

Effect of Stress Management on Job Related Stress Among Nurses Working with Psychiatric Patients

*Mawaheb Mahmoud Zaki & **Mona Mohamed Abdel-Aziz Barakat

Lecturer of Psychiatric Nursing and Mental Health, Faculty of Nursing,
Benha University

Corresponding Author: Mawaheb Mahmoud Zaki

Abstract

Background: Job related-stress for psychiatric nurses considered serious issue that may results in increasing nurse's emotional distress and psychological problems and has a negative effect on health-care services. This study aimed to evaluate the effect of stress management on job related stress among nurses working with psychiatric patients. Quasi-experimental design (one group pre and post-test) was used to achieve the aim of the study. This study was conducted at the Psychiatric Mental Health Hospital in Benha City, Kaluobia Governorate, Egypt. Two tools for data collection was used, tool one Structured Interview Questionnaire to assess socio-demographic characteristics. Tool two Psychiatric Nurses Job Related Stress Scale (PNJSS). The results reveals that, there was statistically significant decrease of the total mean scores of Psychiatric Nurses Job related Stress Scale post stress management program than before program among psychiatric nurses at p-value = <0.05. Conclusion Stress management program had positive effect in the stress reduction of the nurses working with psychiatric patients. Recommendations: Based on the results of this study we recommended, continuous follow-up for nurses working in a psychiatric hospital. Establish a psycho-educational program for all psychiatric nurses to teach them how to cope positively with their job related stressors.

Keywords: Job related stress, Psychiatric nurses.

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I. Introduction

Nursing is a notoriously high-stress occupation – emotionally taxing and physically draining, with a high incidence of burnout. Some common stressors include poor working relationships between nurses and doctors and other health care professionals, demanding communication and relationships with patients and relatives, emergency cases, high workload, understaffing and lack of support or positive feedback from senior nursing staff (Yada, 2015). Psychiatric nursing is regarded as one of the most stressful occupations in the world (Zaki, 2016). Nurses working with psychiatric patients may be confronted with intense interpersonal interactions, dynamic changes in patients, emotional liability and psychological distress that can be very stressful and challenging. Nurses caring for psychiatric patients may have to face violent emotions and unpredictable behaviour which can be quite stressful (Sailaxmi & Lalitha, 2015). Stress, according to the Transaction Model, is defined as any stimulus that requires from the external or internal environment and taxes or exceeds the sources of adaptation of an individual or social system (Goulart, et al., 2015). If psychiatric nurses' mental and physical health is not protected, they often experience mental health disorders, which can have a negative influence on health care services, also a major contributor to attrition and widespread shortages in the nursing profession. (Alidosti, 2016; & Awuku, 2013). A considerable body of research strongly suggests that workplace stress management interventions are effective at reducing stress (Milliken, et al., 2007). A meta-analysis by Richardson & Rothstein, (2008) found that stress interventions had a medium to large effect on psychological, physiological, and organizational outcomes, with cognitive-behavioral interventions producing the largest effects, followed by relaxation interventions for psychiatric nurses. Stress management is a trial to increase individuals' adaptation with the environment or a trial to prevent negative outcomes resulting from pressuring conditions, through detection of negative thoughts, cognitive reconstruction, muscular relaxation Kravit et al., (2010), Time management, anger management, problem solving skills, and efficient communication skills (Pirzadi, et al., 2014). Stress management strategies that are evolved based on the nature of nurses work can help moderate nurses stress perception in the work place. A practical, realistic, cost-effective and tailor-made strategy like this prevention by psychiatric nurses. Appropriate and operationally feasible interventions such as problem solving, time management, communicating skillfully, being assertive, negotiating effectively and responding appropriately to criticism which allow nurses to pursue an optimal approach to caring for psychiatric patients are likely to produce substantial benefits in terms of reducing the risk of burnout and consequently positively influencing sickness absence and staff turnover. Nurses trained in stress

management are in a better position to manage only their own stress, but also teach patients and family members stress management. Ensuring that pre-registration education adequately prepares nurses for their roles as qualified practitioners might reduce transition stress (Sailaxmi & Lalitha, 2015). So the present study aimed to evaluate the effect of stress management program on job related stress among nurses working with psychiatric patients.

Magnitudes of the problem:

Psychiatric nurses have conflicting roles to care for and control clients, which induces stress. Nurses have intense relationships with clients and their families, engage in preventing self-harm and encounter high instances of challenging behavior. In addition Iyi, (2015) added also that the nurses are exposed to intense stressors arising from the demand of their jobs. These stress factors could be poor staffing, high workload, communication breakdown, death and sometimes pressures arising from medication errors. The nursing profession also exposes nurses to un-planned but unavoidable long working hours, lots of paper work and other social vices like physical abuse from either the patients or their families. Unmanaged stress can adversely affect the caring process. Psychiatric nurses are leaving the profession due to reporting feelings of exhaustion and the inability to deliver quality of care to the patients. In addition, it may lead to occupational burnout (Edwards, 2015). Therefore, existing stress in the work environment can negatively affect their function in giving care to the patient in long term (Chiang, & Changa, 2012).

Aim of the study:

This study aimed to evaluate the effect of stress management program on work related stress among nurses working with psychiatric patients. Theoretical and operational definition: Job related stress theoretically defined as any stimulus that requires from the external or internal environment and taxes or exceeds the sources of adaptation of an individual or social system (Goulart, et al., 2015). In the present study it can be operationally defined by stress in the work environment and occupational burnout measured by Yada, (2015).

Hypothesis

Work related stress mean score will be reduced after stress management program than before program.

II. Subject And Methods

Research design

A quasi-experimental design (one group pre/posttest) was utilized to achieve the aim of the study. Setting: The study was conducted at the Psychiatric Mental Health Hospital in Benha City, Kaluobia Governorate, which is affiliated to General Secretariat of Mental Health in Egypt. Subjects A convenience sample of a total (40) psychiatric nurses from both sexes who are working at the previously mentioned setting was recruited in the study who fulfill the following inclusion and exclusion criteria: Age range: from 20 to 60 years, both sexes, working for at least one year continuously with full-time employment, and accept to participate in the study.

Tools of Data Collection:

The following tools were used for data collection.

Tool (1):- Structured Interview Questionnaire.

To assess socio-demographic characteristics as age, sex, and marital status, work place, years of experience, occupation, educational level ect... Tool (2):- Psychiatric Nurses Job Related Stress Scale (PNJSS): This scale was developed by Yada, (2011) and modified by Yada, (2015). It was used to measure job related stress. It concerned with nurses' stressors in psychiatry departments by contributing to the self-care of psychiatric nurses and the line care of managerial staff. It consisted of 22 items, (9) items are positive and remaining 13 items are negative. The scale divided into four sub items (9 items) to assess the job stress related to psychiatric nursing ability, (6 items) assesses attitude of patients, (5 items) to assess attitude toward nursing and (2 items) to assess the way of communication. The scale was in the form of (3) point Likert scale (1= agree to 3= disagree). Negative statements scoring was reversed. Scoring system are:

1. Less than 32 no stress.
2. From 32 to 45 mild stress.
3. From 46 to 59 moderate stress.
4. From 60 and above high stress.

III. Reliability of the tools

Reliability was applied by the researcher for testing the internal consistency of the tool, by administration of the same tools to the same subjects under similar conditions on one or more occasions. Answers from repeated testing were compared (Test-re-test reliability). The tool was strongly reliable at 0.816 for the scale and from

0.675 to 0.869 for each subscale. Validity of the tools: They were tested for content validity by jury of five experts in the field of psychiatric Health Nursing and community nursing specialty to ascertain relevance and completeness. The tools proved to be valid.

IV. Methods

Administrative Design:

Official letters were issued from the faculty of nursing, to the director of Psychiatric Mental Health Hospital in Benha City, explaining the aim of the study and requesting their permission for data collection and participation of nurses in the research process.

Ethical considerations:

The psychiatric nursing were briefed about the purpose of the study, encouraged and give fully informed verbal consent to participate. It was emphasized that all data collected was strictly confidential and the data would be used for scientific purposes only and she has full right to withdraw from the study at any time.

Pilot study:

A pilot study was conducted on 4 nurses to test the designed assessment tool and its applicability on the sample, and in order to estimate the time needed to fill in the sheets, and to identify obstacles or problems in data collection and accordingly necessary modifications were done. Subjects who shared in the pilot study were excluded from the main study sample. Data collection for the study was carried out in the period from January 2017 to March 2017. The researcher collected the data during the morning at two days/week from 10 AM to 12 AM. The subjects were divided into 4 groups; each of them consisted of 10 psychiatric nurses. Implementation of the study passed into three phases (pre assessment phase, implementation phase and post assessment phase).

Pre assessment phase:

A comfortable, private place was chosen for the interviewers. Orientation was done about the researcher's name, purpose, significance, content of the study. Subjects were interviewed where pre-assessment was done using (1) Structured Interviewing Questionnaire, and Psychiatric Nurses Job Stress Scale (PNJSS).
Implementation phase: This study hypothesized that job related stress among the psychiatric nurses will be reduced after attending stress management training program than before program. This training program has a general objective and divided into session each session has a set of specific objectives. This was achieved through several teaching methods such: brain storming, lecture, discussion, providing the example. Data show, video, role play and pictures were used as media. Communication skills, assertiveness skills, responding to criticism skills, role played and video graphed. At the end of each session summary, feedback, further clarifications were done for vague items..3

The content of the intervention program sessions was as follows:

The nurses were enrolled for 8 sessions, each lasting for one hour, on a daily basis. Two sessions in a week were taken during the morning shift. Each session takes about 60 minutes a day. Based on the results obtained from the assessment tools and review of literature, the program content was developed by the researcher in the form of a booklet, which was distributed for nurses in the first session. Sessions of stress management program focused on:

The 1st session: Introduction about aim, objectives and content of the sessions.

The 2nd session: Theoretical background about stress and its effect on different body system.

The 3rd session: Problem solving skill.

The 4th session: Time management skill.

The 5th session: Communication skill training

The 6th session: Assertiveness training skill.

The 7th session: Responding to criticism assertively.

The 8th session: Summary about the program sessions and post-assessment test.

Post assessment phase:

An evaluation was done using Structured Interview Questionnaire and Psychiatric Nurses Job Related Stress Scale (PNJSS) to evaluate the impact of the stress management program on job related stress among nurses working with psychiatric patients..

Statistical Analysis

The results were statistically analyzed by using SPSS version 20. Numerical data were expressed as mean \pm SD, and range. Qualitative data were expressed as frequency and percentage. Relations between different variables were

tested using Friedman test, t-student. Pearson's Correlation analysis was used to show strength and direction of association between two quantitative variables. P value < 0.05 is considered significant.

V. Results

Table (1) and Table (2) shows, personal characteristics of psychiatric nurses: It reveals that more than half of them their age are between 20 - < 35 years with a mean age of 33.437± 8.001 years. Regarding their sex, more than two-third of them were female. Concerning marital status the majority (90.0%) are married. Concerning their work place less than half of them working in male department and have 9 years of experience in psychiatric nursing. More than three quarter of them living in the same governorate, also, more than one third of the study sample work over time (more than 40 hours) in week. Concerning to attending training courses about stress management, all the sample haven't attended any training courses about stress management. Table (3): Job stress related to psychiatric nursing ability pre and post stress management program: this table reveals that, there is a statistically significant differences related psychiatric nursing ability subscale pre and post stress management program related to items (I think that I can nurse and correspond as the case requires, I think that I can explain the nursing that I am doing, and I think that my experience has been made use of on the job) at p-value=< 0.001. Table (4): Job stress related to attitude of patients pre and post stress management program among psychiatric nurses. This table reveals that, there is a highly statistically significant differences between job stress related to attitude of patients pre and post stress management program among psychiatric nurses at p-value=< 0.001. Table (5): Job stress related to attitude toward nursing pre and post stress management program among psychiatric nurses. This table shows that, there is a highly statistically significant differences between attitude toward nursing subscale of job stress scale pre and post stress management program among psychiatric nurses at p-value=< 0.001. Table (6): Job stress related to communication pre and post stress management program among psychiatric nurses. This table illustrates that there is a highly statistically significant differences between job stress communication subscale pre and post stress management program among psychiatric nurses related to item (I think it is difficult to communicate with patients) at p-value=< 0.001. Table (7): shows comparison between total mean scores of Psychiatric Nurses Job Related Stress Scale pre and post stress management program. This table reveals that, there is a statistically significant differences between total mean scores of Psychiatric Nurses Job Stress Scale pre and post stress management program among psychiatric nurses at p- value =<0.05. Table (8): shows relationships between Total Psychiatric Nurses Job Related Stress Scale and personal characteristics of psychiatric nurses under study. It reveals that there is statistically significant correlation between total psychiatric nursing job related stress and marital status of psychiatric nurses under study at p- value =<0.05. Also, there is a highly statistically significant correlation between total psychiatric nursing job related stress and residence or place of work among psychiatric nurses under study at p-value=< 0.001.

Table (1): Personal Characteristics of Psychiatric nurses (N = 40).

Personal characteristics	Psychiatric nurses (N=40)	
	N	%
Age		
• 20- <35Y	25	62.5
• 35- <50Y	14	35.0
• 50- 60Y	1	2.5
Mean ± SD		33.437± 8.001
Sex		
• Male	16	40.0
• Female	24	60.0
Marital Status		
• Single	4	10.0
• Married	36	90.0
Work place		
• Male department	19	47.5
• Female department	18	45.0
• Outpatient	3	7.5
Years of experience in psychiatric nursing		
• 3- <6 years	12	30.0
• 6- <9 years	9	22.5
• ≥9 years	19	47.5
Occupation		
• Nurse	29	72.5
• Department supervisor	11	27.5
Education		
• Diploma of nursing	23	57.5
• Health technical institute	12	30.0
• Bachelor of nursing	5	12.5

Continue

Table (2): Personal Characteristics of Psychiatric nurses (N = 40).

Personal characteristics	Psychiatric nurses (N=40)	
	N	%
Residence place to work		
• in the same governorate	31	77.5
• behind the governorate	7	17.5
• are two governorate	2	5.0
Attending training courses about stress management		
• es	0	0.00
• o	40	100.0
Work hours in week		
• total time (40 hours)	16	40.0
• part of time(<40 hours)	7	17.5
• ver time (>40 hours)	17	42.5

Table (3): Job stress related to psychiatric nursing ability pre and post stress management program.

Psychiatric nursing ability subscale		Psychiatric nurses(N=40)						Chi-square	
		Agree		To some extent		Disagree		X ²	P-value
		N	%	N	%	N	%		
1. I think that I can nurse and correspond as the case requires.	pre	37	92.5%	3	7.5%	0	0.0%	4.276	0.039*
	post	40	100.0%	0	0.0%	0	0.0%		
2. I think that I can explain the nursing that I am doing.	pre	37	92.5%	3	7.5%	0	0.0%	4.276	0.039*
	post	40	100.0%	0	0.0%	0	0.0%		
3. I think that I have psychiatric nursing ability.	pre	40	100.0%	0	0.0%	0	0.0%	-	-
	post	40	100.0%	0	0.0%	0	0.0%		
4. I think that my experience has been made use of on the job.	pre	35	87.5%	4	10.0%	1	2.5%	7.265	0.026*
	post	40	100.0%	0	0.0%	0	0.0%		
5. I feel that my role as a nurse is well-defined	pre	36	90.0%	3	7.5%	1	2.5%	1.530	0.465
	post	36	90.0%	4	10.0%	0	0.0%		
6. I think that I understand the patients	pre	37	92.5%	1	2.5%	2	5.0%	3.126	0.210
	post	38	95.0%	2	5.0%	0	0.0%		
7. I think that I can express my opinion in front of others.	pre	32	80.0%	7	17.5%	1	2.5%	1.139	0.566
	post	28	70.0%	10	25.0%	2	5.0%		
8. I think that I have knowledge about the laws, the institutions and the policies necessary for nursing.	pre	28	70.0%	9	22.5%	3	7.5%	4.599	0.100
	post	20	50.0%	18	45.0%	2	5.0%		
9. I feel that the direction my nursing is advancing in is not clearly defined.	pre	6	15.0%	25	62.5%	9	22.5%	1.635	0.441
	Post	10	25.0%	24	60.0%	6	15.0%		

* <0.05 statistically significant

Table (4): Job stress related to attitude of patients pre and post stress management program among psychiatric nurses.

Attitude of patients subscale		Psychiatric nurses(N=40)						Chi-square	
		Agree		To some extent		Disagree		X ²	P-value
		N	%	N	%	N	%		
10-I feel that patients are negative about me.	pre	6	15.0%	25	62.5%	9	22.5%	0.472	0.790
	post	10	25.0%	24	60.0%	6	15.0%		
11- I feel that there are patients who have an unpleasant attitude toward	pre	6	15.0%	28	70.0%	6	15.0%	12.629	0.002**
	post	4	10.0%	30	75.0%	6	15.0%		

me.									
12-I feel that there are patients who are threatening and make me afraid.	pre	8	20.0%	23	57.5%	9	22.5%	8.507	0.014*
	post	0	0.0%	32	80.0%	8	20.0%		
13-I feel that I might get entangled in patients' behavior.	pre	11	27.5%	16	40.0%	13	32.5%	11.952	0.003**
	post	2	5.0%	24	60.0%	14	35.0%		
14-I feel that I am pressured by patients' demands.	pre	13	32.5%	19	47.5%	8	20.0%	7.588	0.023*
	post	2	5.0%	22	55.0%	16	40.0%		
15-I feel that patients make impossible demands on me.	pre	13	32.5%	21	52.5%	6	15.0%	23.808	<0.001**
	post	6	15.0%	18	45.0%	16	40.0%		

* <0.05 statistically significant **<0.001 a highly statistically significant

Table (5): Job stress related to attitude toward nursing pre and post stress management program among psychiatric nurses.

Attitude toward nursing subscale		Psychiatric nurses(N=40)						Chi-square	
		Agree		To some extent		Disagree		X ²	P-value
		N	%	N	%	N	%		
16-I feel that the there is a difference between the philosophy of the institution and the reality.	pre	24	60.0%	11	27.5%	5	12.5%	16.033	<0.001**
	post	4	10.0%	26	65.0%	10	25.0%		
17-I feel that there is a gap between my ideal and actual nursing.	pre	18	45.0%	18	45.0%	4	10.0%	21.775	<0.001**
	post	6	15.0%	16	40.0%	18	45.0%		
18-I feel that there is difference among nurses in the way of thinking about of nursing.	pre	23	57.5%	9	22.5%	8	20.0%	12.948	0.002**
	post	4	10.0%	20	50.0%	16	40.0%		
19-I feel that I have a difference of opinion with my superior.	pre	14	35.0%	20	50.0%	6	15.0%	36.642	<0.001**
	post	2	5.0%	26	65.0%	12	30.0%		
20- I feel that I can do integrated nursing.	pre	26	65.0%	7	17.5%	7	17.5%	13.961	<0.001**
	post	2	5.0%	24	60.0%	14	35.0%		

**<0.001 a highly statistically significant

Table (6): Job stress related to Communication pre and post stress management program among psychiatric nurses.

Communication subscale		Psychiatric nurses(N=40)						Chi-square	
		Agree		To some extent		Disagree		X ²	P-value
		N	%	N	%	N	%		
21-I think it is difficult to communicate with the family of patients.	pre	14	35.0%	19	47.5%	7	17.5%	1.559	0.459
	post	2	5.0%	22	55.0%	16	40.0%		
22- I think it is difficult to communicate with patients.	pre	1	2.5%	27	67.5%	12	30.0%	42.664	<0.001**
	post	0	0.0%	26	65.0%	14	35.0%		

**<0.001 a highly statistically significant

Table (7): Comparison between total mean scores of Psychiatric Nurses Job related Stress Scale pre and post stress management program.

Total Score of Psychiatric Nurses Job Stress subScale	Pre program	Post program	Difference		Paired T-test	
	Mean ± SD	Mean ± SD	Mean	SD	T- Test	P- Value
Psychiatric Nursing Ability	24.600±1.516	22.050±0.876	2.550	11.129	11.129	<0.001**
Attitude of Patients	13.050 ±2.298	11.850±2.824	- 1.200	3.451	-2.199	0.034 *
Attitude Toward Nursing	11.300 ±2.420	8.125±2.830	- 3.175	3.615	-5.554	<0.001**
Communication	4.100±1.057	4.700 ±1.018	- 0.600	1.499	-2.532	0.015 *
Total scale PNJSS	51.100 ±5.232	48.675 ±5.512	- 2.425	7.459	-2.056	0.046 *

<0.05 statistically significant. ** <0.001 a highly statistically significant

Table (8): Relationships between Total PNJSS and personal characteristics of psychiatric nurses under study.

Socio-demographic characteristics		N	Total PNJSS			F or T	ANOVA or T-test	
			Mean	±	SD		Test value	P-value
Age	20- <35Y	25	49.520	±	5.569	F	1.634	0.209
	35- <50Y	14	46.786	±	5.147			
	50- <60Y	1	54.000	±				
Gender	Male	16	48.563	±	5.715	T	-0.104	0.918
	Female	24	48.750	±	5.495			
Marital Status	Single	4	54.750	±	5.377	T	2.471	0.018*
	Married	36	48.000	±	5.166			
Work place	Male department	19	47.789	±	5.412	F	1.706	0.196
	Female department	18	48.722	±	5.634			
	Outpatient	3	54.000	±	3.000			
Years of experience in psychiatric nursing	3- <6 years	12	51.083	±	5.583	F	1.881	0.167
	6- <9 years	9	46.778	±	6.241			
	≥ 9 years	19	48.053	±	4.836			
Education	Diploma of nursing	23	48.870	±	5.667	F	0.101	0.904
	Health technical institute	12	48.083	±	5.728			
	Bachelor of nursing	5	49.200	±	5.263			
residence place to work	In the same governorate	31	48.097	±	4.812	F	6.609	0.004**
	Behind the governorate	7	53.571	±	5.442			
	Fare two governorate	2	40.500	±	0.707			
work hours in week	Total time (40 hours)	17	46.647	±	4.167	F	2.684	0.082
	Part of time(less than 40 hours)	7	51.857	±	6.149			
	Over time (more than 40 hours)	16	49.438	±	5.944			

* <0.05 statistically significant

**<0.001 a highly statistically significant

IV. Discussion

Nurses working with psychiatric patients may be confronted with intense interpersonal interactions, dynamic changes in patients, emotional liability and psychological distress that can be very stressful and challenging stress. Management program may equip nurses with skills to cope effectively with the stress. (Sailaxmi & Lalitha, 2015) Preventing and minimizing stress at work can benefit the physical and mental health of workers and their quality of life at work. In addition, benefits to organizations are expected as the prevention and minimization of stress can decrease absenteeism, favoring a less stressful work environment, impacting productivity and quality of work (Goulart, 2015).The aim of this study was to identify the effect of stress management program on job related stress among nurses working with psychiatric patients This current study revealed that there was statistically significant differences between total mean scores of Psychiatric Nurses Job Related Stress Scale pre and post stress management program among psychiatric nurses at p- value = <0.05. Significant reduction in nurses' stress levels in our study indicate that stress management techniques such as those used in this study are quite practical and feasible. Also, this may be due to the psychiatric nurses has take advanced information on how to deal with stressors, he can enhance his coping strategies. The greater the understanding and control of pressures and situations that influence the individual, the better the adaptation and the answers the individual will produce. Thus, it is believed that such stress management program can be developed among nurses to minimize job stressors. This results was supported by Lewis et al. (2010) who stated that stress management in the work place is revealed as an important issue for the nursing profession. In previous research, stress management interventions have been seen to rapidly reduce stress symptoms. The identification of interventions for stress management is therefore important. Also, Milliken, (2007) reported that, stress management interventions have been proposed, and their effectiveness in reducing stress and improving physical and mental health among medical workers has been investigated.

Communication skills training, especially assertion training, has been investigated and has shown effectiveness in improving medical workers' communication skills and reducing their stress. The present study agrees with multi-studies. In a study on the effectiveness of cognitive behavioral stress management on female nurses' job burnout, showed that this stress management was effective on improvement of job burnout signs and that the mean scores were significantly higher immediately after intervention and in the follow up stages, compared to before intervention (Hamid et al., 2013). Furthermore, in a meta analysis study of Kim, (2007) on the effect of cognitive behavioral job stress management, a significant effect of this type of intervention on improvement of stress management skills and psychosocial function of employees was observed. With regard to communicational dimension of nursing care quality as one of the important aspects of nursing care, in making communication with the patients, nurses should provide the patients with comfort and support through an efficient communication by consideration of patients' concerns, understanding them, and being empathetic during giving care. The result consistent with a study to identify Effects of stress management program on the quality of nursing care and intensive care unit nurses by Pahlavanzadeh et al., (2016) which shows the positive effect and longevity of stress management program. This result agrees with Moeini, et al., (2011) who reported in his study that, before intervention there was no significant difference in the stress management behaviors of the group comparing to after implementing educational programs and these behaviors increased significantly in intervention group ($P < 0.001$). This result agrees with Goulart, et al., (2015) who stated that stress management programs are strategies to minimize the effects of stress on workers' health and therefore, their effects on the organizations. This phenomenon is associated with low individual's performance in their activities, to increase the costs of worker's health, the licensing for health care and Burnout. Such programs can be developed through individual interventions, focusing on the worker; interface interventions aimed at improving the person's relationship with the work environment; or organizational interventions seeking to provide changes in the workplace. The result of the study reveals statistically significant relation between total mean score of Psychiatric Nursing Job Related Stress Scale and marital status of psychiatric nurses under study at p -value ≤ 0.05 where stress were higher among single than married nurse. This result may be due to more responsibilities of nurses behind work in their home or may be due to lack of social support or feeling of loneliness. This result disagrees with (Namayandeh, et al., 2011) who noted that most of the nurses who have specific physical conditions and play additional roles as a mother, a spouse, and as a home maker, in addition to their multifunctional clinical role. Therefore, existing stress in the work environment can negatively affect their function in giving care to the patient in long term. This result also disagrees with a study carried by Al-Hawajreh, (2011) who reported that there is no significant difference in job stress and marital status of psychiatric nurses, also this study disagrees with study carried by Sahraian, et al., (2013) who found no significant difference in nurses of different wards and their marital status.

VI. Conclusion

Stress management program had positive effect in the stress reduction of the nurses working with psychiatric patients.

Recommendations:

Based on the results of this study we recommended:

1. Continuous follow-up for nurses working in a psychiatric hospital participating in stress management program to support and boost their social skills and self-efficacy.
2. The Future research should be done with a larger sample size in several psychiatric hospitals and in a broader geographical area.
3. Continuous workshop for understanding of the unique stressors and difficult situations that have an impact on psychiatric nurses, and for promoting the resilience among them.

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