Work Related Stress, Burnout and Self-efficacy among Psychiatric Nurses

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Abstract: **Mental health nurses were reported to encounter frequent work stress, which sometimes leads to job burnout. Data on job stress and the burnout syndrome in particular, on mental health nurses remain scanty. Aim: The current study aimed to assess the relationship between work related to stress, burnout, and self-efficacy among psychiatric nurses. Design: The research design was employed in this study a descriptive correlational. Setting: The study was applied at two psychiatric hospitals: Psychiatric Hospital at Beni-Suef Governorate and Psychiatric Hospital in Mit-Khalf at Menoufyia Governorate, Egypt. Sample: A purposive sample of 120 psychiatric nurses was selected from the mentioned settings at the inpatients' departments. Data collection tools: A structured interview questionnaire, includes personal and medical data sheet for psychiatric nurses, Psychiatric Nurses Job Stress Scale, General Self-Efficacy Scale and Burnout Scale. Results: The study findings stated that more than half of psychiatric nurses had moderate burnout and moderate stress more than two-thirds had low self-efficacy. There were highly significant negative correlations between psychiatric nurses' self-efficacy and both emotional exhaustion and depersonalization. A statistically significant positive correlation was found between personal achievement and self-efficacy. Conclusion: The work stress and burnout were the most psychological problems among psychiatric nurses. Unluckily, almost half of the psychiatric nurses had moderate burnout and stress. As well, more than two-thirds of them had low self-efficacy. A significant correlation was found between stress, burnout, self-efficacy, and years of experience. Additionally, there was a statistically significant negative correlation between psychiatric nurses' work-related stress and self-efficacy. Recommendations: Assertiveness and stress management training should be provided to all psychiatric nurses to enhance their stress-bearing capacity, improving mental health, self-efficacy and job performance.**

Keywords: **Burnout, Psychiatric nurses, Self-efficacy, Work related stress.**

I. INTRODUCTION

Health care has been known to be one of the most stressful occupations because of the sensitive nature of the hospital personnel's job and their permanent exposure to extraordinary amounts of stress. Nursing is a stressful profession that deals with the human aspects of health and illness and can ultimately lead to job dissatisfaction and burnout (**Spoor, de Jonge & Hamers, 2010**). Nursing has been recognized as one of the most stressful professions. Work-related stress among nurses affects both individual and organizational, functional as well as the healthcare provider. There are many sources of work-related stress between nursing personnel. Some of these stressors are related to personality, whereas some of them are related to workplace and organizational structure or service user communication and personality traits. Workplace and

organizational stress include workload, lack of reward and work shift choices, professional conflict, lack of social support, safety issues, and lack of supervision, reduced advancement opportunities, and time management. The service user communication stressors are referred to as the nurse-patient relationship and associated with confronting of difficult or challenging behaviors and the emotional pressure that results from those behaviors (**Chatzigianni et al., 2018**).

Work-related stress between nursing personnel, especially psychiatric nurses are accompanied with musculoskeletal disorders and locomotors diseases, high levels of anxiety, and depression decreased job satisfaction, absenteeism, high turnover intention and high burnout rates, whereas it is negatively connected with nurses' patient care behaviors (**Yoshizawa et al., 2016**). The term "Burnout" was coined from the USA in 1970 as a syndrome of emotional exhaustion, cynicism, depersonalization in relationships with workers, and decreased personal accomplishment that can occur for many individuals due to excessive work in stressful conditions. Burnout disorder is one of the greatest common occupational illnesses. Burnout has many psychological and physical destructive consequences and may contribute to some disorders such as loss of individual motivation, anxiety, and depression (**Marek, Schaufeli & Maslach, 2017**).

Job-related burnout in health care field not only leads to reduced effectiveness at work, but may also restrict the perception of human, affecting an individual's appropriate judgment, reducing the ability to expect accidents, therefore leading to illegal actions and even the incidence of medical accidents, declining the quality of care which given for patients (**Ventura, Salanovam & Llorens, 2015**). Burnout is a mental condition defined as the body's response to the failure of the coping strategies that persons typically use to control stress at work (**Gulalp et al., 2008; Landa & López-Zafra, 2010; and Marin & Campayo, 2010**). The accumulation of stress exhausts persons to the point where their energy resources are inadequate for their attempts to overwhelm the pressure of a situation in which they interrelate with other people (**Canouï & Mauranges, 2008; Galanakis, 2009; Vercambre et al., 2009; and Hilton & Whiteford, 2010**). Burnout occurs in different occupations, particularly nursing, nurses expend a large amount of time in close contact with patients. Psychiatric nursing is exposed to experience high degrees of burnout. Burnout not only affects psychiatric nurses, but also the organizations. Burnout has several adversative effects on the emotional and physical health of healthcare providers, such as physical fatigue, cardiovascular disorders, and other organic diseases like anxiety, depression and loss of interest (**Hamaideh, 2011; and Stathopoulou et al., 2011**).

The self-efficacy permits the person's ability to cope in a given professional situation to be defined. The feeling of self-efficacy is measured to be an important tool of human behavior as self-regulation, distinguishing people as to their cognitive and motivational functioning and influencing employee behavior in organizational environments. Self-efficacy supports employees' mental well-being and positively coping with stress (**Bakker and Demerouti, 2008**). It has a negative impact in providing proper health care and decreases self-efficacy and productivity in the workplace. Self-efficacy is a "belief" that individuals have about their capacity to control their surroundings and influences the way they behave, think and feel about future events (**Bandura, 1977 a & b**). Self-efficacy refers to an overall self-confidence that an individual responds to different environmental challenges or face new things. It predicts an individual's behavior, thinking, and emotional reactions (**Humphries et al., 2014**).

The employees with positive beliefs about their self-efficacy respond adaptively to job stressors, predicting positive states of spiraling gains (e.g., engagement) (**Pérez-Fuentes et al., 2018**). On the contrary, those workers who consider themselves ineffective will attribute failures to a deficit in their competence, increasing their feeling of inefficacy (**Van Wingerden, Derks & Bakker, 2017**). Studies show that self-efficacy has a significant direct and indirect association with mental health such as depression, anxiety and helplessness. The work related burnout can, in turn, reduce self-efficacy, leading to helplessness, irritability, depression, anxiety, and other undesirable emotions. Therefore, becoming familiar with effective and appropriate methods of managing stress and defeating burnout can help improve mental health and to increase the efficiency and productivity of human capitals in hospitals (**Nazari et al., 2015**). The psychiatric nurse loses the interest and positive sentimentalities that he/she had for persons assisted and develops a negative self- efficacy (**Lauvrud, Nonstad & Palmstierna, 2009**). A nurse's self-efficacy is correlated with professional autonomy and empowerment. Nurses with high levels of self-efficacy consider barriers as opportunities rather than threats. (**Manojlovich, 2005**). Psychiatric nursing is a stressful profession that deals with human features of health and illness. Work related stress can substantially contribute to job burnout (**Abushaikha & Saca-Hazboun, 2009**).

Significance of the Study:

Psychiatric nurses have a critical role to deal with psychiatric patients and they are liable to many difficult situations and face a lot of dangerous cases that put them in stress, which in the long term can lead to burnout and affect their self-efficacy negatively. They are particularly vulnerable, due to a lack of community support, low staffing levels, stigma and client pressures including the risk of violence. Since the prevalence of burnout amongst mental health nurses has reached as high as 59.2% in some settings, **(Imai et al., 2004).**

Stress and burnout among psychiatric nurses have influenced all life aspects, especially their health, but also affects patient care quality. Psychiatric nurses' stress and burnout are associated with an increased level of occupational rate of absenteeism, turnover, negative job attitudes, emotional disorders among nurses, loss of interest in providing care for clients, and deterioration in idealism toward helping others. Study outcomes found that the majority of nurses had a high level of stress and burnout. Most of these studies were carried out on nurses in general. There is a scanty in the literature about work-related stress, burnout, and self-efficacy among psychiatric nurses. Consequently, it is significant to investigate factors affecting stress and burnout on psychiatric nurses. It can help to produce a positive work environment, improve the quality of care and enhance the mental health of nurses as well as improve the health care of patients. The present study highlights the relationship between work-related self-efficacy, stress, and burnout among psychiatric nurses.

Aim of the Study:

The current study was aimed to

1- Assess the levels of work related stress, burnout and self-efficacy experienced by psychiatric nurses.

2- Investigate the relationship between work related stress, burnout and self-efficacy among psychiatric nurses.

Research Question:

- What are the severity of work related stress, burnout and self-efficacy experienced by psychiatric nurses?

- To what extent are the relationship between work related stress; burnout and self-efficacy among psychiatric nurses?

- To what extent are the relations between personal characteristics and work related stress, burnout, self-efficacy among psychiatric nurses?

II.   SUBJECTS AND METHODS

Design: The research design was employed in this study a descriptive correlational.

Setting:

The present study was conducted in two psychiatric hospitals: The first Psychiatric Hospital is a Governmental hospital. It's affiliated to the General Secretariat of Mental Health (The Ministry of Health) at Beni-Suef Governorate, Egypt. The mental health services of this hospital are free services for rural and urban people for all age groups. Care is provided by a multidisciplinary team, psychiatrists, nurses, social workers, and psychologists. The hospital has three floors, the first floor for the hospital's administrative offices and pharmacy; the second floor for males, and critical departments, the third floor for female department and ECT room. The hospital has 130 beds, 97 patients and 67 nurses. The second hospital, is Met-Khalaf Psychiatric Hospital, in Shebin El-Kom, Menoufia, Egypt, it has two buildings, one building for psychiatric patients and other building for addict patients,it consists of four floors, the first floor for the hospital's administrative offices and pharmacy; the second floor for males rehabilitation, the third floor for female department and ECT room, the fourth for male department. Both hospitals provide care to inpatients and outpatient mental services for both gender and all types of mental illness.

Subjects:

A purposive sample of 120 psychiatric nurses from both Psychiatric Hospital, Beni-Suef a Governorate, and Met-Khalaf Hospital, Shebin El-Kom, Menoufia, Egypt. An equal number of 60 nurses from each psychiatric hospital. Inclusion criteria, nurses, who were involved in the direct care of patients, have at least six months of experience, both gender and willing to participate in the study. The sample size was statistically calculated by using the equation of Steven Thompson equation at 95% confidence power.

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$$n = \frac{N \times P\,(1-P)}{\{((N-1 \times (d2 \,/\, Z2)) + P\,(1-P)}$$

n = Sample size

N = Total psychiatric nurses size

d = error percentage

P = Percentage of availability of the character and objectivity

Z = The corresponding standard class of significance 95%= (1.96

The sample size was calculated to be 120 psychiatric nurses

Data Collection Tools:

The present study utilized four tools for data collection. They were as follows**:**

I- A structured interview questionnaire: It was designed by the researchers. It includes personal characteristics and medical data for nurses such as age, gender, marital status, education, experience, marital state, residence, and health status.

2- Psychiatric Nurses Job Stress Scale (PNJSS): It was developed by **Yada (2011)** and modified by **Yada (2015).** It was designed to assess nurses' stressors in psychiatry departments. It contains 22 items, divided into four subscales. The first subscale related to 'Psychiatric nursing ability', includes 9 items. The second subscale was about 'Attitude of patients', includes 6 items. The third subscale was about 'Attitude about nursing', includes 5 items. The fourth subscale for 'Communication. It contains 2 items. Scoring system: The questionnaire is a close-ended question. In which "zero means Yes", "one means No". The cutting point scores for stress scale are as follow, low from (0 - 7), moderate from (8 - 14), and severe, from (15 - 22).

3- General Self-Efficacy Scale (GSE): It was developed by **Schwarzer (1995)**. It is a ten-item scale, it assesses the strength of an individual's belief in his or her own ability to respond to novel or difficult situations and to deal with any associated obstacle or setbacks. It's a 4-point Likert scale, the choice of response ranged from "not at all true" (1) "hardly true" (2) "moderately true" (3) to "exactly true" (4). The scores for each of the ten items are summed to give a total score, the higher the score the greater the individualized sense of self- efficacy, the total score range from (10-40) and divided into, low self efficacy(10-20), moderate self efficacy (21-30) and severe self efficacy (31-40).

4- Burnout Scale: Developed by **Maslach and Jackson (1986).** It contains 22 items distributed to three-subscales concerning their feelings related to work. These subscales are personal accomplishment (8 items assessing feelings of accomplishment and competency in working with people), emotional exhaustion (9 items assessing the feeling of decreased emotional resources by an individual's work), and depersonalization (5 items assessing individual's feelings of indifference toward those receiving care). The items of the subscales are: Personal accomplishment = 4, 7, 9, 12,17,18,19, and 21. Emotional exhaustion = 1, 2, 3, 6, 8, 13, 14, 16, and 20. Depersonalization = 5, 10, 11, 15, and 22 **(Omoluabi, 1996; Coker and Omoluabi, 2010).**

Scoring system: Burnout score was used a seven-point Likert scale ranging from "never = (0), to almost every day = (6)". A low level of burnout is mean of low scores of "emotional exhaustion and depersonalization subscales accompanied by a high score of personal accomplishment subscale". Moderate scores of the three subscales revealed a moderate level of burnout. A high level of burnout is mean of high scores of "emotional exhaustion and depersonalization subscales correspond with a low score on the personal accomplishment subscale". The cutoff points of burnout subscales can be defined as follows: "Depersonalization subscale, cut-off points are low ($\leq$ 8), moderate (9 - 13), and high ($\geq$ 14)", "emotional exhaustion subscale is considered low when the score is less than or equal to 16, moderate (17 - 26), and a high greater than or equal to 27"; and "personal accomplishment subscale, the cutoff points are low ($\geq$ 37), moderate (36 - 31), and high ($\leq$ 30)".

The Tools Content Validity: questionnaires were translated into the Arabic language, by using the translation and back-translation technique to confirm their original validity. Tools were provided to a jury of 5 experts in the field of psychiatry and mental health nursing. It was checked for the relevance, clarity, comprehensiveness, and applicability of the questionnaires, the tools confirm, to be valid according to their opinions, no modifications were done.

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The Tools Reliability: It was utilized by the researchers for testing the inner consistency of the tools by the administration of the same tools to the same subjects under a similar circumstance on one occasion. Answers from repeated testing are compared (test-retest reliability) the tools stated strongly reliable. The values were (0.92, 0.91 and 0.89) for psychiatric nurses' job stress scale, general self-efficacy scale, and burnout scale respectively.

Ethical Considerations:

The researchers obtained the official approval by submitting an official letter from the Faculties of Nursing to the directors of the selected hospitals to get their agreement for data collection. Oral consent to participate in the study was acquired from all participant nurses after explaining the aim of the study and they were assured that all collected data would be confidential and only will be used for the aim of scientific research. The researchers emphasized that participation in the study is voluntary and privacy of the nurses were confident through coding data. Clear instructions on how to fill the questionnaires were given.

Pilot Study:

A pilot study was conducted prior to data collection on 12 psychiatric nurses (10%) to test all tools for clarity, objectivity, relevance, feasibility and the applicability of the tools. Also, it was conducted to identify any problem associated with administering the tools and measure the time needed for data collection, then the essential modifications were carried out accordingly. Nurses of the pilot study were excluded from the current study sample.

Procedure:

Before data collection, the official letters were addressed from both Faculties of Nursing, at Beni-Suef University and Menofia University to the directors of Psychiatric Hospitals at the above-mentioned setting for requesting their permission and cooperation to conduct the study. All of the authorized personnel provided wanted information about the importance and the purpose of the study. The nurses who met the inclusion criteria were approached by the researchers to fill the questionnaires according to the following: The researchers started data collection by introducing themselves to the participants. Consent was obtained orally from each participant. Then a brief description of the goal of the study and the time the questionnaire needed for the filling was given to each participant. The researchers visited the psychiatric Hospitals from 9 a.m. to 1 p.m. for two days per week (Sunday & Thursday). Data collection was done by interviewing with the nurses at psychiatric hospital inpatient departments, each interview lasted for (15 - 25) minutes depending on the response of the interviewee. Data were collected throughout three months from the beginning of January to the end of March 2019.

Statistical Analysis:

The collected data were systematized, analyzed, using appropriate statistical significance tests. The data were collected and coded by using the Computer Statistical Package for Social Science (SPSS), version 21. Data were analyzed using descriptive statistics in the form of percentages and frequencies. Pearson correlation and t-tests were used to compare mean scores and correlations between the study variables.

III.   RESULTS

Table 1 represented that more than half of the studied sample (53.3%) were in the age group between (20 - 35) years old with (Mean ± SD = 28.7± 13.05), As regards gender, more than two-thirds (71.7%) were females, near to two-thirds (64.2 %) were from rural area. In relation to the level of education, more than three quarters (77.5 %) were graduated from school nurses. More than one-third of the studied sample (39.2%) had from (5 -10) years' of experience. The same table also stated that more than half (60 %) were married and two-thirds (66.7%) have a health problem.

Figure 1 demonstrated that more than half of the psychiatric nurses had moderate burnout and moderate stress (51.7%, 52.5%) respectively. In relation to self-efficacy, more than two-thirds (76.7%) had low self-efficacy.

Figure 2 showed that more than two-thirds of psychiatric nurses (68.3%) had a moderate level of emotional exhaustion. While more than three-quarters (86.7%) had low levels of personal accomplishment and more than one third (37.5%) have high levels of depersonalization.

Table 2 illustrated that there was a statistically significant positive correlation between psychiatric nurse's burnout and work related to stress at (P ≤ 0.002).

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Table 3 declared that there were highly significant negative correlations between psychiatric nurses' self-efficacy and both of depersonalization and emotional exhaustion at (P ≤ 0.009 & P ≤ 0.003) respectively. Additionally, a statistically significant positive correlation was found between the accomplishment of person and self-efficacy (P ≤ 0.02).

Table 4 showed that there was a highly statistically significant negative correlation between psychiatric nurses' work-related stress and self-efficacy at (P ≤ 0.000). Although, there were significant positive correlations between both nurses' attitude toward patients, nurses' attitude toward nursing and their self-efficacy at (P ≤ 0.000 & P ≤ 0.04) respectively. As well, a statistically significant positive correlation between skills of communication and self-efficacy at(P ≤ 0.01).

Table 5 denoted that there was a significant negative correlation between burnout and nurses' age at (P ≤ 0.000). Also, the same table illustrated that highly significant positive correlations were found between age and both stress and self-efficacy at (P ≤ 0.000). There was a statistically significant positive correlation between stress and the level of education at (P ≤ 0.02). Also, a significant negative correlation was found between burnout and years of experience at (P ≤ 0.000). Likewise, a significant positive correlation was observed between years of experience and both stress and self-efficacy at (P ≤ 0.000).

Table (6) clarified that there were highly significant differences was found between social status and both stress, self-efficacy, and burnout at (P ≤ 0.000 & P ≤ 0.003) respectively. Also, there were highly significant differences between health problems and both stress & self-efficacy at (P ≤ 0.000). However. There were no significant differences between health problems and burnout. While, there were no significant differences between gender, stress, burnout, and self-efficacy.

Table (1): Personal Characteristics and Medical Data of the Studied Sample (n-120).

| Item	N	Percentage
Age (years)		
Less than 20	27	22.5
20-35	64	53.3
More than 35	29	24.2
	Mean ± SD = 28.7 ± 13.05	
Gender		
Male	34	28.3
Female	86	71.7
Place of residence		
Rural	77	64.2
Urban	43	35.8
Level of education		
Diploma	93	77.5
Intermediate	25	20.8
Bachelor nursing	2	1.7
Experience (years)		
Less than 5	27	22.5
5-<10	47	39.2
10-15	24	20
More than 15	22	18.3
Social Status		
Married	72	60
Single	29	24.2
Divorced	9	7.5
Widow	10	8.3
Health problems		
Yes	80	66.7
No	40	33.3

 * Numbers are not mutually exclusive
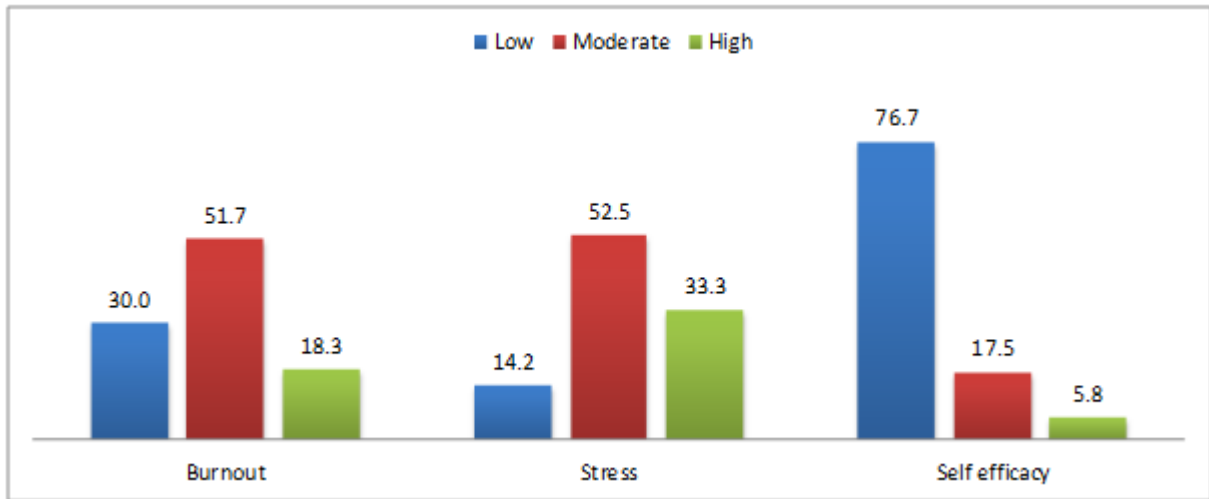
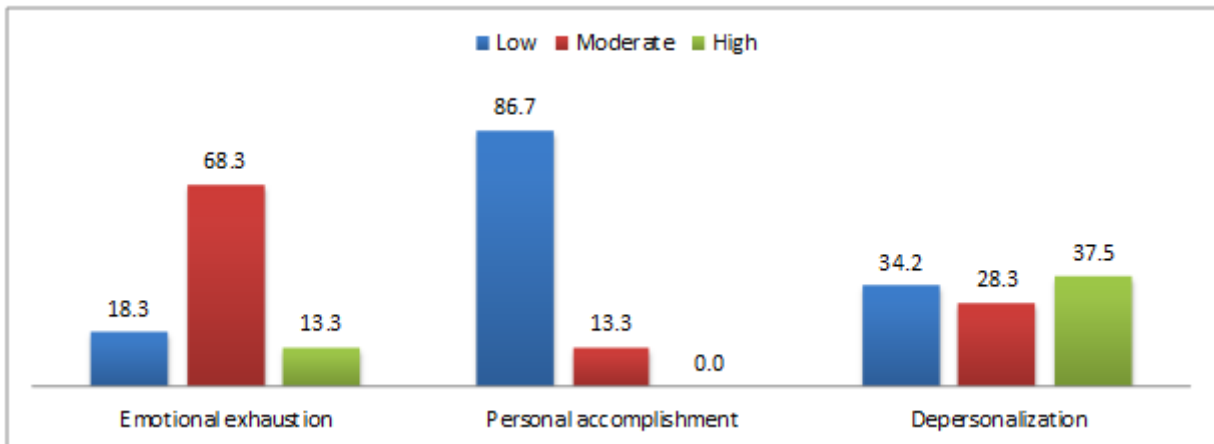**Figure (1): Level of Burnout, Stress and Self-efficacy among the Studied Sample (n-120).**

Figure (2): Level of Burnout Subscales among the Studied Sample (n-120).

Table (2): Correlation between Work Related Stress and Burnout among the Psychiatric Nurses (n-120).

Variables	Psychiatric Nurses Burnout	
	r	**p**
Work related stress	0.284	0.002**

* Statistical significant at p < 0.05   ** highly statistical significant at p < 0.01

Table (3): Correlation between Burnout Subscales and Self-efficacy among the Sample (n-120).

	Self- efficacy	
Psychiatric nurses burnout	**r**	**p**
Emotional exhaustion	- 0.237**	0.009**
Personal accomplishment	0.204*	0.026*
Depersonalization	- 0.267**	0.003**
Totals	**0.308**	**0.001****

* Statistical significant at p < 0.05   ** highly statistical significant at p < 0.01

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Table (4): Correlation between Work Related Stress Subscales and Self-efficac among the Studied Sample (n-120).

Work related stress	Self efficacy	
	r	**p**
Psychiatric nursing ability	- 0.557	0.000**
Attitude of Patients	0.320	0.000**
Attitude toward nursing	0.183	0.045*
Communication	0.229	0.012*
Totals	**- 0.471**	**0.000**

* Statistical significant at $p < 0.05$ \quad\quad ** highly statistical significant at $p < 0.01$

Table (5): Correlation between Main Studied Variable and Personal Characteristics of the Studied Sample (n-120).

Item	Burnout		Stress		Self-efficacy	
	r	**p**	**r**	**p**	**r**	**p**
Age	- 0.481	0.000**	0.616	0.000**	0.651	0.000**
Level of education	0.006	0.952	0.199	0.029*	- 0.080	0.386
Year of experience	- 0.385	0.000**	0.635	0.000**	0.651	0.000**

* Statistically significant at $p < 0.05$ \quad\quad ** highly statistical significant at $p < 0.01$

Table (6): Correlation between Main Studied Variable and Personal Characteristics and Medical Data of the Studied Sample (n-120).

Item	Burnout						Stress						Self-Efficacy					
	Low		**Mod.**		**High**		**Low**		**Mod.**		**High**		**Low**		**Mod.**		**High**	
Gender																		
Male	13	36.1	18	29	3	13.6	2	11.8	18	28.6	14	35	24	26.1	8	38.1	2	28.6
Female	23	63.9	44	71	19	86.4	15	88.2	45	71.4	26	65	68	73.9	13	61.9	5	71.4
X²/ p value	3.428 / 0.180						3.176 / 0.204						1.214 / 0.545					
Social Status																		
Married	30	83.3	30	48.4	12	54.5	9	52.9	40	63.5	23	57.5	58	63	12	57.1	2	28.6
Single	4	11.1	16	25.8	9	40.9	8	47.1	19	30.2	2	5	29	31.5	0	0	0	0.0
Divorced	2	5.6	6	9.7	1	4.5	0	0	1	1.6	8	20	2	2.2	5	23.8	2	28.6
Widow	0	0	10	16.1	0	0	0	0	3	4.8	7	17.5	3	3.3	4	19	3	42.9
X²/ p value	20.113 / 0.003**						29.973 / 0.000**						40.966 / 0.000**					
Health Problems																		
yes	26	72.2	41	66.1	13	59.1	8	47.1	33	52.4	39	97.5	52	56.5	21	100	7	100
No	10	27.8	21	33.9	9	40.9	9	52.9	30	47.6	1	2.5	40	43.5	0	0.0	0	0.0
X²/p value	1.076 / 0.584						25.839 / 0.000**						18.261 / 0.000**					

* Statistically significant at $p < 0.05$ \quad\quad ** highly statistical significant at $p < 0.01$

IV. DISCUSSION

Nursing is a very stressful profession. Psychiatric nurses are at risk of increasing burnout as a result of a challenging profession. Burnout among nurses can lead to suffering from irritability, tiredness, fatigue, headaches, gastrointestinal disorders, anger, exhaustion, insomnia, feeling of depression, dyspnea, and abnormal weight loss or gain. So, it's accompanied by increased rates of nonattendance, withdrawal, and turnover of a job (**El-Demerdash, Basal & Aldeeb, 2013; and Ali, 2017**).

In the current study more than one-half of the studied samples were in the age group between (20 - 35) years old. This result might be related to this age is the commonest age group of diploma nurses. This result was similar to the study of burnout among Egyptian nurses conducted by **Anwar and Elareed (2017)** who found that the mean age in the study was (28.9 ± 7.8) years. This result was in agreement with the finding of the Egyptian studies by **Metwaly, Ahmed and Ahmed (2018)** which stated that three-quarters of the studied nurses were females, and most of them were married, and about two-thirds of the studied nurses' their age were 30 years or less with a mean of (31 ± 8). In this respect, **Elrassas, Shorub and El-Okda (2016)** who studied of burnout syndrome among the nursing staff in Egypt, and found that, the mean age of the psychiatric nurses' group was (36.5 ± 7). Also, a study by **Sabbah et al. (2012)** reported that, age was found to be significant for emotional exhaustion burnout for all age groups, a study by **Isaksson et al. (2008)** was contradicted with the study result and reported that, young nurses were most enthusiastic.

Furthermore, our study result clarified that, there was a statistically significant positive correlation between the accomplishment of person and self-efficacy; this finding is could be due to those persons with a high degree of self-efficacy are enthusiastic and have more self-confidence regarding their abilities in achieving their goals, so they exert all needed efforts to complete these goals. Recent studies carried out by **Oles (2017)**; and **Pacheco (2017)** revealed that, self-efficacy is directly related to the personal accomplishment component of burnout. Personnel who have high levels of self-efficacy are self-motivated. They are able to succeed in spite of the difficulties they face. They follow tasks, put goals and sub-goals for themselves, and take the needed time to achieve these goals.

In relation to levels of work related stress and burnout among studied nurses. The result of the current study showed that, more than half of the psychiatric nurses had a moderate level of work stress and burnout. Although, one-third of them had a high level of job stress. This could be due to overwhelming workloads, excessively long shifts, a lot of responsibilities and too much burden on nurses. Also, the emotional nature of patient demands, long working hours and inter-professional as well as interpersonal conflicts. New healthcare technologies, budget cuts and changing health care environments continue to increase personal and work stress among nurses. This result was consistent with a study by **Farahbod et al. (2015)** clarified the nurses had a severe burnout in emotional exhaustion, moderate burnout in depersonalization, and low burnout in a reduced sense of personal accomplishment.

In agreement with the current study result, **Al-Turki et al. (2010)** reported that, there were amount to higher rates of burnout more than two-thirds. This finding was congruent with the Egyptian and Saudi Arabian studies, by **Yousef et al. (2006)** found that, higher rates of burnout about two-thirds. These results were contradictory to the study by **Abdulla and Abbas (2014)** who reported lower rates of one-eighth of the studied nurses. This might be due to, the number of shifts, exposure of violence (physical-verbal), shift timing (night), and quality of life perception (very poor or poor) were significant predictors of stress and burnout among psychiatric nurses.

In this respect, a cross-sectional study conducted by **Dawood, Mitsu and Monica (2017)** who highlighted that, the psychiatric nurse job stress ranged between 16 and 88 with a mean score of (47.95 + 10.09), showing that half of the studied nurses had a moderate level of job stress. In this respect, the study of "the relation of job stress and job exhaustion among nurse" curried by **Zeighami (2011)** found that the rate of job stress is high.

These results were consistent with **Zaki (2016)** who displayed that more than half of the participants had a moderate level of job stress, and only 4% of them had a severe level of job stress. This result contradicted the results of **Elshaer et al. (2018)** found that, psychiatric nurses were suffering from job stress. The Study was done by **Carolina (2010)** clarified that nursing is a highly stressful profession. Psychiatric nurses are at hazard of developing job-related stress and burnout as a result of an emotionally challenging profession.

On the contrary, a study conducted by **Shih et al. (2016)** showed that psychiatric nurses were suffering from job stress, most of them think that they did not have the ability, knowledge about the laws, the organizations and the policies necessary for nursing, can't be a nurse correspond as the case requires and unable to express their opinion in front of others. This result could be due to lack of preparation and proficiencies to deal with psychiatric patients, which has enforced stress on the nurse's work and thus they lost the ability to perform their job tasks perfectly. Another study on stressors, moderators and stress outcomes: findings from "the all Wales community mental health nurse" by **Edwards et al. (2007)** clarified that 2.6% of stress response was among the mental health nurses.

Concerning the relation between gender and work-related stress, burnout and self-efficacy the current study findings declared that, there were no statistically significant relations between psychiatric nurses work-related stress, burnout and self-efficacy. On the other hand, study results carried out by **Yada et al. (2014)** who studied the quantitative differences of gender in psychiatric nurses' job stress. The results showed that female nurses had statistically significant higher stress levels than males related to psychiatric nursing capability and attitude towards nursing. Also, the study by **Krausz, Sagie and Bidermann (2000)** who compared between male and female nurses working in psychiatric departments and showed that male nurses experienced a higher degree of emotional exhaustion. They have seen that male nurses have, the less adaptive capacity as compared to female nurses.

The current study findings stated that, there was a statistically significant positive correlation between psychiatric nurses work related stress and burnout. These findings were in agreement with the study by **Tuna and Baykal (2014)** recognized that a significant relationship was established between the sub-dimensions of the job stress levels and burnout levels. As well, the study of work related stress and burnout, and satisfaction among emergency nursing staff after transformation plan of the health system in Iran by **Tavakoli et al. (2018)** reported that, job burnout was directly correlated with job stress ($p \leq 0.001$, $r = 0.57$). Rendering to the study performed by **Wang et al. (2012)** found that job stress interferes with work, thereby contributing to higher burnout levels increased. The result of the present study goes in line with, the meta-analysis conducted by **Alarcon (2011)** who reported that resources, demands and organizational attitudes were all related to burnout. This was also in line with individual stress has been found to destructively affect work roles which result in employees suffering high burnout (**Yavas, Babakus & Karatepe, 2008**). Also, other studies have revealed that exposure to prolonged personal stress negatively affects employee health outcomes (**Burke & Greenglass, 2007; O'Donovan, Doody & Lyons, 2013; and Young, Schieman & Milkie, 2013**).

The finding of the present study revealed that, there was a statistically significant negative correlation between self-efficacy and work related stress. This might be due to the stress feeling can decrease satisfaction in the work and lead to decreasing self-efficacy. This finding was in line with **Zajacova, Lynch, and Espenshade (2005)**; and **Murphy and Walsh (2015)** demonstrated that, there was a significant negative relationship between job stress and self-efficacy. In this respect, a study by **Adeyemo and Ogunyemi (2005)** concluded that, job stress and self-efficacy have a reverse relationship.

Regarding the relationship between burnout and self-efficacy **Shoji et al. (2016)** declared that, the association between self-efficacy and burnout was of medium size (- 0.33). Also, **Skaalvik and Skaalvik (2007)** clarified that, a highly significant negative correlation between self-efficacy and burnout in that lower burnout would lead to higher self-efficacy. Another study conducted by **Alidosti et al. (2016); and Kokkonen et al. (2014)** reported that, increasing self-efficacy would lead to reduce the degree of burnout that high levels of burnout were connected with lower levels of self-efficacy. Furthermore**,** there was a significant relationship between self-efficacy scores of nurses in three categories of high, average and low burnout among different categories of burnout.

These results were in line with those of **Bahonar, Porostadi and Livarjani (2009)** who also found that high self-efficacy scores were associated with low burnout. However, unlike the current study in their study where no negative correlation was found between self-efficacy, depersonalization and emotional exhaustion. Those results are congruent with the studies by **Egyed and Short (2006)** who explained that a highly significant negative association between self-efficacy and burnout among teachers in that lower burnout would lead to higher self-efficacy. Another study reported that increasing self-efficacy among community employees would lead to decrease in emotional exhaustion and consequently reduces the amount of burnout (**Ebrahimi and Poorahmad, 2013**).

According to years of experience and self-efficacy, the study results reported that, a significant positive relationship between self-efficacy and years of experience. These results are going in line with **Mahdizodeh et al. (2016)** mentioned that, the past experience was either positive or negative, and the process of learning from those past experiences will affect self-efficacy of future experiences. Similar, an Egyptian study by **Elkazaz and Berma (2017)** demonstrated that, there was a statistically significant relationship between years of nursing experience and self-efficacy. This could be due to the nurses, who had the greater length of nursing experience may have a higher amount of maturation which ultimately leads to possess emotional and social competencies and tend to find better strategies to improve their performance over time, thus increasing their sense of efficacy.

The greater the exposure to the experience, the greater was the level of self-efficacy. Throughout a nurse's professional career there will be experiences that must be evaluated and reflected on to increase learning and improve performance in the workplace. This goes with **McNeill (2016)** who identified that, there was a significant positive correlation between years of experience and a statistically significant positive correlation between self-efficacy and years of nursing education. Furthermore, **Soudagar, Rambod and Beheshtipour (2015)** found that, the nurses who had more than 16 years of working experience in the field of nursing reported a better self-efficacy score.

Overall, self-efficacy was predicted by the years of experience in the field of nursing. Also, **Masoome et al. (2015)** reported that increasing age and work experience had increased self-efficacy. On the contrary, **Stanley and Pollard (2013)** reported that the years of nursing experience did not demonstrate a relationship with the level of pain management knowledge or self-efficacy. However, the years of pediatric experience demonstrated a positive relationship to knowledge but not to self-efficacy.

In relation to years of experience and work-related stress among psychiatric nurses. The study findings revealed a positive correlation was found between years of experience and work related stress, in the same line a study by **Shih et al. (2016)** explained that, nurses with six to ten years' of experience had higher the level of job stress than nurses with less than five years or more than 11 years' experience. This goes with **Su (2008)** indicated that middle-aged nurses with six to ten years' experience were expected full responsibility at work, and many roles during this phase clarify why middle-aged nurse experience job stress was more particularly.

In addition, the current study findings revealed that a positive correlation was found between the level of education, work-related stress and burnout. The previously study at Saudi Arabia that was in the same line with the results of the current study, done by **Dawood and Mitsu (2018)** who studied the correlation between Psychiatric Nurses Job Stress Subscales and age, length of experience as a psychiatric nurse and workplace were studied. A significant correlation was discovered between the psychiatric nursing ability and the level of education. The contrary, Egyptian research done by **Zaki (2016)** highlighted that, no statistically significant relation between psychiatric nurses' occupation, educational level and stress.

Furthermore, **Al Hosis, Mersal and Keshk (2013)** studied the effect of job stress on the health of Saudi nurses who work in the ministry of health hospitals in the Qassim region in Kingdom of Saudi Arabia and found that, nurses' work stress was not affected by educational level. Also, a significant relationship was found between workplace and communication subscale. This goes in the line with the study done by **Liu and Wuerker (2005); Flannery et al. (2007); and Hanrahan et al. (2010)** which reported that the psychiatric nurses constantly manage patients and families from all levels of people, and is essential to deal with manifold communications. Both are hurt from work and verbal attacks from patients will increase psychiatric nurse occupational burnout.

V. CONCLUSIONS

According to the findings of the current study, we can be concluded that, stress and burnout were the most psychological problems among psychiatric nurses. Unhappily, almost half of the psychiatric nurses suffered from moderate burnout and stress. As well, more than two-thirds of the studied nurses had low self-efficacy. A statistically significant correlation was stated between stress, burnout, self-efficacy, and years of experience. Besides, there was a significant negative correlation between psychiatric nurses work-related stress and self-efficacy.

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VI.   RECOMMENDATIONS

- Continuous educational programs should be organized applied to enrich the psychiatric nursing ability and develop a positive attitude toward psychiatric nursing and patients.

- Further researches are needed to determine nurses work-related stress and burnout to determine their needs for its prevention.

- Periodical assessment of stress and burnout related to psychiatric nurses should be determined regularly for early detection, development and implementation of training programs to improve their coping skills and manage burnout.

- Widening the scope of this study by carrying it on the larger sample size and different psychiatric hospitals.

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