

Job-Related Stress among Psychiatric Nurses and its Relation to Resilience and Self-efficacy

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Abstract: Background: Psychiatric nurses are at a high risk of being subjected to job related stress as they work in a demanding environment and have direct interaction with psychiatric patients. Such stress brings them various physical, mental and behavioral problems. Resilience and self-efficacy are variables that share common elements that affect psychiatric nurses' ability to withstand in the face of difficulty. **Purpose of the study:** to investigate job-related stress among psychiatric nurses and its relation to resilience and self-efficacy. **Method:** A descriptive correlational design was utilized. The study was conducted at Shebin El-kom psychiatric hospital (Meet khalaf psychiatric hospital) and psychiatric department at the menoufia university hospital at Shebin El-Kom city. A convenient sample of (162) psychiatric nurses was included. Three instruments were used: psychiatric nurses job stress Scale (PNJSS), the modified connor-davidson resilience Scale (CD-RISC) and General Self-Efficacy (GSE) scale. **Results:** two thirds of psychiatric nurses had moderate levels of job stress followed by more than one third of them had mild job stress level (30.9%), and the lowest percentage was observed in high stress level and no job stress level (1.9%, 1.2% respectively). More than two-thirds of studied psychiatric nurses had low resilience, while less than one-quarter of them had moderate resilience. Nearly half of the studied psychiatric nurses had moderate level of self-efficacy followed by more than one third (40.7%) of them had low level of self-efficacy, while (10.5%) of them had high self-efficacy **Conclusion:** There was a statistically significant negative relationship between resilience, self-efficacy, and job-related stress. Also, there was a statistically significant positive relationship between resilience and self-efficacy among the psychiatric nurses under study. **Recommendations:** establish a psych educational program for psychiatric nurses to teach them how to deal with their job stressors.

Keywords: Job related stress, Resilience, Self-efficacy. Psychiatric nurses, Psychiatric nursing.

Introduction

Psychiatric nurses are professionals who assist their patients reclaim sense of balance and control over what is occurring to them, whether it's a result of trauma or other forms of mental distress. Their unique contribution has been in the simple elegance of 'being there' to bear witness and lessen the negative side effects of illness such as alienation and a feeling of being out of touch with self and society (Abdel-Aziz and Bauomey, 2020).

Working as psychiatric nurses in psychiatric mental health settings can be both challenging and rewarding. During providing therapeutic interventions for the patients with mental illness, psychiatric nurses must listen closely to their issues and life situations and show empathy toward their losses, anxiety, grief or depression. Consequently, this will result in psychiatric nurses' emotional exhaustion and job related stress if not addressed effectively (Abd El-Tawab et al, 2020).

Job related stress also known as work related stress which is recognized as an concerning phenomenon globally and has been recognized as a major public health problem due to its negative impact on the mental, physical, emotional, and psychological well-being of workers in various occupations (Charzyńska et al., 2022). Job related stress is viewed as the stress associated with professional or work environment, a pressure that overrun when the burdens of the job go beyond the capability of an individual to react efficiently (Singh et al., 2020). Job related stress causes changes in the

feelings, thinking and behavior of the psychiatric nurses brings alteration in their physiological functions and may destroy the quality of life at a certain period of time. Also, it leads to social problems, mental and physical health disturbances and ineffective job performance (Wang et al, 2022). In the same context ,experiencing long term of job stress in the workplace leads to declining job satisfaction, reduced motivation and morale of nurses, physical and mental health disorders, inefficient job performance, staff turnover ,burnout, fatigue, repeated absence, delay in attending work, striking depression, anxiety, lack of trust and even job quality (Ahmed et al,2019). Various studies indicated that a variety of factors may influence professional response to stressful situations as past experience, supportive and conducive work environment and communication which is cordial and respectful categorized as an essential aspect of teamwork (Lim et al, 2022).

One way that allows psychiatric nurses to self-adapt to their work environment in a healthy psychological performance is to improve their resilience to physical and mental potential hazards. Resilience is defined as one's ability to recover or bounce back from difficulties. It has been described as both a trait and a process. Resilience is a positive response to stress in which the individual experiences growth and development despite obstacles. As a trait, it is defined as an individual's intrinsic ability to respond to negative events or own an adaptive personality.

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As a process, resilience is explained as dynamic and can be affected by the environment, external factors, the individual and the outcome (Abram & Jacobowitz, 2021).

Resilient nurses learn to defeat their problems and find better approaches to fight stress in demanding work environments. They seek methods to improve their capabilities and create flexible processes at all levels of organizational tensions, as they understand and integrate resilience concepts into practice, an increased opportunity to help patients, families, and improve their health (Rashnuodi et al, 2022)

In the same line, resilience is important to function normatively and bring about desired outcomes which are known as self-efficacy (Bender and Ingram, 2018). Self-efficacy is a person's belief in his or her capability to be able to achieve the desired goals, missions, and challenges. Self-efficacy influences the way of the personality to regulate thoughts, behavior, and can also affect their choices and reflects the person's self-regulatory skills. Theoretically, self-efficacy is not only working to control the self-regulation of adverse psychological and emotional status like workloads, attitudes, but it also has controlled all over actions. (Trautner & Schwinger, 2020).

In other words, self-efficacy is associated with developing responsibility and independency that help nurses to be creative, more productive, confident, addressing the patient's need and understanding ethical aspects of patient care. Nurses with a higher self-efficacy had a strong

tendency toward efficient planning and demonstrating better performance, welcoming new ideas, and becoming more interested in trying new approaches to meet other people's needs (Rambod et al., 2018).

In this respect, self-efficacy is regarded a defensive mechanism that protects the person from any adverse psychological events that nurses can face in their work environment. Various studies proved that self-efficacy is considered the most effective coping skill that helps staff nurses to cope with their daily challenges in their work environment that lead to higher satisfaction of jobs and reduced the incidence of turnover (Aladah., 2020).

Basing on this, the nurses play an important role by helping their peers in managing stress, improving resilience and self-efficacy. Role of psychiatric nurses comes on several axes, including managers they should run an orientation program for newly joined nurses to help them to accommodate the differences between ideal and real nursing. On the other side the presence of mutual peer communication, understanding and collaboration help in managing stress and conflict at workplace. (Bai & Ravindran, 2019).

So it is important for psychiatric nurses to help their peers in managing job related stress and improving resilience and self-efficacy through participating in stress management training and workshop for understanding of the unique stressors and difficult situations that rapidly reduce stress symptoms, also. They should possess knowledge about the mechanisms of resilience, self-efficacy, and skills in the design

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and implementation of therapeutic interventions that facilitate, enhance their self-efficacy and resilience as a part of overall health improvement (Bernard, 2021).

Significance of the study

Psychiatric nursing is considered one of the most stressful occupations in the world as psychiatric nurses always face specialized work demands, as well as, the risk for job stressors as self-harm, suicide of patients, physical aggression, and bearing witness to others' distress as prominent concerns originating from the relational nature of mental health nursing practice. (Foster et al., 2023 and Hasan & Tumah, 2019). Around 93% of nurses are exposed to occupational stressors such stress brings them various physical, mental and behavioral problems. Physical problems such boredom, fatigue, headaches, muscle tension, and decreased effectiveness. Mental problems such as poor concentration, memory changes, and depression, and behavioral problems such as social withdrawal and substance misuse. This, in turn, can reduce the quality of their nursing care services and hence, negatively affect patient's outcomes. (Dehvan et al., 2018) A study was conducted by (Zaki, 2016) in Egypt reported that the highest percentage (89%) of psychiatric nurses who were under the study could not remain calm when facing difficulties because they could not rely on their abilities, and could not usually handle whatever comes their way and (78%) of them were not confident that they could deal efficiently with unexpected events. Job

related stress, Resilience and self-efficacy are variables that share common elements that affect psychiatric nurses' ability to withstand in the face of difficulty. So, it is considered the most powerful factors affecting the mental health of psychiatric nurses and quality of clinical practice and perceived benefits in their workplace (Cheng et al., 2020). Therefore, it is necessary to explore job related stress among psychiatric nurses and its relation to resilience and self-efficacy.

Purpose of the study

Investigate job-related stress among psychiatric nurses and its relation to resilience and self-efficacy.

Research Question:

- 1) What are the levels of job-related stress among psychiatric nurses?
- 2) What are the levels of resilience among psychiatric nurses?
- 3) What are the levels of self-efficacy among psychiatric nurses?
- 4) What is the relation between job-related stress and resilience among psychiatric nurses?
- 5) What is the relation between job-related stress and self-efficacy among psychiatric nurses?
- 6) What is the relation between resilience and self-efficacy among psychiatric nurses?

Subjects and Methods

Research Design:

A descriptive correlational research design was utilized to fulfill the purpose of this study.

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Setting:

This study was conducted at two settings at Menoufia Governorate, Egypt, Shebin Elkom psychiatric hospital (Meet khalaf psychiatric hospital) and the psychiatric department at the menoufia university hospital.

Sample:

A convenience sample of (162) psychiatric nurses was gathered from the above mentioned settings and fit the inclusion criteria: psychiatric nurses of both genders with at least two years of work experience in psychiatric care, free from psychiatric illness and accept to participate in this study.

Data Collection Instruments:

Instrument one: - Structured interviewing questionnaire

It was developed by the researcher after reviewing the related literature (Alzahrani et al, 2022 : Aladah., 2020) to obtain socio-demographic data of the studied subjects including age, gender, residence, educational level, years of experience, income, marital status, and childbearing.

Instrument two: -Psychiatric Nurses Job Stress Scale (PNJSS):

This scale was developed by Yada (2011) and modified by Yada (2015), and translated into Arabic by Zaki & Barakat (2018). It was used to measure job-related stress. It is concerned with nurses' stressors in psychiatry departments. It consists of 22 items divided into four sub-scales (9 items) to assess the job stress related to

psychiatric nursing ability, (6 items) to assess the attitude of nurses toward patients, (5 items) to assess the attitude toward nursing and (2 items) to assess the way of communication, (9) items are positive (psychiatric nursing ability: from 1.1 statement to 1.8, and attitude toward nursing: statement 1.5) and the remaining 13 statements were negative. Negative statements' scoring was reversed. The scale was in the form of a three-point Likert scale (1 - 3) with 1= agree, 2= to some extent, and 3= disagree.

Scoring system:

The total score ranged between 32 to 66 and above. Scores Less than 32 indicated no stress, scores from 32to 45 indicated mild stress, scores from 46 to 59 indicated moderate stress and from 60 and above meant high stress. The scale was reliable: the cronbach alpha coefficient for the overall scale was at 0.86.

Instrument Three: -The Modified Connor-Davidson Resilience Scale (CD-RISC) instrument:

It was developed by Connor and Davidson, (2007), and translated into Arabic by Salem (2022). It was used to measure resilience. The scale consists of 28 items. Each item was rated on a five-point Likert scale ranging from (1- 5) as strongly disagree (1), disagree (2), Neutral (3), Agree (4) and strongly agree (5).

Scoring system:

The total score range from 28-140; low level of resilience ranges from 28-64, moderate level ranges from 65-102 and

high level ranges from 103-140. The reliability of the scale was done using Cronbach alpha reliability test and proved to be strongly reliable at (0.90) which suggested an excellent internal consistency of the instrument.

Instrument Forth: General Self-Efficacy: (GSE) scale:

It is a self-reported measure that was developed by Schwarzer & Jerusalem (1995), and translated into Arabic by Batika (2022). It was used to assess psychiatric nurses' self-efficacy levels. It consists of 10 items. Subject's responses were categorized in a four-point Likert scale ranging from (1- 4) as Not at all true (1), hardly true (2), moderately true (3), exactly true (4).

Scoring system:

The total score ranged between 10 and 40. Scores from 10- 24 meant low self-efficacy, scores from 25-34 meant moderate self-efficacy, and scores from 35-40 meant high self-efficacy (El-Dahshan, et al., 2020). The reliability of the tool was done using Cronbach alpha reliability test and proved to be strongly reliable at .92.

Ethical Consideration

Firstly, acceptance was taken from the scientific research ethics committee in the faculty of nursing, the Menoufia University and the committee for research ethics of The General Secretariat of Mental Health Hospitals. Secondly, written consent was taken from each nurse in the study after explaining the purpose and the importance of the study. The subjects who have experience of at least two years in psychiatric care and agreed to

participate in the study were assured about the confidentiality and anonymity of the study. They were informed about their right to withdraw from the study at any time without giving a reason. Then a brief description of the purpose of the study and the type of questionnaire required to fill out was given to each participant.

Data collection procedure

An official letter was addressed from the faculty of nursing, Menoufia University to the directors of the selected hospital, requesting their cooperation and permission to conduct the study. Then official letter was carried to the committee for research ethics of The General Secretariat of Mental Health Hospitals and menoufia university hospital to take their permission to carry out the study at the selected settings. After permission was obtained informed consent from participants was obtained after complete description about the purpose, nature and confidentiality of the study. The data were collected from psychiatric nurses who fit the inclusion criteria at Meet Khalaf Psychiatric Hospital and the psychiatric department at the menoufia university hospital in Shebin El-kom city, Menoufia Governorate, Egypt. Data collection was done through interviewing questionnaires with the psychiatric nurses. The researcher started to collect the data from the beginning of March (2023) to the end of May (2023) two days per week. The average number of nurses who filled out questionnaires was 6-8 per day. Each interview lasted about 1 hour; depending on the

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response of the interview. The process of data collection took 3 months.

Statistical analysis

Data was entered and analyzed by using SPSS (Statistical Package for Social Science), version 22. Graphics were done using the Excel program. Quantitative data were presented by mean ($\bar{x}$) and standard deviation (SD). It was analyzed using the student t-test for comparison between two means and ANOVA (F) test for comparison between more than two means. Qualitative data were presented in the form of frequency distribution tables, numbers, and percentages. It was analyzed by the chi-square (χ^2) test. However, if an expected value of any cell in the table was less than 5, the Fisher Exact test was used (if the table was 4 cells), or Likelihood Ratio (LR) test (if the table was more than 4 cells). The level of significance was set as a P value <0.05 for all significant tests.

Results

Table (1) demonstrated the distribution of studied psychiatric nurses according to their socio-demographic characteristics. The table showed that near two-thirds (64.2 %) of studied psychiatric nurses were aged between 20 - 29 years with a mean age of (26.4 ± 2.5 years), more than two-thirds (70.4%) were females, married (67.9%), childbearing (65.4%), more than half of them lives in urban areas (52.5%), and the income of more than two fifth (61.7%) of them was just enough. Regarding their education, more than two fifth (43.2%) of studied psychiatric nurses had nursing technical institutions. In terms of work

experiences, more than two fifth (40.7%) of them had experience > 4 years.

Table (2) revealed the distribution of levels of psychiatric nurses' job stress subscales as well as its grand total score as perceived by studied psychiatric nurses. More than two fifth of the studied psychiatric nurses had mild level of job stress regarding the following subscales (Psychiatric nursing ability and attitude towards nursing) and nearly two thirds of them had moderate level of job stress regarding (The attitude of nurses toward patients subscale), while more than two thirds (67.3%) of the studied psychiatric nurses had a high levels of job stress regarding (The way of communication subscale).

Fig.1 represented the grand total of psychiatric nurses' job stress levels, two thirds of psychiatric nurses (66%) had a moderate level of job stress followed by nearly (30%) one-third of them had mild level of job stress and only (1.9%) of them had high level of job stress.

Fig.2 revealed the distribution of levels of the total score of resilience as perceived by studied psychiatric nurses. The figure reflected that more than two-thirds (67.9%) of studied psychiatric nurses had low level of resilience, while less than one-quarter (23.1%) of them had moderate level of resilience.

Fig.3 represented the distribution of levels of total score of self-efficacy as perceived by studied psychiatric nurses. The figure reflected that nearly half (48.8%) of the studied psychiatric nurses had moderate level of self-efficacy followed by more than one

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third (40.7%) of them had low level of self-efficacy, while only (10.5%) of them had a high self-efficacy.

Table (3) revealed a highly significant negative correlation between total score of job stress and total score of resilience ($r = -0.21$, $p < 0.007$) among psychiatric nurses. This means that when Job stress increases, the score of resilience will decrease

Table (4) demonstrated a highly significant negative correlation between total score of job stress and

total score of self-efficacy ($r = .59$, $p < 0.000$ HS) among psychiatric nurses. This means that when Job stress increased the score of self-efficacy will decrease.

Table (5) demonstrated a significant positive correlation between total score of resilience and total score of self-efficacy ($r = .19$, $p < 0.016$ S) among psychiatric nurses. This means that when resilience increased the score of self-efficacy will increase.

Table (1): Distribution of studied psychiatric nurses according to their socio -demographic characteristics (N=162)

Personal Characteristics	Studied Psychiatric Nurses	
	N0.	%
Age:		
20 - 29 years	104	64.2
30 - 39 years	52	32.1
≥ 40 years	6	3.7
Mean± SD	26.4± 2.5 years	
Gender:		
Male	48	29.6
Female	114	70.4
Residence:		
Rural	77	47.5
Urban	85	52.5
Education level:		
Diploma (Nursing)	36	22.2
Nursing Technical (Institute)	70	43.2
Bachelor	49	30.2
Post graduate	7	4.4
Work Experience:		
Two years	53	32.7
3 – 4 years	43	26.6
> 4 years	66	40.7
Income:		
Just enough	100	61.7
Enough and save	12	7.5
Not enough	50	30.8
Marital Status:		
Not married	38	23.5
Married	110	67.9
Divorced/ Window	14	8.6
Childbearing:		
Yes	106	65.4
No	56	34.6
Total	162	100 %

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Table(2): Levels of both the total score of psychiatric nurses job stress subscales as well as its grand total score as perceived by studied psychiatric nurses(N=162)

Psychiatric Nurses Job Stress Subscales (PNJSS)	The psychiatric nurses Job stress levels								Mean	± SD
	No stress		Mild		Moderate		High			
	N0.	%	N0.	%	N0.	%	N0.	%		
Psychiatric nursing ability	6	3.7	75	46.3	70	43.2	11	6.8	19.2	3.9
The attitude of nurses toward patients	16	9.9	27	16.7	100	61.7	19	11.7	13.6	3.1
Attitude towards nursing	17	10.5	77	47.5	64	39.5	4	2.5	9.9	1.9
The way of communication	22	13.6	20	12.3	11	6.8	109	67.3	5.2	1.3

Figure (1): The psychiatric nurses 'grand total levels of job related stress (N=162)

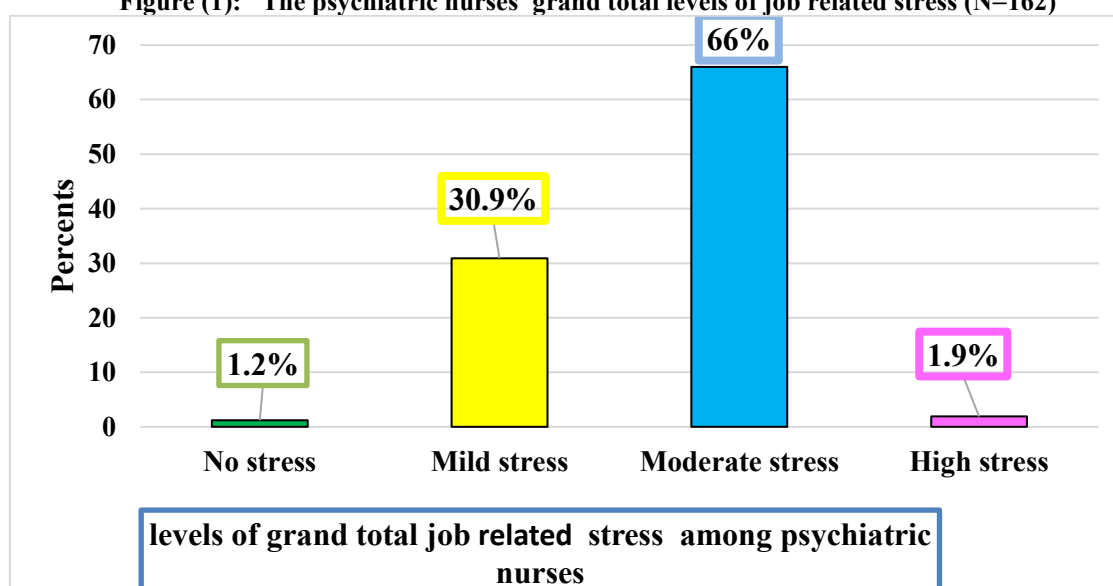
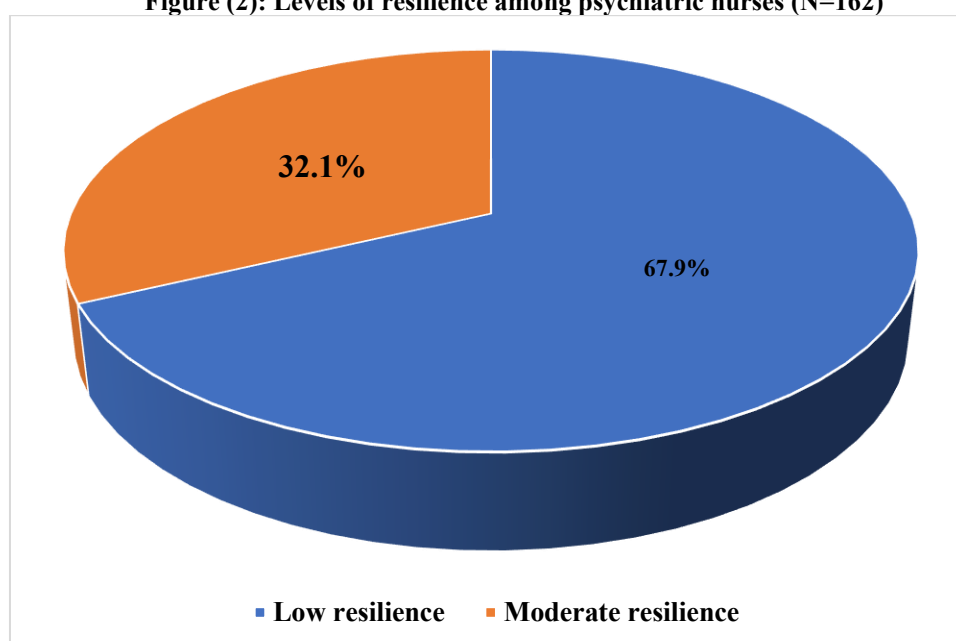


Figure (2): Levels of resilience among psychiatric nurses (N=162)



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Figure (3): Levels of self-efficacy among psychiatric nurses (N=162)

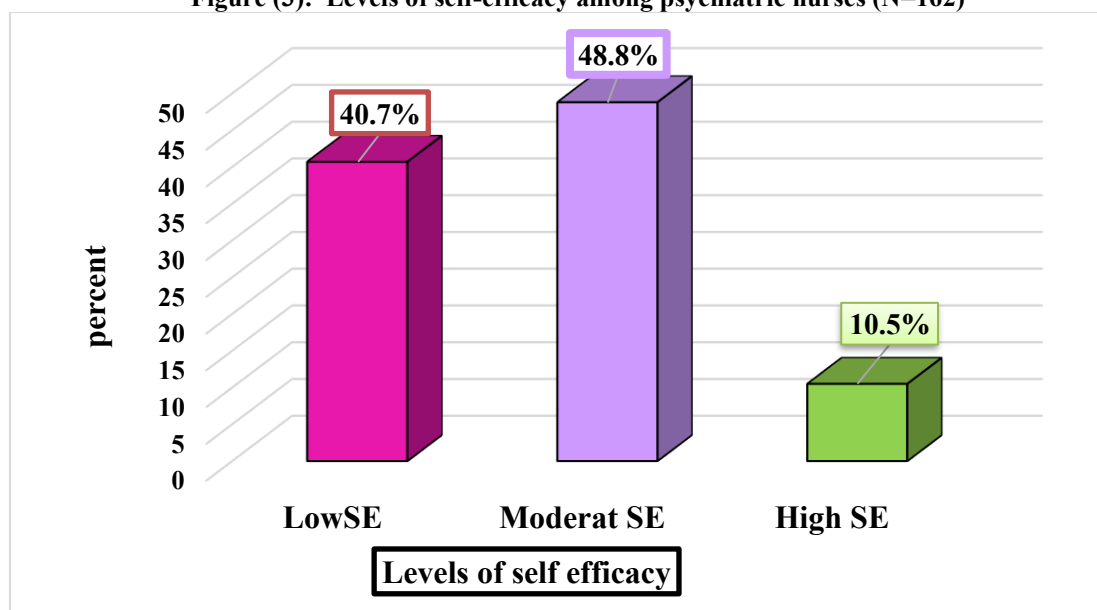


Table (3): Pearson correlation between job stress and resilience among studied psychiatric nurses (N=162)

Job Stress	Resilience	
	R	p
Total Score of Job Stress	-0.21	<0.007 HS

Table (4): Pearson correlation between job stress and self-efficacy among studied psychiatric nurses (N=162)

Job Stress	Self-Efficacy	
	r	p
Total Score of Job Stress	-.59	<0.000 HS

Table (5): Pearson correlation between resilience and self-efficacy among studied psychiatric nurses (N=162)

Resilience	Self-Efficacy	
	R	p
Total Score of Resilience	0.19	<0.016 S

Discussion

Psychiatric nurses are at a greater risk of being subjected to job stress as they work in a demanding environment and have direct interaction with psychiatric patients.. Such stress brings them various physical, mental and behavioral problems. Physical problems such

boredom, fatigue, headaches, muscle tension, and decreased effectiveness. Mental problems such as poor concentration, memory changes, and depression, and behavioral problems such as social withdrawal and substance misuse. Studies indicated

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that resilience and self-efficacy are critical factors that affect psychiatric nurses' ability to withstand in the face of difficulty (Cheng et al., 2020&Dehvan et al., 2018). Therefore, the present study was conducted to investigate job stress among psychiatric nurses and its relation to resilience and self-efficacy.

Concerning the psychiatric nursing ability subscale, the current study indicated that more than two fifth of the studied psychiatric nurses had mild level of job stress regarding this subscale, this may be due to long experience of the studied psychiatric nurses in psychiatric care as the familiarity of them with the common cases of patients mostly had a positive effect in reducing the surprises at work setting and minimizing level of stress regarding this subscale. This result was consistent with Zaki,(2016) who reported that the majority of studied nurses had mild level of job stress regarding this subscale while was contradicted with Eita &Alhalawany,(2021) who reported high levels of job stress regarding this subscale.

Concerning "attitude of nurses toward patients subscale. The current study indicated that nearly two thirds of studied nurses had moderate level of job stress regarding this subscale. This could be due to long-term stress at work, inappropriate patient attitudes, difficult controlling unpredictable behaviors e.g. self-harm and suicidal attempt, the demanding nature of psychiatric patients and the complex ethical dilemmas in psychiatric nursing. Furthermore, the interactive

relationships between medical personnel and patients result in a high risk of emotional exhaustion.

This result was supported by Aladah et al., (2020) who reported that more than half of studied nurses had moderate level of job stress regarding attitude of nurses toward patients subscale. Otherwise, this result was contradicted with the study which conducted by Dawood et al,(2017) who showed that the majority of the studied psychiatric nurses had mild levels of job stress regarding attitude of nurses toward patients subscale

Regarding the "attitude toward nursing subscale. The current result reflected that more than two fifth of the studied psychiatric nurses had mild level of job stress regarding attitude toward nursing subscale. This result was consistent with Zaki,(2016) who reported that the majority of studied nurses had mild level of job stress regarding this subscale.

Regarding the way of communication, the current finding reflected that more than two-thirds o of the studied psychiatric nurses had a high levels of job stress regarding this subscale .This might be due to caring for psychiatric patients always causes high workload pressure on nurses regarding patient care demands 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

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many situations as verbal and non-verbal aggression in which it is hard to communicate with nurses. This study was consistent with Zaki & Barakat, (2018) who reported that the majority of studied nurses had high level of job stress regarding communication with patients and their families. On the same vein, this result was identical with study done by Yoshizawa (2016) who showed high levels of job stress regarding communication subscale.

Concerning the grand total of psychiatric nurses job related stress level, the current result revealed that two thirds of psychiatric nurses (66%) had a moderate level followed by nearly (30%) one-third of them had mild level of job stress and only (1.9%) of them had high level.

This result was on the same line with Elsherif & Sabra, (2022) who reported that more than two thirds of nurses perceived moderate level of stress. The present result was in congruence with Wang et al., (2022) who revealed that more than half of psychiatric nurses were at a moderate stress level due to lack of preparation, and proficiencies to deal with psychiatric patients and their families which have enforced stress on nurses' work and thus they lost the abilities to perform their job tasks perfectly. In addition to, this result was agreed with Baye et al., (2020) who reported that the prevalence of job-related stress in his study was 66.2%.

The current study revealed that more than two-thirds of studied psychiatric nurses showed low resilience, while less than one-quarter of them showed moderate resilience. This could be due to, long term exposure to work-related

violence or threats, physical or emotional exhaustion, workplace adversity and nurses' lack of personal resilience in order to adapt to workplace adversity, this lack of personal application of resilience decreased their ability to cope with the stress and anxiety that occurs within a dynamic workplace. Also, understanding and building resilience in these nurses has received little attention which led to low levels of resilience. In this respect, the current result was agreed with Afshari et al., (2021) and Alharbi et al., (2020) who concluded that more than two-thirds of the investigated sample experienced low levels of resilience. Furthermore, this study was in the same line with Foster et al., (2019) who revealed that most of the studies indicated low levels of resilience among mental health nurses while Rahmat et al., (2023) concluded more than half of nurses had moderate resilience, and more than one quarter still have poor resilience. The difference in results may be due to the different sample characteristics that have positive plans for the future, and good family relationships and family support, and to be eager to participate in social activities.

The current study revealed that nearly half of the studied psychiatric nurses showed moderate self-efficacy followed by more than two-fifths of them showed low self-efficacy, while only (10.5%) of them showed high self-efficacy. this finding could be attributed to that staff nurses are gaining experience in managing problems from different situations they are exposed to at the workplace,

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especially with increasing years of experience. In addition, some staff nurses are allowed to share in decision-making process as well as head nurses in some units act as role model for staff nurses in managing problems. Furthermore, from clinical observation, organizational support such as providing orientation to increase clarity of assigned tasks, training and retraining courses for nurses, fair systems of reward and punishment holding continuous performance evaluations, and delegating authority to staff based on their abilities and capabilities promote staff nurses self-efficacy.

The finding of the current study on the same line with Battika, (2022) who found that nearly two-thirds of staff nurses had moderate self-efficacy (SE) level, also this result was consistent with Ebrahim et al., (2020) who found that more than half of studied staff nurses had moderate self-efficacy level and about quarter of them had low self-efficacy. Furthermore, this result was supported by Georges et al., (2021) who indicated that staff nurses rated their self-efficacy as moderate to high level.

On the contrary, the current result was inconsistent with the finding of Simonetti et al., (2021) who found that half of the participant nurses reported low general self-efficacy levels. This could be due to different work situations associated with this study as nursing professionals face a high level of stress and burn out due to overloaded responsibilities which may cause a low level of self-efficacy in addition to an unbalanced patient ratio, lack of

motivation, and self-motivation which operate through internal comparison processes

The current study revealed a highly significant negative correlation between the total score of job stress and the total score of resilience ($r = -0.21$, $p < 0.007$) among psychiatric nurses. This means that when job-related stress increases the score of resilience will decrease which could be due to that resilience imbibed in the personality of an individual to nullify the negative effects of stress which is reduced when resilient nurses use their all resources and transfer stressful situations into an opportunity for learning, growing and consequently control stress. From the other side, accumulated stress can also lead to a decline in resilience, once the stress level increases beyond a certain degree, their resilience could be damaged and reduced. In other words, resilience is the integration of stability and uncertainty, and is most impacted by stress levels. In this respect, the result of the current study was supported by Rashnuodi et al., (2023) who concluded that the relationship between resilience and job stress was significant and inverse. Also, this result was in the same line with Ozsaban et al., (2019) who reported that there is a mutual and negative relationship between stress and resilience.

Furthermore, the outcome of the existing study was supported by Codonhato et al., (2018) who found that an Inverse significant correlation was found between resilience and all stress subscales. However this result was inconsistent with Alzahrani et al., (2022) who reported that there was a

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nearly significant positive correlation between the level of stress and the resilience of mental health nurses

The result of the current study demonstrated a highly significant negative correlation between the total score of job related stress and total score of self-efficacy ($r = .597$, $p < 0.000$ HS) among psychiatric nurses. This means that when job related stress increases the score of self-efficacy will decrease. Three explanations have been proposed for which self-efficacy can reduce nurse's stress. To begin with, self-efficacy may evoke positive emotions that might help the person relax. Second, self-efficacy can influence how a negative experience is perceived as a stressor; persons who doubt their abilities to control a negative event are more likely to dwell on their coping flaws and exaggerate the severity of the event. These ineffective thoughts impede their ability to cope with stress and heighten their stress perception. On the other hand, stress feeling reduce nurses' job satisfaction which in turn decrease their self-efficacy. The result of the current study was agreed with the study by Aladah et al., (2022) who revealed that there is a statistically significant negative correlation between overall job stress subscales and general self-efficacy among nurses. If the stress increases, the self-efficacy might decrease. This point of view is consistent with Rayan, (2019) and Jack & Tetley, (2016) who concluded that self-efficacy can effectively adverse effects caused by stress and nurses with high self-efficacy tend to perceive less stress and make more effective use of

coping resources to challenges greater stress.

The result of the current study indicated a significant positive correlation between the total score of resilience and the total score of self-efficacy ($r = .19$, $p < 0.016$ S) among psychiatric nurses. This means that when resilience increases the score of self-efficacy will increase., this could be due to that the central focus is more on oneself and intrinsic motivation which will affect the resilience. Self-efficacy can affect the motivational and self-regulatory in several ways through the choice that is made and the course of action that takes place. The effect of self-efficacy also can help to determine the competence on how much effort people will develop on an activity, how long people will endure the obstacles, and how resilience develops in difficult situations where the higher the self-efficacy the higher resilience. The result of this study was in harmony with the results obtained by Baluszek et al., (2023) who reported that there was a highly statistically positive significant relation between resilience and self-efficacy among nurses. In addition to the result was consistent with Konaszewski et al., (2021) who concluded that a positive and very strong relationship was also noted between self-efficacy and resilience ($r = .71$, $p = .001$). In the same context, Djourova et al, (2020) reported that self-efficacy and resilience are highly related.

Conclusion

The current study concluded that more than two-thirds of psychiatric nurses

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had a moderate level of job-related stress. Mostly of psychiatric nurses had low resilience Furthermore; nearly half of psychiatric nurses had moderate self-efficacy level. There was a statistically significant negative relationship between resilience, self-efficacy, and job-related stress. Also, there was a statistically significant positive relationship between resilience and self-efficacy among the psychiatric nurses under study.

Recommendations

The findings of the current study recommended that; establish a psych educational program for psychiatric nurses to teach them how to deal emotionally with their work stressors. Engage psychiatric nurses periodically in training programs or workshops to enhance their resilience and self-efficacy to confront difficult psychiatric situations. Further studies recommended for replicating the study using a larger sample size in different correctional settings for further confirmation and generalizability of the results.

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