Job Stress and Self-Efficacy Among Nurses Working in Al-Amal Psychiatric and Addiction Hospital

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ABSTRACT

Context: Nurses act as patients' first caregivers who help them manage their physical needs, control, and treat health conditions through their early nursing interventions and critical decision-making. The critical factor for nurses that help to raise their feeling of confidence is self-efficacy. Psychiatric nurses as long as they are protected, they will become more productive, creative, and supported.
Aim: This study aimed to identify the relation between job stress and self- efficacy among nurses working in psychiatric and addiction hospital.
Methods: A descriptive-correlational design was utilized. The study was conducted at Al-Amal Psychiatric and Addiction Hospital in Jeddah, Saudi Arabia. A convenience sample of 133 nurses voluntarily participated. Data were collected by using two tools; psychiatric nurse job stress scale used to assess nurses' socio-demographic data and clinical experiences, besides, to measure psychiatry nurses' job stress. General self-efficacy scale to assess self-beliefs to cope with stressful life events and capture individuals' general beliefs about their capabilities to handle different situations.
Results: The results showed that about half of the participants (47%) have high job stress, and approximately three-quarters of participants (74.44%) have high self-efficacy. Middle-aged nurses had less job stress than young nurses. It was found that non-Saudi were experience job stress less than Saudi.
Conclusion: The analysis of the collected data revealed that there is a statistically significant negative relationship between overall job stress and self-efficacy. Nurses need to be trained in coping strategies to deal with job stress. Workshops regarding stress management, communication skills are a must for those nurses working in a psychiatric hospital. Develop training programs on self-efficacy to help nurses heighten their stress management capability and also increase their job achievements.

Keywords: Job stress, self-efficacy, Psychiatric and addiction hospital, nurses.

1. Introduction

Nurses are playing one of the most critical functions in health care facilities. They act as patients' first caregivers who help them manage their physical needs, control, and treat health conditions and prevent illness complications through their early nursing interventions and critical mutual decision-making. During the treatment period, nurses follow the patient's condition and monitor any progress, and they act according to the patient's interests and needs. The nursing care extends beyond administer medications and checking vital signs. They are providing holistic care for the patients, which include the developmental, cultural, spiritual, and psychosocial needs of the person *(Kemppainen et al., 2013).*

Nurses' job stress is contemplated as a problem that could affect nursing practice worldwide. Nurses in all specialties are at high risk of experiencing job stress and its related consequences. Nurses working in addiction hospitals are regarded as one of the tensest professions in the world. They are dealing with patients' illness, death, and grief, especially in the addiction department. Moreover, they are caring for difficult types of psychological symptoms (agitation, violence, withdrawal symptoms, and suicidal attempts) *(Wang et al., 2015a).* Many factors can affect the nurses who are working in addiction treatment hospitals; one of them is the working environment; hence they spend all their duties in locked wards to inhibit patients' escape. They need high safety precautions for suicidal thinking of some patients *(Kane, 2009).*

Additionally, patient conflicts that might end with seclusion or restraint to prevent harming others or themselves. As a result, psychiatric nurses faced a high level of job stressors that lead them to burnout and decrease their levels of self-efficacy *(McTiernan & McDonald, 2015).* Moreover, this problem affects the psychological status of the staff nurses and might drive them to suffer from depression, job resignations, or absenteeism that increased staff turnover, which caused a serious financial problem for the hospitals *(Antigoni et al., 2011).*

Regarding the factors which lead to job stress, two main factors can affect the nurse's turnover and lead to

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serious financial issues to the organization and caused adverse reactions on the nurses themselves *(Johnson & Buelow, 2003; Hayes et al., 2012).* Firstly, either directly (e.g., economic cost and status, a budget of the hospital) or indirectly (e.g., increased nurses' responsibilities and their workloads, poor self-esteem, and decreased work rate productivity). Secondly, job stress in the work environment can cause adverse reactions such as; bodily symptoms, psychological impairments, or negative arousal *(Kahn & Byosiere, 1992).* Besides, it can lower working productivity, job assurance, and other managerial problems, such as greater absence, lower job satisfaction, and higher turnover *(Kmet et al., 2004).*

The critical factor for nurses that help to raise their feeling of confident is self-efficacy that help them in handling complicated situations. However, psychiatric nurses' as long as they are protected emotionally and physically they will become more productive, creative, and supported, which can affect health care services positively *(Alidosti et al., 2016; Awuku, 2013).*

According to Albert Bandura, he stated that self-efficacy is a person's belief in his or her capability to be able to achieve desired goals, missions, and challenges. Self-efficacy affects the way of the personality to regulate thoughts, behavior, and also can affect their choices and reflects the person's self-regulatory skills *(Bandura, 1997)*. Theoretically, self-efficacy is not only working to control the self-regulation of adverse psychological and emotional status like workloads, attitudes, but it has controlled allover actions as well *(Bandura, 1986).*

Also, self-efficacy is considered as a defensive mechanism that protects the person from any adverse psychological events that nurses can face in their work environment *(Bandura, 1997; Laschinger et al., 2015; Pisanti et al., 2008).* Many studies proved that self-efficacy considered the most effective coping skill that helps staff nurses to cope with their daily challenges in their work that lead to higher satisfaction of jobs and reduced the occurrence of turnover *(Gruman et al., 2006).*

To be a highly skilled registered nurse, they should involve self-efficacy learning and knowledge base to achieve different necessary skills. Nurses who are working in addiction centers or psychiatric settings should have a high level of self-efficacy to help them have high-level self-esteem and confidence to achieve their tasks extraordinarily (*Wang et al., 2015b).*

2. Significance of the study

Although nursing work is stressful and full of emotional burden, and that is a global issue, especially working at psychiatric or addiction centers as nurses are dealing with addict patients, patient's family, death, and dying. Hence, being working four long hours and shifted days between morning, afternoon, and night that may raise nurses' stress too. Several studies associate stress with health among medical professionals, such as having coronary heart disease that can be caused by extraordinary stress. The studies also reported hypertension, headache, asthma, peptic ulcers, lower back pain, and other mental and physical health problems (*Jones et al., 1988; Siu et al., 2002; Lambert et al., 2007).*

This stress, in effect, leads to lower productivity at work, lower workplace morale, and other human resources management problems, such as lower job satisfaction and higher turnover *(Kmet et al., 2004; Pejic, 2005; Throckmorton, 2007).* As a consequence of that, lower quality of care provided, the higher operational cost may occur, and higher operational costs *(Kamal et al., 2012).*

Health care is currently transforming in Saudi Arabia as a result of population and economic growth. So, the Saudi nursing profession must acclimatize the new 2030 Saudi vision, which focused on improving nursing education through creating particular strategies, promote the practice of nursing and expand the healthcare distribution within Saudi Arabia *(Al-Dossary, 2018)*. Increasing self-efficacy in nurses will help them to become confident in their jobs, so they would be more likely to make exceptional achievements *(Wang et al., 2015b).*

This insight shows how it is crucial to check job stress and self-efficacy for the nurses to help them deal positively with their job stressors and reach their goals in providing high-quality care to patients. However, a few studies conducted to assess the relation between job stress and self-efficacy. Therefore, this study will provide an assessment for the relation between self-efficacy and job stress, which can help the nurses to deal with their job stressors through increasing their self-efficacy levels and be more confident and challenging. Also, the result will let them know their selves probably and enhance their quality of care provided to the addiction hospital patients. Also, the results of the research will come up with suggested recommendations to nursing administrations, nursing practice, nursing education, and future researches.

3. Aim of the study

This search aimed to identify the relation between job stress and self-efficacy among nurses working in Al-Amal Psychiatric and Addiction Hospital.

3.1. Research questions

- What is the level of job stress among nurses?
- What is the level of self-efficacy among nurses?
- What is the relationship between job stress and self-efficacy among nurses?

4. Subjects and Methods

4.1. Research design

A descriptive-correlational design used to describe the relationship among variables rather than to infer cause and effect relationship, and this design was utilized in the current study *(Lappe, 2000).*

4.2. Research setting

The study was carried out at Al-Amal Psychiatric and Addiction Hospital, Jeddah, Saudi Arabia. Affiliated to the Ministry of Health (MOH). It was established in 1992,

located in the northern region of Jeddah. It is a drug addiction treatment facility that founded to support individuals struggling with drug addiction dependencies. It has five male wards, outpatient department, emergency, and females' ward, with a total of 210 beds capacity.

4.3. Subjects

A convenience sample of 133 nurses voluntarily participated. The sample size was calculated by using the Raosoft power analysis online program. Accordingly, the estimated minimum sample size was 139 nurses with a 5% margin of error and confidence level of 95%. Following the inclusion criteria, which include all the staff nurses who are working at Al-Amal hospital and have more than six months of work experience after obtaining permission.

4.4. Tools of the study

Data were collected by using two tools;

4.4.1 Psychiatric Nurse Job Stress Scale (PNJSS)

It consisted of two parts:

Part 1: The researcher constructed it to assess socio-demographic data and clinical experience of the studied nurses. It included (8 questions) age, gender, nationality, marital status, education level, monthly salary, years in a general hospital, and years of experiences in Al-Amal hospitals.

Part 2 included Psychiatric Nurse Job Stress Scale (PNJSS). This scale aimed to measure psychiatry nurses' job stress, it was developed by *Yada et al. (2011)* and modified by *Yada (2015).* It consisted of 22 statements, which was divided into four factors. They are psychiatric nursing ability, an attitude of patients, attitude toward nursing, and communication.

Psychiatric nursing ability included statements such as "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 I have the psychiatric nursing ability." The attitude of patients included such statements as "I feel that patients are negative about me," "I feel that there are patients who have an unpleasant attitude toward me," and "I feel that there are patients who are threatening and make me afraid.

Attitude toward nurses included statements as "I feel a difference between the philosophy of the institution and the reality," "I feel that there is the gap between my ideal and actual nursing," and I feel that there is a difference among nurses in the way of thinking about of nursing." Communication includes such statements as "I think it is difficult to communicate with the family of patients" and "I think it is difficult to communicate with patients."

Also, nine statements were positive (Psychiatric Nursing Ability: statement 1.1 to statement 1.8, and Attitude toward Nursing: statement 1.5), and the remaining 13 statements were negative; negative statements scoring was reversed. The original scale measured by a 5-point Likert scale. Besides, the researcher modify it to be measured by a 3-point Likert scale ranged from 1 to 3, while one indicates agree, 2 to some extent, and 3 disagree. Scoring system was less than 21 low stress, from 22 to 44 mild stress and from 66 and above high stress.

4.4.2. General Self-Efficacy Scale (GSE)

This tool aimed to assess self-beliefs to cope with stressful life events. The scale developed in German by *Jerusalem and Schwarzer (1979); Schwarzer and Jerusalem (1995).* It consisted of 10 statements such as "I can always manage to solve difficult problems if I try hard enough," If someone opposes me, I can find the means and ways to get what I want," and "It is easy for me to stick to my aims and accomplish my goals." The 3-point Likert scale measures it: (1) Not at all true (2) Moderately true (3) Exactly true. The range is from 10 to 30 points. The scoring system was from 0 – 10 = Low level of self-efficacy level, from 11- 20 = Moderate self-efficacy level and from 21 – 30 = High level of self-efficacy.

4.5. Procedures

Before conducting the study, tools of data collection were translated into Arabic language and back-translated. It tested for its content validity and relevance by a jury consisting of five experts in the nursing field, and accordingly, there was no necessary modification for all tools. The reliability of the tool based on Cronbach Alpha coefficient for each scale were: 0.699 for the Psychiatric Nurses Job Stress Scale, and 0.781 for the general self-efficacy scale, and, which indicates an excellent consistency.

A pilot study was carried out to test the clarity, applicability of studied tools, and the feasibility of the research process. The pilot study was conducted on 10% of the participants (n= 15) from the selected area. These participants were selected randomly and later excluded from the real study sample.

Ethical consideration: Study participants were requested to participate in the study voluntarily, and they were educated about the aim of the study and signed consent to participate. Anonymity, the right to withdraws from the study at any time, and confidentiality of data collected were all assured. The tools were handed out by the researcher to the head nurse and collected after study participants filled it.

Official approval for the study was received from the Ethics Committee of the Faculty of Nursing at King Abdulaziz University and the Directorate of Health Affairs (DHA) in Jeddah. The researcher met the health educator who is responsible for conducting researches at Alamal Hospital. The aim of the study explained to the health educator and ensured nurses' cooperation. At each unit, the researcher met the head-nurse and introduce the study aim, questionnaire, inclusion criteria, and the process of data collection.

The Rota that has a list of nurses' names who are on day shift duty was provided by the head-nurse to access different nurses on day shift duty. A box was provided to each unit nursing desk as it was suggested by the head-

nurse to collect the surveys. Then the researcher handed a questionnaire to nurses in a closed envelope in the morning. The researcher returned to the units in the afternoon to collect back the filled questionnaires. All data were collected over three weeks between 28 February to 20 March 2019. A total of 133 nurses completed the survey, while six nurses were not willing to participate in the current study.

4.6. Data analysis

SPSS (Statistical Package for the Social Sciences program) version 22 was used in analyzing the data. Pearson coefficient used to measure the correlation between variables. Descriptive and inferential statistical data are used with tests such as frequency, percentage, mean, standard deviation, and Cronbach Alpha Coefficient to define the demographic data of participants and to measure the overall self-efficacy of the nurses and the level of job stress among them. The correlation analysis to test the relationship between general self-efficacy and job stress among nurses working in Al-Amal Hospital in Jeddah. Pearson coefficient used to measure the correlation between variables. One-way ANOVA analysis (F-test) to determine the effect of the sample socio-demographic data on both general self-efficacy and level of job stress among nurses working in Al-Amal Hospital in Jeddah.

5. Results

Table (1) illustrates the socio-demographic data and clinical experience of the nurses. Most of the study participants (70.7%) were aged between 30-40 years old, and 78.9% were males, and about 21.1% were female nurses. The majority of them (85.7%) were Saudi, and only 14.3% were Non-Saudi nurses. Moreover, three-quarters of the study participants (80.5%) were married. In terms of educational level, 66.2% of them had a diploma degree, 32.3% had a bachelor's degree, and 1.5% were postgraduate. However, more than two-thirds (69.2%) replied that the monthly salary is enough, and about 3.8% replied that the salary is more than enough. Regarding work experience, more than half of the study participants (60.2%) had less than five years of working experience in general hospitals, while 5.2% had more than 15 years of working experience in general hospitals. While 41.4% have less than five years' experience, and about 8.2% have more than 15 years in Al-Amal Hospital.

Table 2 illustrates the stressors of nurses who participated in this study regarding the psychiatric nursing ability subscale. It reveals that the highest percent (70.68%) of nurses responded with disagree "I think I can nurse and corresponding as the case require," about 68.42% of nurses answered with disagree to "I feel that my role as a nurse is well-defined" and about three-quarters of (66.17%) nurses answered with disagree to "I think that my experience has been made use of on the job."

Table 3 shows the attitude of patients from the perspective of nurses. It finds that the majority of nurses (81.20%) disagreed with statementing "I feel that I might get entangled in patient's behavior," while 76.69% of participated nurses answered with disagree to "I feel that there are patients who are threatening and make me afraid" and 73.68% of nurses were disagreed to statement "I feel that patients are negative about me."

Table 4 represented the attitude toward nurses. It is evident from this table that there was the most significant number of nurses (61.65%) disagreed with this statement "I feel I have a difference of opinion with my superior." In comparison, about half of nurses who participated in this study (56.39%) were, to some extent, agree with "I feel that there is difference between nurses in the way of thinking about nursing." 54.89% of nurses responded to some extent to this statement "I feel that there is a gap between my ideal and actual nursing."

Table 5 shows job stress related to communication. Almost half of the nurses who participated in this study (43.61%) agreed to some extent think that it is difficult to some extent to communicate with the family of the patients, and it is difficult to communicate with the patients (41.35%) respectively.

Figure 1 clarified levels of job stress subscales among study participants. It shows that 13% of them were having a high level of job stress related to psychiatric nursing ability, while 69% and 17% of them evaluated it as a medium, and low, respectively. As regard stress from the attitude of patients (84%, 14%, and 1%), the study participants have evaluated this subscale as high, medium, and low, respectively. More than one third (39%) of the study participants evaluate the stress from the attitude toward nurses as high, 59% of them as a medium, and 2% as low. Moreover, 27% of them were having high job stress related to communications, and about 39% of them had a medium level, and 13% were low, with overall job stress were high among 47% of the nurses, and moderate among 52% of them, only 1% of them rated it as low.

Table 6 showed the distribution of self-efficacy among nurses. The highest percentage of participated nurses (56.39%) reacted with moderately true to statement; "If someone opposes me, I can find the means and ways to get what I want" and exactly true to this statement; "If l am in trouble, I can usually think of a solution." About half of nurses (54.89%) their answers were exactly true to "I am confident that I could deal efficiently with unexpected events. "

Figure 2 shows the percentage distribution of general self-efficacy among nurses. About three quarters (74.44%) of nurses had high self-efficacy, and 2656% had medium levels of self-efficacy. While there was no one of the study participants are having a low level of self-efficacy.

Table 7 clarified the correlation between job stress subscales and self- efficacy among nurses. The correlation coefficient between psychiatric nursing ability and self-efficacy is significant positive with r = 0.311 (p-value 0.01). There is a significant negative correlation coefficient with r= -0.269 (p-value 0.011) between attitude toward nursing and self- efficacy. Also, the correlation coefficient between communication and self- efficacy among nurses is significant with r= -0.257 (p-value 0.001. Job stress was

statistically negative, associated with self-efficacy with an r= -0.258 (p-value 0.019).

Table 8 demonstrates the relationship between overall job stress and socio-demographic characteristics of nurses showed that there was a significant difference between overall job stress levels among nurses related to age and nationality (p-value 0.029, .003, respectively).

Table (1): Frequency and percentage distribution of socio-demographic characteristics and clinical experience of the study participants (No. =133).

Items	No.	%
Age		
Less than 30	25	18.8
30 – 40	94	70.7
41 - 50	11	8.3
More than 50	3	2.2
Gender		
Male	105	78.9
Female	28	21.1
Nationality		
Saudi	114	85.7
Non-Saudi	19	14.3
Marital Status		
Married	107	80.5
Single	23	17.3
Divorced	3	2.2
Education		
Diploma	88	66.2
Bachelor	43	32.3
Postgraduate	2	1.5
Monthly salary		
Enough	92	69.2
Not-enough	36	27.1
More than enough	5	3.8
Year of Experience in General Hospitals		
Less than five years	80	60.2
5 – 10 years	30	22.6
11 – 15 years	16	12.0
More than 15 years	7	5.2
Year of Experience in Al-Amal Hospital in Jeddah		
Less than five years	55	41.4
5 – 10 years	52	39.1
11 – 15 years	15	11.3
More than 15 years	11	8.2

Table (2): Frequency and percentage distribution of job stress related to psychiatric nursing ability (n=133).

Psychiatric nursing ability	Agree		To some extent		Disagree	
	F	%	F	%	F	%
I think I can nurse and correspond as the case require	12	9.02	27	20.30	94	70.68
I think I can explain the nursing that I am doing.	7	5.26	42	31.58	84	63.16
I think that I have Psychiatric Nursing Ability	12	9.02	37	27.82	84	63.16
I think that my experience has been made use of on the job	10	7.52	35	26.32	88	66.17
I feel that my role as a nurse is well-defined	11	8.27	31	23.31	91	68.42
I think that I understand the patients	12	9.02	57	42.86	64	48.12
I think that I can express my opinion in front of others	6	4.51	47	35.34	80	60.15
I think that I have knowledge about the laws, the institutions, and policies necessary for nursing	4	3.01	63	47.37	66	49.62
I feel that the direction my nursing advancing in is not clearly defined	43	32.33	72	54.14	18	13.35

Table (3): Frequency and percentage distribution of job stress related to the attitude of patients (n=133).

Table (4): Frequency and percentage distribution of job stress related to attitude toward nurses (n=133).

Attitude of patients	Agree		To some extent		Disagree	
	F	%	F	%	F	%
I feel that patients are negative about me	7	5.26	28	21.05	98	73.68
I feel that there are patients who have an unpleasant attitude towards me	5	3.76	35	26.32	93	69.92
I feel that there are patients who are threatening and make me afraid	7	5.26	24	18.01	102	76.69
I feel that I might get entangled in the patient's behavior	8	6.02	17	12.78	108	81.20
I feel that I am pressured by patients demands	15	11.28	26	19.55	92	69.17
I feel that patients make impossible demands on me	20	15.04	27	20.30	86	64.66

Attitude toward nurses	Agree		To some extent		Disagree	
	F	%	F	%	F	%
I feel that there is a difference between the philosophy of the institutions and the realty	36	27.07	60	45.11	37	27.82
I feel that there is a gap between my ideal and actual nursing	34	25.56	73	54.89	26	19.55
I feel that there is a difference between nurses in the way of thinking about nursing	33	24.8	75	56.39	25	18.80
I feel I have a difference of opinion with my superior	8	6.02	43	32.33	82	61.65
I feel that I can do integrated nursing	46	34.59	67	50.38	20	15.04

Table (5): Frequency and percentage distribution of job stress related to communication (n=133).

Communication	Agree		To some extent		Disagree	
	F	%	F	%	F	%
I think it's difficult to communicate with the family of the patients	28	21.05	58	43.61	47	35.34
I think it's difficult to communicate with the patients	25	18.80	55	41.35	53	39.85

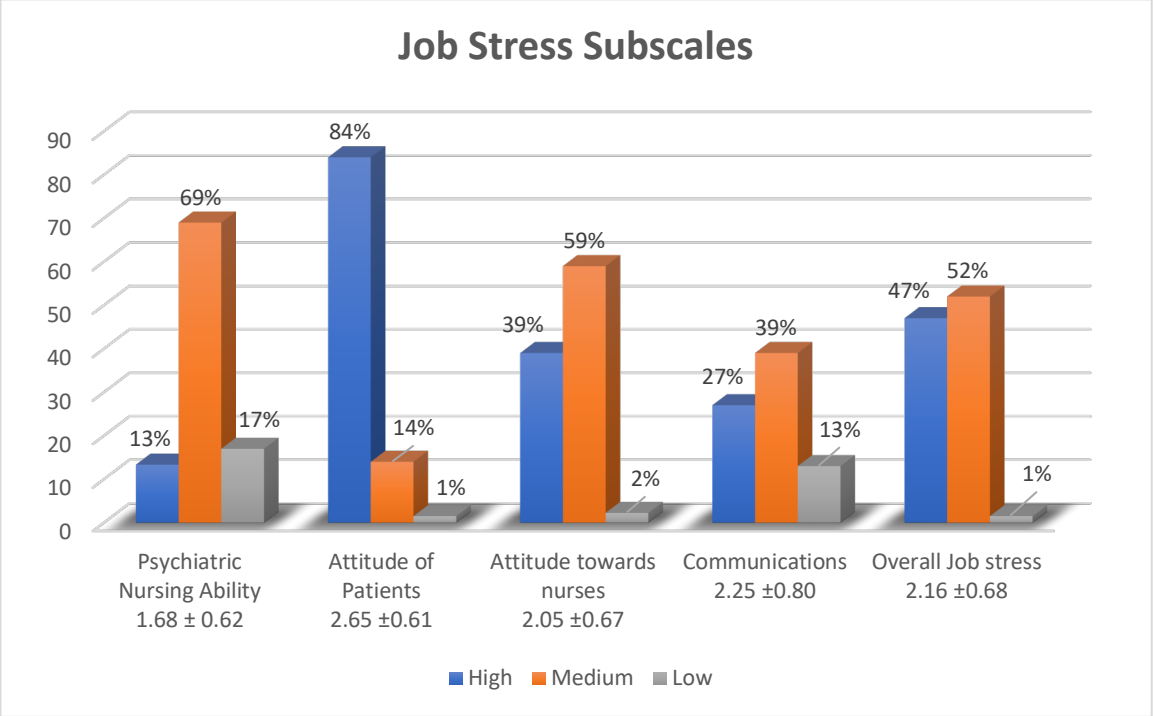

Figure (1): Total job stress subscales and overall job stress.

Table (6): Frequency and percentage distribution of self-Efficacy among study participants (No. =133).

Self-efficacy statements	Not at all		Moderately true		Exactly true	
	F	(%)	F	(%)	F	(%)
I can always manage to solve difficult problems if I try hard enough	3	2.56	67	50.38	63	47.37
If someone opposes me, I can find the means and ways to get what I want	8	6.02	75	56.39	50	37.59
It is easy for me to stick to my aims and accomplish my goals	9	6.77	54	40.60	70	52.63
I am confident that I could deal efficiently with unexpected events	7	5.26	53	39.85	73	54.89
Thanks to my resourcefulness. I know how to handle unforeseen situations	6	4.51	72	54.14	55	41.35
I can solve most problems if I invest the necessary effort	8	6.02	57	42.86	68	51.13
I can remain calm when facing difficulties because I rely on my coping abilities	6	4.51	57	42.86	70	52.63
When I am confronted with a problem. I can usually find several solutions	5	3.76	72	54.14	56	42.11
If l am in trouble. I can usually think of a solution	3	2.26	55	41.35	75	56.39
I can usually handle whatever comes my way	11	8.27	68	51.13	54	40.60

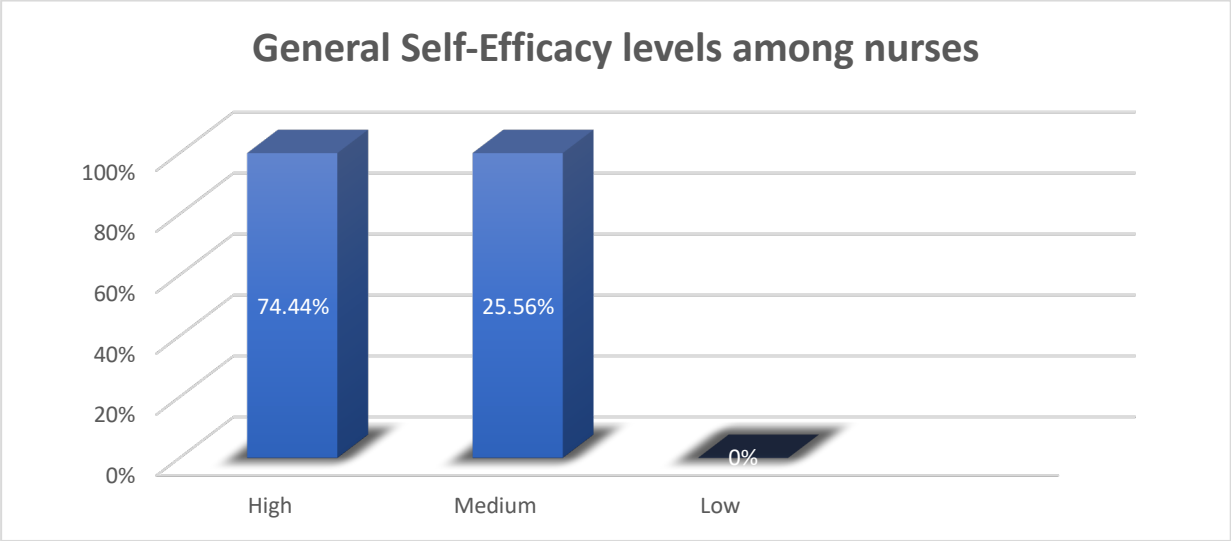

Figure (2): General self-efficacy levels among nurses

Table (7): Correlation between job stress subscales and self- efficacy among nurses working in Al-Amal Hospital in Jeddah (No. =133)

Job stress subscales	*Mean ±SD* General Self- Efficacy	Correlation coefficient with	p-value
Psychiatric Nursing Ability	*1.68 ± 0.62*	0.311	0.001
Attitude of Patients	*2.65 ±0.61*	.039	0.676
Attitude Toward nurses	*2.05 ±0.67*	-0.269	0.011
Communication	*2.25 ±0.80*	0.257	0.001
Overall Job stress	2.16 ±0.68	-0.258	0.030

** Correlation is significant at the 0.05 level -Correlation is highly significant at the 0.01 level*

Table (8): The association between overall job stress and demographic characteristics (No. =133).

Demographic characteristics	*Job stress Mean ± SD*	Test	p-value
Age			
less than 30	*46.6±7.0*		
30-40	*44.0±6.6*	F-Test	0.029
41-50	*39.5±4.5*	3.106	
More than 50	*40.7±7.1*		
Nationality:			
Saudi	*44.6±6.9*	T-Test	0.003
Non-Saudi	*40.9±3.4*	3.153	

**p-value is significant at the 0.05 level -the p-value is highly significant at the 0.01 level.*

6. Discussion

The nursing profession is at high risk to suffer from the psychiatric disorder as they are stressed because they need to resolve conflicting priorities or have a lack of recognition. Besides, helping people who experience significant health problems can be a stressful situation when patients are not cognizant of the efforts made by nurses to assist them *(Moustaka & Constantinidis, 2010)*. The current study was conducted to assess the relation between job stress and self-efficacy among nurses working in Al-Amal Psychiatric and Addiction Hospital.

The present study demonstrated that about three-quarters of study participants were in middle age (30-40 years) and about two-fifths of them working experience in Al-Amal Hospital between 5 to 10 years, which it comes almost in the same age range of another study conducted by (*Kurjenluoma et al., 2017).*

The result of the present study showed that nurses are suffering from job stress in different sub-scale with variable degrees. Concerning psychiatric nurses' ability sub-items, the result of the present study showed that nurses are suffering from job stress in different sub-scale. Concerning psychiatric nurses' ability sub-items, more than two-thirds of study participants reacted to these statements "I think I can nurse and corresponding as the case require," "I feel that my role as a nurse is well-defined," and "I think that my experience has been made use of on the job." More than two-thirds of study participants had a medium level of job stress regarding total psychiatric nursing ability.

This finding could be due to nurses' lack of readiness and practices for dealing with the patients and inadequate knowledge to deal with the emotional needs of patients and their families. Also, the workload, staff shortage may affect the corresponding as the cases required, and the marginalization that nurses suffer while working in a team with other specialties such as physicians, psychologist, psychiatrist, and social workers may let them feel that their experience is not useful and no one considered their opinion. Assuming that working situations, job interactions, position conflict and confusion, organizational structure lack of support for workers, uncertainty about treatment plans, and lack of knowledge regarding their roles as nurses are not well defined, which may increase their feeling of job stress in this subscale.

This result is similar to *Ahanchian et al. (2015).* Also, this results in the same track as *Yau et al. (2012).* Moreover, a study was done by *Dawood et al. (2017),* who used the same tool of Psychiatric Nurse Job Stress Scale (PNJSS) and found that about half of study participants were experiencing a high level of job stress in Psychiatric Nursing Ability subscale.

Regarding the attitude of patients, the present study exposes that the majority of study participants reacted by disagreeing with "I feel that I might get entangled in patient's behavior," "I feel that there are patients who were threatening and make me afraid," and " "I feel that patients are negative about me" statements. This result might be due to highly skilled nurses who know how to deal with their patients professionally, understand them, and accepted the patient's behavior. Therefore, a suitable work environment continues management and supervisor support higher the nurse's confidence in taking care of unpredictable behaviors in a professional way. Otherwise, safety in the working environment and medical team support might help nurses to control any unaccepted behavior such as being agitated, cause self-harm or others, and suicidal attempts that may be done by patients. Despite these findings, the majority of study participants recording the highest level of job stress in this subscale. It could be explained that they can manage but after they suffer much stress. On the contrary, the study was done by *Dawood et al. (2017),* who used the same tool, Psychiatric Nurse Job Stress Scale (PNJSS).

Concerning attitude toward nursing, in the current study, about two-thirds disagreed with this statement, "I feel I have a difference of opinion with my superior." This outcome may be attributed to good teamwork, clear job description and a focus on nurses in their key duties, collaboration and trust between staff, which provide a better understanding of the position of nurses and minimize conflicts between nurses and help them avoid being under pressure that increases mental and occupational stress.

Besides, more than half of them agreed to some extent with "I feel there is a difference between nurses in the way of thinking about nursing." This finding may be due to different nurses' backgrounds and education levels, which might help increase the cooperation and complementation between nurses to work together as a team. However, about half of the study participants agreed to some extent to the statement of "I feel there is a gap between my ideal and actual nursing." This finding might be due to different nursing performance and unusual situation that may occur during shifts which need fast decisions and critical nursing interventions, let the nurses feel that they are not applying the ideal nursing. These findings are augmented as about two-thirds of the studied nurses rated this subscale as medium or no job stress.

Regarding communication, the current results illustrate that about half of the study participants were agreed to some extent with "I think it is difficult to communicate with the family of the patients," and "I think it is difficult to communicate with the patients." This result could be due to nurses' fear of the previous experience of verbal violence from families and relatives of their patients, which can affect them emotionally. It may be due to caring for patients suffering from withdrawal symptoms that always produces great job heaviness. It may affect nurses concerning patient care requirements, lack of self-assurance function and capacity, in particular with the treatment of various psychiatric patients and individualities, which negatively induced emotional tiredness for nurses and made them more likely to reduce their commitment to interacting and reacting to the criticism and negotiation of patients and their families.

This result supported by *Inoue et al. (2006)*; *Yoshizawa et al. (2016),* who stated that most of the participant nurses had experienced physical abuse or aggression that had left on them fear in dealing with them and to feel threatened by

such patients. This finding is also evidenced in the summation of this subscale as more than one quarter reported it is a high job stress subscale and more than one-third reported it is a moderate job subscale

Regarding the nurses' self-efficacy, the current study result illuminates that the main percentage of studied participants were moderately agreed to statement of "If someone opposes me, I can find the means and ways to get what I want." This finding could be because they are most of the time exposed to stressors in their job, and their experience is becoming higher, which made handling work stressors easier as well as they have the excitement to manage work problems. More than half of nurses' understudy reacted with exactly true to this statement "If I am in trouble, I can usually think of a solution," which might mean that nurses are having a high level of confident, professional attitude that let them deal and control when in trouble situation. This agreement reflects the managers' and supervisors' support and training. Besides, it may be due to that nurses rely on their coping abilities and can usually handle whatever comes their way.

The current study result showed that more than half of the study participants approved with exactly true to this statement, "I am confident that I could deal efficiently with unexpected events." This result might be due to self-assured about their capabilities, which reflect various factors prompting nurses' ability to handle efficiently with their work stress.

These explanations were reflected in the augmentation of total self-efficacy as three-fourths of nurses reported high self-efficacy, and the remaining quarter is expressing medium self-efficacy with no one expressing a low self-efficacy. Also, dealing with sensitive and challenging patient's conditions to meet their needs might refine the nurse's personality and let them know the ways to get what they want. Also, nurses might have a high level of confidence, professional skills that help them to deal and control when in trouble situations, and the managers' and supervisors' support and training may add to their professional skills.

Moreover, the result might be due to self-assured about their capabilities to accomplish their responsibilities and well-structured principles of work and accountability. Also, continuous nursing supervisors' support might help to raise their level of self-efficacy. A healthy work environment may play a significant role in improving self-efficacy, as long as the nursing staff working together as one team. Also, it could be due to nurses might have a higher level of work gratification, referring to the gratification one derives from being capable of delivering care and had more self-confidence in dealing with patients.

Besides, nurses working in psychiatric hospitals are having mental health allowance in their salary, which might help them to do their job to the maximum effort with confidence. These results come in contradicted with *Zaki (2016),* who found that three-quarters of study participants were having a low level of self-efficacy.

The result of the current study reveals that there is a statistically significant negative correlation between overall job stress subscales and general self-efficacy among nurses working in Al-Amal Hospital. If the stress increases, the self-efficacy might decrease. This result is contradicting *(Dunn et al., 2007).*

The correlation coefficient between Psychiatric Nursing Ability and General Self- Efficacy among nurses working in Al-Amal Hospital in Jeddah is highly statistically positively significant. A higher level of psychiatric nursing ability leads to having a higher general self-efficacy that might help them to do their work professionally.

The current study showed a non-significant correlation coefficient between the attitude of patients and general self-efficacy among nurses working in Al-Amal Hospital. This result could be because of the high level of nurses' experience and proper training, and because the nurses are always learned to accept the patient as he/she is, patient attitude does not affect their confidence and self-efficacy. They are avoiding dealing with patients in a personal way.

The correlation coefficient between attitude towards nurses and general self-efficacy among nurses working in Al-Amal Hospital is statistically negatively significant. Due to that, a negative attitude toward nurses leads to a lower level of self- efficacy among nurses working in Al-Amal Hospital.

The correlation coefficient between communications and self-efficacy among nurses working in Al-Amal Hospital is statistically positively significant; good communication leads to an increase in the nurses' self-efficacy among nurses working in Al-Amal Hospital. This finding could be due to the difficulties that nurses might face while communicating with their patients of families.

Regarding the association between overall job stress and demographic data, there was a significant relationship between overall job stress and the age of participants. The younger age has higher job stress. That may be due to lack of experience to deal with stressful events and being irresponsible in contrast, middle-aged participants who are in the age of wisdom and productivity.

Furthermore, findings showed in the current study that there was a significant relationship between overall job stress and nationality, non-Saudi nurses were having less job stress than Saudi. This finding might be due to Saudi nursing staff live with their families, which lets the social responsibilities and their work more stress them. In contradicted with *Al -Turki et al. (2010),* who studied the incidence of burnout syndrome among multinational nurses was high and found that Non-Saudi nurses are more prone to emotional exhaustion than Saudi nurses. Besides, the current result is contradicted to another study done by *Dawood et al. (2017)*, which aimed to examine the level of job stress among registered psychiatric nurses working in different psychiatric units of a significant governmental psychiatric hospital located at the central region of the Kingdom of Saudi Arabia, that showed nationality made no difference in the mean total score of the PNJSS.

7. Conclusion

The analysis of the collected data revealed that there is a statistically significant negative relationship between job stress and self-efficacy.

8. Recommendations

The finding from the current study suggest that several actions must be undertaken as follows:

- Nursing administration should consider improving nurses' coping strategies to deal with job stress, give them opportunities to attend regional or national conferences and workshops regarding stress management, communication skills.
- Managers could run an orientation program for newly joined nurses to help them to accommodate the differences between ideal and real nursing.
- A regular workshop should be organized on recognizing and fostering resilience between particular stressors and challenging situations that affect psychiatric nurses.
- Establish a psychoeducational program for psychiatric n urses to teach them how to deal emotionally with their w ork stressors.
- Further researches are suggested to investigate the ways of enhancing psychiatric nurses' self-efficacy.

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