Emotional Stability and its Relation to Job Stress and Job Performance among Nurses Working at Damanhour Eye Hospital

Reda Abd Rab Elnabi Elblakousi[1], Omayma Abu Bakr Osman[2],Hoda Sayed Mohammed Abd Elnaby[3]
[1]B.sc. Nursing Science, Faculty of Nursing, Damanhour University
[2]Professor of Psychiatric-Mental Health Nursing, Faculty of Nursing Ain Shams University
[3]Assistant professor of Psychiatric-Mental Health Nursing, Faculty of Nursing, Ain Shams University

Abstract

Background: Nursing is considered one of the most stressful professions. A high level of occupational stress has been found to reduce the job performance, and the quality of nursing care. But emotional stability increases the capacity to stay calm when exposed to stress. **Aim:** This study aimed to assess the emotional stability and its relation to job stress and job performance among nurses working at Damanhour Eye Hospital. **Research Design:** A descriptive explanatory research design was utilised to achieve the aim of this study. **Setting**: This study was conducted at Damanhour Eye Hospital. **Subjects:** This study was conducted on 127 nurses. **Sample type:** A convenience sample was recruited for this study. **Tools of data collection:** Data were obtained through four tools: 1) A demographic interview questionnaire; 2) Emotional Stability Scale (ESS); 3) Job Performance Scale (JPS); and 4) Nurses' Occupational Stressor Scale (NOSS). **Results**: Nearly three-quarters of the studied nurses had an average level of emotional stability; more than two-thirds of the studied nurses had a moderate level of job stress; and nearly half of the studied nurses had an average level of job performance. **Conclusion:** Based on the present study findings, nearly three-quarters of the studied nurses had an average level of emotional stability, more than two-thirds of them had a moderate level of job stress, and nearly half of the nurses had an average level of job performance. There was a highly statistically significant relationship between the total levels of emotional stability, occupational stress, and job performance of the studied nurses. **Recommendations:** Educational workshops and periodic training programs should be conducted for all nurses to increase their knowledge and competencies regarding the development of emotional stability to reduce job stress, and enhance job performance.

Key words: Emotional stability, Job stress, Job performance, Nurses.

Introduction

Nurses play a crucial part in all healthcare organisations and employ the majority of the staff in all healthcare institutions *(Wulandari & Wardani, 2022)* because they are the backbone of any health system *(Møller et al., 2022)*.

Nurses provide direct care to patients, and they are subjected to a heavy physical and psychological workload that includes concerns for patients' needs and safety, long shifts, work overload, and conflicts at work *(Salem & Ebrahem, 2018)*.

These factors that nurses face at the workplace are called the job stress. It occurs when a job's requirements do not match the resources and the abilities of the employee who must do it *(Chaudhry et al., 2017)*. One of the most significant elements affecting employee performance is job stress. Job performance is essentially how well nurses complete the responsibilities entrusted to them regarding patient care *(Bhatti et al., 2018)*.

Job stress emerges as tension, stress, and pressure. It is believed that when there is emotional stability, occupational stress frequently decreases *(Chaudhry et al., 2017)*. Emotional stability refers to the capacity to maintain calm under pressure and to feel secure and confident in one's own abilities. It also shows the capacity to cope with a variety of challenging circumstances *(Pijlman, 2018)*.

Nurses with higher emotional stability identify as trusting, unsuspecting, accepting, self-assured, unworried, complacent, relaxed, placid, patient, emotionally stable, adaptive, and mature. All of these characteristics contributed to high job

performance, especially in jobs with high pressure, like the nursing profession *(Halim et al., 2011).*

Significance of the study:

Nursing practise is a crucial component of high-quality medical care *(Sarıköse & Göktepe, 2022).* Nursing staff is subjected to a heavy workload in terms of both the physical and mental aspects of their job *(Salem & Ebrahem, 2018).*

According to a recent cross-sectional study to determine the prevalence and associated factors for personal, work-related and patient/client-related burnout in clinical professionals and biomedical scientists in academic medicine, physicians have a higher risk of personal and patient/client-related burnout, residents have a higher risk of work-related burnout, basic scientists are at a higher risk of client-related burnout and nurses have higher odds of all three types of burnout *(Messias et al., 2019).*

Emotional stability lowers job stress and improves job performance because emotional stability is one of the main psychological and individual traits that determines how resilient a person's personality is to the stress-inducing effects of challenging life circumstances *(Kundi et al., 2022).*

So the aim of this study was to assess the emotional stability and its relation to job stress and job performance among nurses working at Damanhour Eye Hospital.

Aim Of The Study

This study aimed to assess the emotional stability and its relation to job stress and job performance among nurses working at Damanhour Eye Hospital.

This aim was achieved by answering the following questions.

Research Questions:

1- What are the levels of emotional stability among nurses working at Damanhour Eye Hospital?

2- What are the levels of job-related stress among nurses working at Damanhour Eye Hospital?

3- What are the levels of job performance among nurses working at Damanhour Eye Hospital?

4- What is the relation between emotional stability, job stress, and job performance among nurses working at Damanhour Eye Hospital?

Subject And Methods

Research Design:

A descriptive explanatory research design was utilized to conduct this study to assess emotional stability and its relation to job stress and job performance among nurses working at Damanhour Eye Hospital.

Study Settings:

The present study was conducted at Damanhour Eye Hospital because it is the only ophthalmology hospital in Beheira governorate, it receives a large number of patients daily, about 700 to 900 patients and about 140 nurses only work there. Damanhour Eye Hospital includes the outpatient department of ophthalmology, dental, family planning and physiotherapy, the department of small, medium and major operations, the department of radiology, the department of oral and maxillofacial surgery, and the inpatient department.

Subjects:

A convenient sample of 127 nurses who agreed to participate in the study was recruited for this study.

Inclusion criteria for the studied nurses:

- Age: (20-60 years).
- Sex: both sex (males and females).
- Educational level: the entire educational spectrum.
- Years of experience: starting from less than 5 years up to more than 10 years of experience.

Tools of Data Collection:

Data was collected through using the following tools

A) Demographic interview Questionnaire:

It was constructed by the researcher after reviewing literature in the field of the topic of the research to collect data pertaining to the demographic characteristics of study subjects which include age, sex, marital status, level of education, and years of work experience.

B) Emotional Stability Scale (ESS):

Emotional Stability Scale was developed by *Cohen (2013)* and was modified by the researcher.

Emotional Stability Scale consists of six sub-clusters, namely, Balance; Courage; Ego

Strength; Emotional Control; Emotional Sensitivity; and Neuroticism or Anxiety. This Emotional Stability scale consists of 29 items. It was translated into Arabic by the researcher and assessed by five experts from the Department of Psychiatric-Mental Health Nursing at the Faculty of Nursing at Ain Shams University.

Participants respond to the items on a five-point Likert scale, ranging from 1 (never) to 5 (always).

Scoring System of Emotional Stability scale

The scoring system was adopted with rating ranging from 1 (never) to 5 (Always) point for each item. Each question response was either never (1 grade) and Always (5 grade).

Score % = (the observed score / the maximum score) × 100

The total score was from 29-145 grades:

- Low emotional stability <50%
- Average emotional stability 50-75%
- High emotional stability >75%

C) Job Performance Scale (JPS):

Job Performance scale was developed by *Greenslade & Jimmieson (2007)* and was modified by the researcher.

Job Performance Scale consists of two parts:

1- Task performance items:

Task performance incorporated behaviors that were core components of being a nurse. Sixteen items examined task performance behaviors and required nurses to rate how well nurses in their unit (or ward) completed a variety of activities. It was translated into Arabic by the researcher and assessed by five experts from the Department of Psychiatric-Mental Health Nursing at the Faculty of Nursing at Ain Shams University. Ratings were made on 5-point Likert scale ranging from never (1) to always (5).

2- Contextual performance items:

Contextual performance comprises behaviors that contribute to the organizational, social, or psychological environment of the hospital. Thirteen items examined contextual performance behaviors and required nurses to rate how often nurses in their ward completed the activities listed. It was translated into Arabic by the researcher and assessed by five experts from the Department of Psychiatric-Mental Health Nursing at the Faculty of Nursing at Ain Shams University. Contextual items were rated on 5-point Likert scale ranging from never (1) to always (5).

Scoring system of job performance scale

The scoring system was adopted with rating ranging from 1 (never) to 5 (Always) point for each item. Each question response was either never (1 grade) and Always (5 grade).

Score % = (the observed score / the maximum score) × 100

The total score was from 29-145 grades:

- Poor Job Performance <50%
- Average Job Performance 50-75%
- Good Job Performance >75%

D) Nurses' Occupational Stressor Scale (NOSS):

Nurses' occupational stressor scale was developed by Chen et al. (2020). Nurses' Occupational Stressor Scale consists of 10 subscales, Work Demands; Work–Family Conflict; Insufficient Support from Coworkers or Caregivers; Workplace Violence and Bullying; Organizational Issues; Occupational Hazards; Difficulty Taking Leave; Powerlessness; Interpersonal Relationships and Unmet Basic Physiological Needs. It was translated into Arabic by the researcher and assessed by five experts from the Department of Psychiatric-Mental Health Nursing at the Faculty of Nursing at Ain Shams University.

Scoring system of occupational stressor

The scoring system was adopted with rating ranging from 1 (never) to 4 (Always) point for each item. Each question response was either never (1 grade) and Always (4 grade).

Score % = (the observed score / the maximum score) × 100

The total score was from 41-164 grades:

- Mild stress <50%
- Moderate stress 50-75%
- Severe stress >75%

II-Operational Design:

The operational design includes preparatory phase, content validity and reliability, pilot study and field Work

Preparatory phase

During this phase, the study tool was prepared through reviewing the available local and international related literature to be oriented with the various aspects of the research problem.

Tools validity and reliability
Validation of the Scales:

To achieve the criteria of trustworthiness of the tools of data collection in this study, the tools were tested and evaluated for their face content validity, and reliability. Face and content validity are tested by five experts from Psychiatric-Mental Health Nursing in Faculty of Nursing/Ain Shams University. The experts were asked to respond to each statement of the developed tools to assess its validity and some modifications were done after jury. Some modifications at the translation were done, and some questions were deleted to make the questionnaire more appropriate to our culture based on the jury.

Reliability of the Scales:

Reliability is the consistency of measurement tool. The degree to which the instrument measures the same way each time, it is used under the same condition with the same subjects and it was done by using an alpha cronbach test which is a model of internal consistency. Statistical equation of Cronbach's alpha reliability coefficient normally ranges between 0 and 1. Higher values (more than 0.7) denote acceptable reliability.

Scale	Reliability
Emotional stability	0.81
Job performance	>0 =80
Occupational stressor	0.89

Pilot study

A pilot study was applied on 10% of nurses (12 nurses) in order to test the applicability of tools, clarity of the designed questionnaire, as well as estimating the time needed to fulfill the tools. Nurses included in the pilot study were included in the study group because no modifications were done after conducting pilot study.

Field Work

Data collection for this study was carried out once permission was granted by the Scientific Research Ethical Committee, Ain Shams University, and the hospital's authoritative personnel to proceed with the study. The researcher visited the study setting and met with the hospital nurses in the period from the 1st of January to the 31st of June, 2022, for 6 months, 3 days per week: Sunday, Tuesday, and Thursday in the morning shift. The researcher interviewed about 4–6 nurses for each visit.

The purpose of the study was explained to the nurses who were invited to participate in it. Upon agreement to participate, oral informed consent was taken from nurses. The researcher started to visit every department separately to distribute the tools to the nurses. Voluntary participation and confidentiality were assured by the researcher for each nurse by clarifying to them that all information will be used for scientific research only.

The questionnaire form was explained to the nurses. They were filled by the nurses. The time consumed to fill out all tools took from 20–30 minutes.

Ethical Considerations:

After the research approval was obtained from the Scientific Research Ethical Committee of the Faculty of Nursing, Ain Shams University before initiating the study work, the researcher clarified the objective and aim of the study to the nurses included in the study.

The researcher assured maintaining anonymity and confidentiality of nurses and their right to withdraw from the study at any time, and the researcher clarified that all information would be used for scientific research and for the nurses benefits.

III-Administration Design:

An official permission letter was obtained from the Dean of the Faculty of Nursing /Ain Shams University after agreement of the Scientific Research Ethical Committee, a letter from the vice dean for research and higher studies to the director of Damanhur Eye hospital at which the study was conducted, explaining the purpose of the study and requesting the permission for data collection from the study group.

IV-Statistical Design:

Recorded data were analyzed using the statistical package for social sciences, version 22.0 (SPSS Inc., Chicago, Illinois, USA). Quantitative data were expressed as mean± standard deviation (SD). Qualitative data were expressed as frequency and percentage.

The following tests were used:

▪ Chi-square (x^2) test of significance was used in order to compare proportions between qualitative parameters.

▪ One-sample t-test was used to determine the significance of the difference between the average responses.

▪ Pearson's correlation coefficient (r) test was used to assess the degree of association between two sets of variables

▪ The confidence interval was set to 95% and the margin of error accepted was set to 5%. So, the p-value was considered significant as the following:

Probability (P-value)

– P-value <0.05 was considered significant.

– P-value <0.001 was considered as highly significant.

– P-value >0.05 was considered insignificant.

Results

The main findings of this study were summarizes as follows:

Table (1) shows that most of the studied nurses (95.3%) were females, with an x̄±SD of (36.33±8.17 years). As regards to marital status, the majority of them (85.8%) were married. In addition, more than two-fifth (40.2%) of the studied nurses were school graduated nurses, and more than three-fifth of them (61.4%) were have more than ten years of experience.

Figure (1) shows that 72.4% of the studied nurses had an average level of emotional stability and slightly more than one-fifth (20.5%) of them had low level of emotional stability. Also, the minority (7.1%) of them had high level of emotional stability.

Figure (2) shows that more than two thirds (66.6%) of the studied nurses had a moderate level of job stress and slightly more than one-fifth (22.0%) of them had a severe level of job stress. Also, the minority (13.4%) of them had mild levels of job stress.

Figure (3) shows that 49.6% of the studied nurses had a good level of task performance and more than one-third (38.6%) of them had an average level of task performance. Also, the minority (11.8%) of them had poor levels of task performance.

Figure (4) shows that (44.1%) of the studied nurses had an average level of contextual performance and more than one-third (38.6%) of them had a good level of contextual performance. Also, only (17.3%) of them had poor levels of contextual performance.

Figure (5) shows that 47.2% of the studied nurses had an average level of job performance and more than two-fifths (41.4%) of them had good level of job performance. Also, the minority (8.7%) of them had poor levels of job performance.

Table (2) reveals that there was a highly statistically significant relationship between the total levels of emotional stability and the levels of the job performance of the studied nurses at (P= < 0.05).

Table (3) shows that, reveals that there was a highly statistically significant relationship between the total levels of emotional stability and the levels of the job stress of the studied nurses at (P= < 0.05).

Table (4) shows that, there was a statistically significant relationship between the total levels of the occupational stressor and total levels of job performance of the studied nurses at (P= < 0.05).

Table (5) shows that, there was a highly statistically significant relationship between the total levels of emotional stability, occupational stress and the job performance of the studied nurses at (P= < 0.05).

Table (1): Number and percentage distribution of the studied nurses according to their socio-demographic data (n=127).

Socio-demographic data	No.	%
Sex		
Female	**121**	**95.3**
Male	6	4.7
Age (years)		
20:29	38	29.9
30:39	34	26.8
>40	55	43.3
x̄±SD	36.33±8.17	
Marital status		
Single	8	6.3
Widow	4	3.1
Married	109	85.8
Divorced	6	4.7
Educational level		
Nursing School	51	40.2
Technical Nursing Institute	44	34.6
Uuiversity of Nursing	28	22.0
Post Graduate Studies	4	3.1
Experience (years)		
<5	10	7.9
5:10	39	30.7
>10	78	61.4
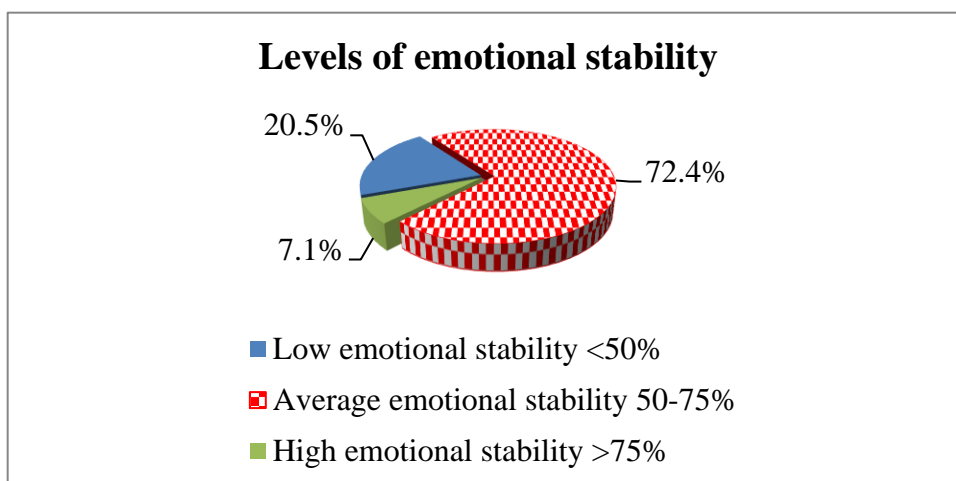
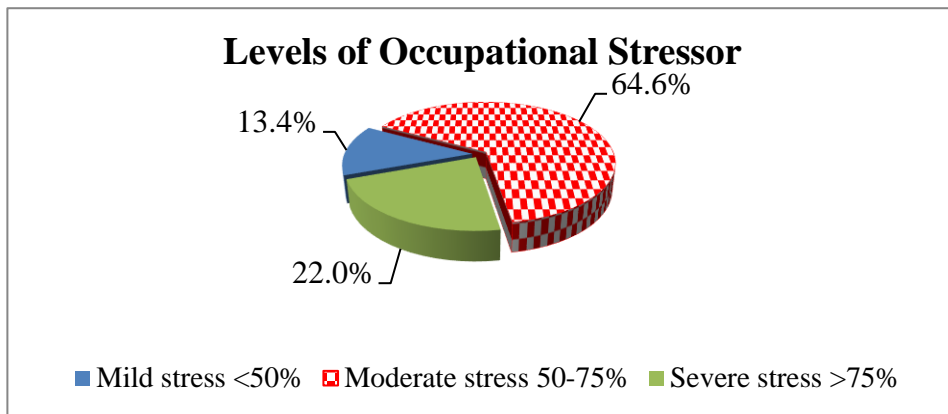**Figure (1): Distribution of the studied nurses according to their levels of total emotional stability (n=127).**

Levels of Occupational Stressor

13.4%

64.6%

22.0%

■ Mild stress <50%   ⊡ Moderate stress 50-75%   ■ Severe stress >75%

Figure (2): Distribution of the studied nurses according to their level of total occupational stressor.

Levels of Task performance

49.6%   11.8%

38.6%

■ Poor Job Performance <50%   ⊡ Average Job Performance 50-75%

■ Good Job Performance >75%
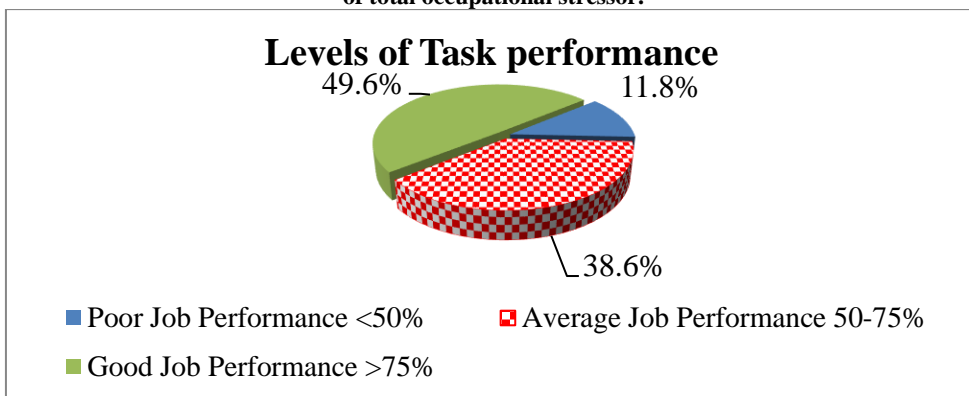
Figure (3): Distribution of the studied nurses according to their total levels of task performance.

Levels of Contextual performance

38.6%   17.3%

44.1%

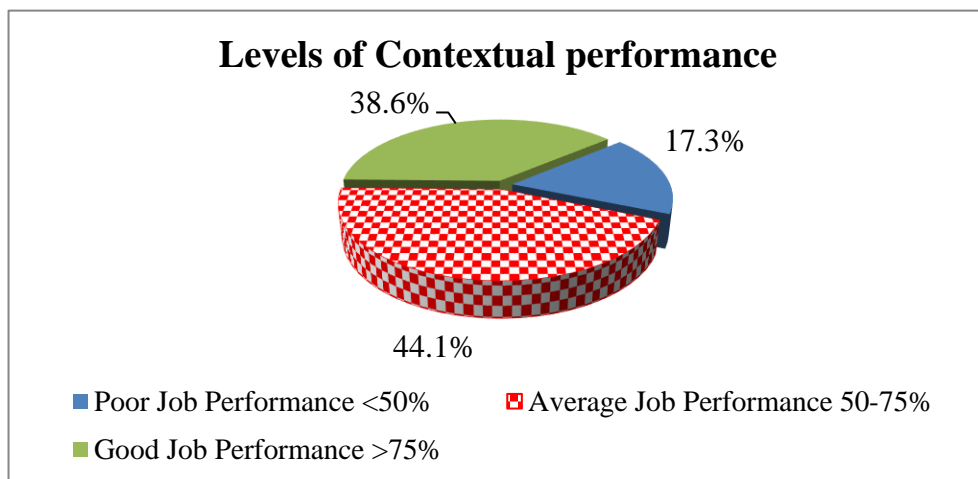■ Poor Job Performance <50%   ⊡ Average Job Performance 50-75%

■ Good Job Performance >75%

Figure (4): Distribution of the studied nurses according to their total levels of Contextual performance (n=127).

Levels of Job Performance

44.1%   8.7%

47.2%

■ Poor Job Performance <50%
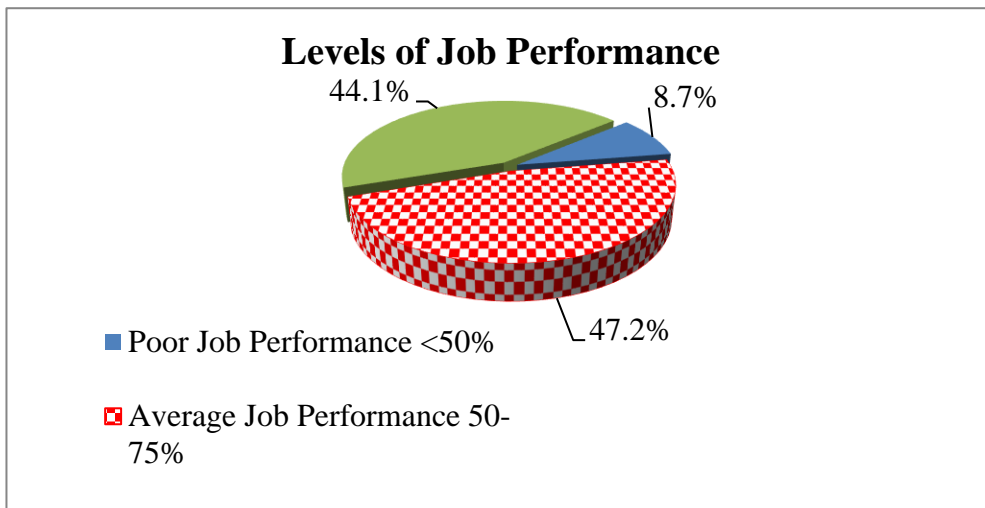
▣ Average Job Performance 50-
  75%

Figure (5): Distribution of the studied nurses according to their total levels of job performance (n=127).

Table (2): Relation between nurses' levels of emotional stability and their levels of job performance (n=127).

| Levels of Job Performance | Levels of emotional stability | | | | | | Total | | Chi-square test | |
| | Low emotional stability | | Average emotional stability | | High emotional stability | | | | | |
	No.	%	No.	%	No.	%	No.	%	x2	p-value
Poor Job Performance	11	42.3%	0	0.0%	0	0.0%	11	8.7%	66.502	<0.001**
Average Job Performance	15	57.7%	45	48.9%	0	0.0%	60	47.2%		
Good Job Performance	0	0.0%	47	51.1%	9	100.0%	56	44.1%		
Total	26	100.0%	92	100.0%	9	100.0%	127	100.0%		

Using: Chi-square test
p-value >0.05 NS; *p-value <0.05 S; **p-value <0.001 HS

Table (3): Relation between nurses' levels of emotional stability according to their levels of occupational stressor (n=127).

| Levels of Occupational Stressor | Levels of emotional stability | | | | | | Total | | Chi-square test | |
| | Low emotional stability | | Average emotional stability | | High emotional stability | | | | | |
	No.	%	No.	%	No.	%	No.	%	x2	p-value
Mild stress	0	0.0%	8	8.7%	9	100.0%	17	13.4%	176.754	<0.001**
Moderate stress	0	0.0%	82	89.1%	0	0.0%	82	64.6%		
Severe stress	26	100.0%	2	2.2%	0	0.0%	28	22.0%		
Total	26	100.0%	92	100.0%	9	100.0%	127	100.0%		

Using: Chi-square test
p-value >0.05 NS; *p-value <0.05 S; **p-value <0.001 HS

Table (4): Relation between levels of job performance and levels of occupational stressor among studied nurses (n=127).

Levels of Occupational Stressor	Levels of job performance						Total		Chi-square test	
	Poor job performance		Average job performance		Good job performance					
	No.	%	No.	%	No.	%	No.	%	x2	p-value
Mild stress	0	0.0%	8	13.3%	9	16.1%	17	13.4%	176.754	<0.005*
Moderate stress	0	0.0%	50	83.4%	32	57.1%	82	64.6%		
Severe stress	11	100.0%	2	3.3%	15	26.8%	28	22.0%		
Total	11	100.0%	60	100.0%	56	100.0%	127	100.0%		

Using: Chi-square test
*p-value >0.05 NS; *p-value <0.05 S; **p-value <0.001 HS*

Table (5): Correlation matrix between total score of emotional stability, occupational stressor and job performance (n=127).

Correlation (r)		Total score of emotional stability	Total score of Occupational Stressor	Total score of Job Performance
Total score of emotional stability	r-value		-0.981	0.968
	p-value		<0.001**	<0.001**
Total score of Occupational Stressor	r-value	-0.981		-0.993
	p-value	<0.001**		<0.001**
Total score of Job Performance	r-value	0.968	-0.993	
	p-value	<0.001**	<0.001**	

r-Pearson Correlation Coefficient;
*p-value <0.05 significant correlation; **p-value <0.001 highly significant*

Discussion

Emotional stability refers to a person's ability to remain stable and balanced. At the other end of the scale, a person who is high in neuroticism has a tendency to easily experience negative emotions *(Ali Ahmed & Çerkez, 2020).*

The nursing profession is full of challenges. Their work is intellectually and physically exhausting, and on top of working in demanding, high-stress conditions, they frequently have to juggle a seemingly never-ending list of competing priorities. As a result, the health care sector conducts studies on emotions and the nursing job *(Khalifa et al., 2021).*

I-Socio-demographic characteristics of the studied nurses working at Damanhour Eye Hospital.

According to the sex of the nurses, most of the sample was female, and the minority was male. This may be due to the fact that the profession of nursing has been portrayed as one for women. In contrast to the masculinity of males, nurses are gentle, humble, empathic, and kind. The profession of nursing can be characterised as "caring work," which is typically seen as a woman's responsibility.

In Japan, there are roughly 6.2% of male nurses in the nursing industry, while only 2.1% of nurses in mainland China are male *(Mao et al., 2021).*

In relation to the nurses' age, the present study showed that about half of the nurses were 40 years of age or older, nearly one-third of the nurses were between 20 and 29 years old, and more than one-quarter of them were between 30 and 39 years old. This may be due to the growing shortage of nurses all over the world, which leads to a low incidence of new appointments among nurses.

An international problem has arisen as a result of the widening nurse supply and demand gap. The Third Global Forum on Human Resources for Health report projects that by 2035, the nursing shortage will reach 12.9 million, compared to the World Health Organization's prediction of a 7.2 million healthcare professional shortage *(Marć et al., 2019).*

According to marital status, the current study revealed that the majority of the studied nurses were married, and the minority of them

were single, divorced, or widows. This is in agreement with *Saad and Ahmed's (2020)* study to assess the emotional stability of nurses and their relation to their job crafting, which found that most of the nurses were married.

With regard to the level of education, about two-fifths of the studied nurses had a school education, the minority of them had post-graduate education, and more than one-fifth had a bachelor's degree. According to the years of experience, two-thirds of the nurses had more than ten years of experience, and the minority of them had less than five years of experience, which is appropriate for the nurses' age. These findings are in line with *Saad and Ahmed (2020),* who found that more than one-third of the studied nurses had a bachelor's degree and nearly half had experience spanning more than ten years.

According to the nurses' age, about half of the nurses were 40 years old or older, which is consistent with *Khalifa et al. (2021),* who found that half of the study participants were from the age group of 35 years and older in a study conducted to assess the relation between emotional stability and time management levels among nurses at one day surgeries hospital.

The fact that about half of the nurses were 40 years old or older, as we obtained in this study, explains many elements regarding the socio-demographic characteristics of the studied nurses. According to their level of education at the time of their enrollment in education, the nursing school was the only available education source in the field of nursing, and the nurses' age also explains why the majority of them had more than ten years of experience.

II-   Emotional stability among nurses working at Damanhour Eye hospital.

It was obvious in the current study that nearly three-quarters of the studied nurses had an average level of emotional stability. This may be due to the fact that staying calm is the main feature of achieving emotional stability, and more than two-fifths of the studied nurses were calm in most situations.

This result may be due to the fact that emotional stability comprises six sub-clusters (balance, courage, emotional control, emotional sensitivity, anxiety, and ego strength). According to *Nel (2008),* emotional stability includes all personality traits that can be used to characterise "emotional well-being" or "ill-being" on each side of the emotional stability axis.

The findings of this study revealed that nearly three-quarters of the studied nurses had an average level of emotional stability, more than two-fifths of the studied nurses often were calm in most situations, two-fifths of the studied nurses always acted in a mature manner, and nearly two-fifths of them often could handle difficult situations in their lives.

All of these previous results fall under the balance sub-cluster of emotional stability, which is characterised by making wise decisions, acting correctly for one's age, and remaining emotionally stable in challenging situations, as stated by *Nel (2008).*

The findings of the current study demonstrated that nearly half of the nurses never complained about everything, and nearly two-thirds of them were always pleased with what they had. These findings fall under the anxiety sub-cluster of emotional stability, which is characterised by voicing continuous dissatisfaction or being satisfied with life and accepting of one's circumstances, as stated by *Chrystal (2012).*

This study showed that more than two-thirds of the nurses and more than three-quarters of them always accepted themselves and always respected themselves, which fall under the ego strength sub-cluster of emotional stability, which is characterised by being sure of oneself, having a positive self-perception, caring for oneself by maintaining a healthy lifestyle, keeping one's home clean and organised, paying attention to one's appearance, and loving and trusting oneself, as stated by *Ziadni et al. (2017).*

This finding was in line with the results of *Saad and Ahmed's (2020)* study to assess the emotional stability of nurses and their relation to their job crafting, which found that nearly two-thirds of the studied nurses had a moderate level of emotional stability, and in line with a study conducted by *Khalifa et al. (2021)* to determine the relationship between emotional stability and time management skills among nurses working in a one-day surgery facility, it was discovered that the majority of the sample had a moderate level of emotional stability. This finding might be due to a lack of training programmes about how to be an emotionally stable person.

In contrast with our study, the study of **Araf and Mohamed (2018),** which assessed emotional stability and its' relation to decision-making skills among nursing educators at Beni Suif Nursing Schools, found that the majority of the nursing educators had low levels of emotional stability.

III-   Job stress among nurses working   at Damanhour Eye hospital.

The results of our study showed that more than three-fifths of the studied nurses had a moderate level of occupational stress and slightly more than one-fifth of them had a severe level of job stress.

This may be due to the fact that, with regard to work demands, nearly half of the studied nurses always had to bear the negative sentiment of patients or their relatives; this indicates that the nurses' sense of their responsibility towards the patients and that they must bear the negative feelings of the patients and their families and deal with those feelings puts the nurses under job pressure.

More than half of the studied nurses always had to work in other units in addition to their own. This factor may lead to an increase in job pressure by making nurses feel uncertainty and instability and forcing them to work with unfamiliar medical equipment, change work teams, and work in a different environment.

As regards work-family conflict, more than one-third of the studied nurses often had to adapt their schedules to accommodate their work responsibilities. It means that work-related responsibilities interfere with performing family-related responsibilities. The nurses are under pressure due to their inability to manage their families normally, the detrimental effects of their working conditions on their families, and the difficulty in going about their daily lives smoothly and without complications.

As regards organisational issues, more than half of the studied nurses rarely achieved a promotion within the expected period. The nurses' feeling that they don't receive the due material compensation and that the organisation doesn't appreciate their efforts, as well as their concern about the financial burdens, especially since the nursing professionals don't have enough time to engage in additional work, all lead to an increase in job pressure.

It's impressive that two-thirds of the nurses rarely did not have sufficient time to meet patients' and their relatives' demands, and excessive duties in the workplace rarely prevented them from attending to patients. It means that the nurses fulfil the rights of patients as much as possible, regardless of circumstances, time constraints, or work pressures. This highlights the idea that the nursing profession is an empathetic and caring profession, regardless of any circumstances.

This is in contrast with **Bardhan's (2018)** study to determine whether there was a link between nurses' oxidative damage biomarkers and job stress indicators and **Jalilian et al.'s (2019)** study to evaluate the connection between job stress and fatigue in hospital nurses using the job demand-control-support model, which indicated a high level of stress in the studied nurses.

IV-   Job performance among nurses working at Damanhour Eye hospital.

The findings of the current study showed that nearly half of the studied nurses had a good level of task performance, and more than one-third of them had an average level of task performance. These results emerged from the data we obtained from the questionnaire, which revealed that more than two-thirds of the studied nurses were always explaining to patients all the necessary information that they needed, providing instructions for care at home, taking patients' observations (e.g., blood pressure, pulse, temperature), developing a plan of nursing care for patients, administering medications, and evaluating the effectiveness of nursing care.

Also, more than two-fifths of the studied nurses had an average level of contextual performance, and more than one-third of them had a good level of contextual performance.

This may be due to the fact that nearly three-fifths of the studied nurses were always complying with hospital rules, regulations, and procedures, even when no one was watching. That might be because nurses have a sense of self-control and conscience and perform their work regardless of the surrounding circumstances.

The current study showed that nearly one-quarter of the studied nurses always volunteered to participate on hospital committees that were not mandatory. It might be due to the fact that the nurses often could not volunteer to participate on committees within the hospital that are not compulsory because of

heavy workloads, and the nurses had no extra time to attend additional meetings other than routine clinical care.

The fact that contextual performance was lower than task performance may be because most nurses did not prioritise social support in their clinical work, which may mean that the emotional care they provided for the patients' families was insufficient. It's possible that nurses prioritised technical care over social support because they believed that administering medications and treatments was more crucial than other tasks like offering emotional support.

Therefore, the majority of nurses gave technical care a higher priority because they believed that any technical error may have catastrophic consequences, whereas less emotional support might not have a clear detrimental effect on the clinical outcome.

This result was consistent in the final result but contradicted in the cause of the result with the findings of *Tong (2018)* in his study to investigate the relation between nurses' job performance and meaningful work, who found that the overall task performance as evaluated by the nurses in the survey was at a moderate level, suggesting that occasionally the nurses may have given patients insufficient advice and data, indicating that due to severe workloads, nurses frequently couldn't satisfy patients' needs for additional requirements and didn't have enough time to treat patients' needs outside of standard clinical care.

Based on the previous findings, the present study showed that nearly half of the studied nurses had an average level of job performance, and more than two-fifths of them had a good level of job performance.

These findings were similar to those of the study entitled "Investigation of the relationship between psychological resilience and job performance in Turkish nurses during the COVID-19 pandemic in terms of descriptive characteristics" conducted by *Hoşgör & Yaman (2022)* and to a study performed by *Supriadi et al. (2020)* to describe the factors influencing nurses' job happiness and performance in Samarinda's private hospitals and to clarify the direct and indirect effects of those factors, which showed that the nurses who participated in the study had high levels of job performance.

V- Correlation between emotional stability, job stress, and job performance.

The current study revealed that there was a highly statistically significant relationship between the total levels of emotional stability and the levels of job stress among the studied nurses. The study demonstrated that there was a negative correlation between the total levels of emotional stability and the total levels of job stress.

These may be due to adjustment and stress tolerance, which are the essential characteristics of emotional stability. People with high levels of emotional stability have the ability to manage stress and adjust to the surrounding world. Emotionally stable individuals are likely to feel more assured, relaxed, and confident at work, resulting in behaviours that contribute to tolerating and remaining in high-stress occupations.

Individuals who are lower in emotional stability tend to experience more negative moods such as anxiety, fear, depression, irritability, and physical symptoms; therefore, work stress might be more debilitating to them than it is to others.

Lower emotional stability is characterised by a greater perception of stress, anxiety, excessive feelings of stress, and a diminished ability to cope with it.

Individuals who are low on emotional stability are less likely to deal well with increasing pressures in the workplace. Low emotional stability is associated with the perception of low control over work. Individuals with low emotional stability are more likely to develop anxiety if they fail to control the work they do *Muntean et al. (2022).* Consequently, increased emotional stability reduces stress.

According to *Muntean et al. (2022),* who concurred with our findings in a study to determine whether there are relationships between personality traits and the factors causing stress at work, agreeableness and emotional stability were both connected to predictors of the amount of stress experienced at work*.*

Also, the finding of the current study revealed that there was a highly statistically significant relationship between the total levels of emotional stability and the levels of job performance of the studied nurses. The current

study showed that there is a positive correlation between the total levels of emotional stability and the total levels of job performance.

These results may be due to the fact that emotionally stable individuals tend to be more confident and positive, which appears to contribute to behaviours that lead to successful job performance, and that emotionally stable individuals tend to be happy in life, which leads them to be happy in their jobs.

Those with low emotional stability can simply become handicapped by their stress and worry to the point that they are ineffective at work and are more prone to withdraw when stressful or anxious work situations arise. They might also be less able to handle the usual stress and pressure at work. They are unable to handle stress well, change as needed for the job, and function effectively.

Also, disruptive emotions have a tendency to hinder job adaptation, which makes people with low emotional stability less able to handle stressful events at work and more likely to avoid them than people with higher emotional stability.

Moreover, a lack of emotional stability can lead to people withdrawing from productive job behaviours out of fear, viewing the workplace more negatively, and having a lower tolerance for stress or pressure.

To some extent, our study agreed with *Muldoon et al. (2016)* in their study to determine if job autonomy and meaning moderate the association between emotional stability and organisational citizenship behavior (OCB) (contextual performance). Their findings demonstrated a strong positive correlation between emotional stability and the performance of organizational citizenship behavior directed towards the organization (OCBO).

Muldoon et al. (2016) found that there was an ideal range of emotional stability for social functioning, which was in conflict with our findings. They claimed that, beyond that range, the individual's propensity for self-control is so strong that it restricts his or her ability to engage in regular social relationships; below that range, an individual's behaviour is considered unstable. The current study found that job performance increased with increased emotional stability.

The current study revealed that there was a statistically significant relationship between the total levels of the occupational stressor and the total levels of job performance of the studied nurses. The results showed that there was a negative correlation between the total levels of occupational stressors and the total levels of job performance.

This outcome could be explained by the fact that if workers are overworked, stressed out, or uncomfortable in their positions for whatever reason—internal or external—their performance towards the organisation will suffer, which will make it harder to achieve organisational goals.

This result could be a result of the pressure and stress that nurses experience at work, such as potential health or psychological damages like mistreatment from patients or their relatives, the possibility of contracting any disease, or dealing with hazardous medical materials, which cause nurses to disperse and detach from their job performance because they are thinking about how to avoid potential harm rather than concentrating on how to perform their duties.

Also, our findings were consistent with the findings of *Haq et al. (2020)* in a study conducted to analyze how stress and work overload affect employees' performance at different public universities in Khyber Pakhtunkhwa. Their results gave clear evidence that, when an individual is under pressure, it will negatively impact their work and prevent them from achieving the goals of the company.

The findings of the current study were consistent with *Deng et al.'s (2019)* study to investigate the effects of occupational stress on the performance of Chinese healthcare workers, and they found that the correlation between hindrance stress and work performance was significantly negative. Among Chinese healthcare professionals in public hospitals, hindrance stress has a very high inhibitory influence on public service motivation, which is described as an intrinsic tendency to do good for others and society.

The fact that stress has a negative linear connection with performance may come as a surprise to many in the organisational field because it frequently contradicts the Yerkes-Dodson law and the activation theory of motivation. The "inverted U" link between stress and performance is based on the idea that when someone is not active at work due to low levels of stress, they are unlikely to display enhanced performance *(Jamal, 2007).*

On the other hand, if the person consistently encounters high levels of workplace stress, they might spend more time managing their stress and engage in less effort at work, which would lead to poor performance. According to the concept, a moderate level of stress is best for job performance since at such levels, a person is both energised and able to focus their efforts on achieving greater job performance *(Montani et al., 2020).*

The findings of the current study disagreed with the "inverted U" relationship between stress and performance, as did the researcher. Regardless of its severity, job stress has a negative effect on performance**.**

But if we want to provide a work environment that gives employees the necessary enthusiasm to perform their jobs better, then we can resort to creating a competitive work environment, providing incentives and rewards for the best performers, and giving fair opportunities for promotion to the most efficient individuals.

Conclusion

The results of this study concluded that:

Most of the studied nurses had an average level of emotional stability, moderate level of job stress, and an average level of job performance. In addition, there was a highly statistically significant relationship between the total levels of emotional stability, occupational stress and the job performance of the studied nurses. There was a negative correlation between emotional stability and job stress; there was a positive correlation between emotional stability and job performance; and there was a negative correlation between job stress and job performance.

Recommendations

In the light of the finding of the present study, the following recommendations are suggested:

Recommendations for in-services:

▪ Developing a policy that rewards employees who do a better job with incentives and additional benefits.

▪ Designing counselling clinics for nurses to seek assistance from when necessary so they won't have to deal with challenges they encounter alone, ensuring that nurses are free to talk about any problems they encounter at work.

▪ Establishment a policy for extending the amount of time that nurses have to provide appropriate patient care by hiring more administrative staff to reduce nurses' administrative and non-nursing responsibilities.

▪ Establishment a policy to optimize the staff recruitment and selection systems.

▪ Establishing a policy that calls for conducting a questionnaire and periodic evaluation of nurses to measure their levels of job performance as well as the job pressure they are exposed to will help them identify problems at work and handle them in an effective way.

▪ Educational programmes should be provided for nurses' supervisors and managers about how to create a helpful and harmonious atmosphere that enhances interpersonal relationships among nurses and develop an organizational climate that encourages nurses to maintain their emotional stability, inspires them to be passionate about their work to improve their job performance, and helps them cope with stress

Recommendations for education:

▪ Creating an educational program keeping up with the latest information reached by science in the field of work. Ongoing education is necessary to stay current with the quick changes in patient care brought on by the advancements in information and technology.

▪ Performing an educational programme for nurses about coping skills and tactics to help them improve their capacity to handle stress on the job.

▪ Establishing educational workshops and regular training programmes for all nurses to strengthen their knowledge and skills regarding the development of emotional stability, especially for those working in challenging environments as psychiatric mental health nurses.

Recommendations for future research:

▪ Further research is advised to determine the variables influencing nurses' performance at work.

▪ Further interventional studies are advised to confirm the results and clarify the accurate and consistent benefits of increased emotional stability for enhancing work performance and decreasing job stress.

▪ Further studies are recommended to identify factors stimulating job stress.

▪ Applying the current research in other geographical areas and comparing the result with the current result in order to determine the

interference of environmental conditions in the results of the study and to ensure that the results of this study can be generalized.

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