms amongst Irish health care nurses and found that there was no statistically significant relation depending on age, gender and occupation.

Conclusion

Based on the study results, it was concluded that psychiatric nurses suffering from a different aspect of stress regarding psychiatric nurses' ability, the attitude of patient, attitude to nursing and communication with patients and their families. Also, there was a statistically significant relation between stress, burnout and sociodemographic data of nurses under study. Furthermore, the result indicated that mostly of psychiatric nurses have high job burnout.

Recommendations

From the previous findings, the following recommendations are suggested:

- Establish a psycho-educational program for psychiatric nurses to learn them how to cope positively with their job stressors.
- The Future research should be done with a larger sample size in several psychiatric hospitals and in a broader geographical area.

References

- Ahanchian, R. (2015):** Nurses burnout in psychiatric wards. of *Fundamentals of Mental Health* Sep-Oct; Vol.17 (5), pp. 64-260.
- Chang, L. (2016):** Longitudinal Relationships between Two Self-Efficacy Types and Stress in Active Older Adults in Taichung City, Taiwan *International Journal of Mental Health Promotion*, Vol.18, No.2, pp.95–105.
- Choi, I. & Koh, S. (2015):** Relations of Job Stress, Burnout, Mindfulness and Job Satisfaction of Clinical Nurses. *International Journal of Bioscience and Biotechnology*, Vol.7, No.3, pp.121-128.
- Guven, E. (2016):** Stress, Burnout and Coping Mechanisms among Irish Health Care Nurses. A Questionnaire Survey. Published BA (Hons) Psychology, National College of Ireland.
- Hamed, M. (2017):** Stress and Sleep Disturbance among Nursing Internship. Unpublished Master Thesis, Helwan University.
- Maslach, C., Schaafeli, B. & Leifer, M. (2001):** Job Burnout. *Annual Review of Psychology*, Vol. 52, pp. 397-922. Available at: <https://doi.org/10.1146/annurev.psych.52.1.397>.
- Mohammad, M., Afra, L., Arani, Z. & Abdi, M. (2017):** Mental Health and Job Burnout among Pre-Hospital Emergency Care Personnel. *International Journal of Nursing Education*. Vol.2, No.2, pp.89-94.
- Perry, J. (2019):** Undergraduates' Experiences with Mindfulness Practice: A Qualitative Study. Published Doctoral Thesis, Indian University of Pennsylvania.
- Petko, D. (2017):** Mindfulness Based Stress Reduction in Reducing Stress in Nursing Students: An Integrative Review and Toolkit. University of Massachusetts, Mass College of Nursing.
- Piatkowska, M. (2014):** The Relationship between Mindfulness and Burnout among Master of Social Work Students. Published Doctoral Degree, Portland State University.
- Sailaxmi, G. (2015):** Impact of A Stress Management Program on Stress Perception of Nurses Working with Psychiatric Patients. *Asian Journal of Psychiatry*, Vol.14, pp. 42-45.
- Shih, E., Hou, W., Lin, P., Hsiao, S. (2016):** Personal Characteristics, Workplace Stressors, and Occupational Burnout among Psychiatric Nurses in Southern Taiwan: A Cross-sectional Study. *Journal of Nursing and Health*, Vol.4, No.2, pp.15-23.
- Shobitha, M., Reena, J., Sangeeta, K. & Swaraj, B. (2016):** Effect of Mindfulness Meditation on Perceived Stress Scores and Automatic Function Tests of Pregnant Indian Women, *Journal of Clinical and Diagnostic Research*, Vol.10, No.4, pp. 5-8.
- Verhaeghe, S. (2014):** Mental Health Nurses' Attitude and Self-Efficacy to Adult Inpatient Aggression. *Journal of Perspectives in Psychiatric Care*, Belgium and Researcher, pp.12.
- Yada, H. (2011):** Development of The Psycho Nurse Job Stressor Scale (PNJSS). *Psychiatry Clinical Neuroscience Journal*, Vol. 65, No, 6, pp. 567-575.
- Yada, H. (2015):** The supplement to Developing the Psychiatric Nurse Job Stressor Scale, *International Journal of Nursing Clinical Practice*. Japan, pp. 21-45.
- Yoshizawa, K. (2016):** Relationship between Occupational Stress and Depression among Psychiatric Nurses in Japan. *Archives of Environmental & Occupational Health*, Vol.71, Pp. 10–15.