

Effect Of Job Stress on Job Satisfaction Among Nursing Staff in a psychiatric hospital in Saudi Arabia

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Abstract: Number one of the health problems now is stress. It is regarded as the biggest problem in many countries around the world, especially for both employees and organizations. As a result of the work demands, job stress arises among employees and organizations. It is a complex phenomenon. That is caused by many factors. Job stress plays a main role in the resulting performance of the individuals within any kind of organization they serve for. It is regarded as a harmful factor for employees in terms of health and job dissatisfaction, as well as for organizations in terms of productivity. Therefore, job stress hurts different kinds of occupations. As well as, it has different types which are caused by the nature and the demands of the job.

This study aimed to investigate the relationship between the effect of job stress on job satisfaction for nurses working in a psychiatric hospital.

Methodology: A descriptive study was conducted among nursing staff in psychological hospitals in the Kingdom of Saudi psychiatric hospitals. The process of the necessary data collection began from 20th May - 30th July 2021 and was obtained through a self-report convenient sample of (115) nursing, nursing directors, and heads of nursing departments located in the Kingdom of Saudi psychiatric hospitals by using a questionnaire divided into three parts: First, socio-demographic characteristics consisted of eight items. Second, Expanded Nursing Stress Scale (ENSS) is built from (57) items ranging in nine sub-scales. Third, the Job Satisfaction Survey (JSS), included 36 items in nine subscales. validity of the questionnaire was decided through a panel of (11) experts in different fields and work settings.

Conclusions: Approximately (1/4) of participating nurses haven't a profession that fits with interest. Nurses had satisfied with their work. No bickering and fighting at work. the shortage and delay in payment (salary) are major causes of increasing job stress and decreasing job satisfaction, although the extent of job stress among nurses is not recorded high and most of them are satisfied with their job. there have been a good relationship and effective communication among nurse's staff.

Keywords: Job Stress; Job Satisfaction; Nursing Staff; psychiatric hospital; Saudi Arabia

Introduction:

Number one of the health problems now is stress. It is regarded as the biggest problem in many countries around the world, especially for both employees and organizations.[1]

As a result of the work demands, job stress arises among employees and organizations. It is a complex phenomenon. That is caused by many factors. Job stress plays a main role in the resulting performance of the individuals within any kind of organization they serve for. It is regarded as a harmful factor for employees in terms of health and job dissatisfaction, as well as for organizations

in terms of productivity. Therefore, job stress hurts different kinds of occupations. As well as, it has different types which are caused by the nature and the demands of the job. [2]

One of these occupations is nursing. Nursing is well known as a vital part of the health care field. It is a profession that occupies an essential role in the effectiveness of the health care system. [3]

The work environment of nursing is about dealing with people in pain, illness, death cases, and their families. As well as facing several critical cases within a day, having conflicts with the physicians, exposing to a high workload, and many other factors. Consequently, job stress would be prevalent among nursing staff. Which causes job dissatisfaction. [4]

Recent studies prove that paying attention to nursing staff problems and providing high-quality care to them, as well as, enhancing the work environment, have a positive effect on job satisfaction. Besides, self-esteem among staff, satisfaction with life and client satisfaction, client interest, mood, and indelicacy. [5]

No doubt that job dissatisfaction is controlled by many factors, but it is obvious that job stress is the most factor that is highly related to job dissatisfaction. Hence, it is found necessary to figure out the effect of job stress on job satisfaction among the nursing staff, especially at mental health hospitals, because the tragic consequences of this relationship are serious for nurses, patients' families, and hospitals. [6]

This study aimed to investigate the relationship between the effect of job stress on job satisfaction for nurses working in a psychiatric hospital.

MATERIALS AND METHOD:

A descriptive study was conducted among nursing staff in psychological hospitals in the Kingdom of Saudi psychiatric hospitals.

The process of the necessary data collection began from 20th May - 30th July 2021 and was obtained through a self-report convenient sample of (115) nursing, nursing directors, and heads of nursing departments located in Kingdom of Saudi psychiatric hospitals. They were distributed in four hospitals by using a questionnaire divided into three parts: First, socio-demographic characteristics consisted of eight items.

Second, Expanded Nursing Stress Scale (ENSS) is built from (57) items ranging in nine subscales.

Third, the Job Satisfaction Survey (JSS), included 36 items in nine subscales. validity of the questionnaire was decided through a panel of (11) experts in different fields and work settings.

Statistical analysis

Data were fed to the pc and analyzed using IBM SPSS software package version 20.0. (Armonk, NY: IBM Corp). The Kolmogorov- Smirnov was wont to verify the normality of the distribution of variables, Paired t-test was wont to compare two periods for normally distributed quantitative variables while ANOVA with repeated measures was used for comparing the different studied periods for normally distributed quantitative variables and followed by Post Hoc test (Bonferroni adjusted) for pairwise comparison. Pearson coefficient to correlate between two normally distributed quantitative variables. The significance of the obtained results was judged at the five hundred level.

Results:**Table (1): Socio-demographic Characteristics of the Sample and Level of Subscales of Expanded Nursing Stress Scale (ENSS).**

Number of the total sample = 115		F (%) ^a
Age Groups	20-24	3(2.61)
	25-29	21(18.26)
	30-34	25(21.74)
	35-39	22(19.13)
	40-44	17(14.78)
	45-49	19(16.52)
	50-54	5(4.35)
	55-59	3(2.61)
Gender	Male	62(53.91)
	Female	53(46.09)
Marital Status	Unmarried	17(14.78)
	Married	98(85.22)
Graduation Level	Nursing Preparatory School	22(19.13)
	Institute Diploma of Nursing	78(67.83)
	Bachelor of Nursing Science	15(13.04)
Years of employment in mental health	1 to 5 years	46(40)
	6 to 10 years	37(32.17)
	11 to 15 years	12(10.43)
	16 to 20 years	12(10.43)
	21 to 25 years	8(6.96)
Economic status	Sufficient	22(19.13)
	Barely Sufficient	82(71.3)
	Insufficient	11(9.57)
Training course undertaken	NO	42(36.52)
	YES	73(63.48)
Profession fits with interest	NO	26(22.61)
	Yes	89(77.39)

^a Frequent (Percent)

Table 1 described the socio-demographic characteristics. As evidenced by the table, the highest percentage of the studied sample was (21.74%) in the age group of (30 to 34 years). While the lowest percentage (2.61%) was between (20 to 24 years).

Regarding the gender factor, approximately males and females had the same participation level (53.9%) were male, while other remaining (46.1%) of them were female. Regarding marital status, the majority (85.22%) were married.

Regarding graduation level, about three out of four (67.83%) of the staff nurses had a diploma degree in nursing. While the lowest percentage (13.04%) had a bachelor's degree in nursing science.

Regarding years of employment in mental health, the table showed that the highest percentage (32.17%) had (6 to 10 years) of employment. While (6.96%) of nurses had (21 to 25 years) of employment.

With regards to economic status, the table showed that the majority (71.3%) of them were barely sufficient, while (9.57%) of them were Sufficient.

Concerning the training course undertaken, a high percentage of the sample (64.48%) had participated in the training course.

Finally, the table demonstrated that the majority of nurses (77.39%) had a profession fitting with interests.

Table (2): Level of Subscales of Job Satisfaction Survey (JSS).

No	(JSS) Subscales	Disagree Very Much	Disagree Moderately	Disagree Slightly	Agree Slightly	Agree Moderately	Agree Very Much	Mean
		N (%) ^a	N (%) ^a	N (%) ^a	N (%) ^a	N (%) ^a	N (%) ^a	
1	Pay	0.25(0.22)	32(27.83)	37(32.17)	30.5(26.52)	15(13.04)	0.25(0.22)	3.11
2	Promotion	1.2(1.04)	20(17.39)	33.2(28.87)	34(29.57)	23(20)	3.6(3.13)	3.67
3	Supervision	0.25(0.22)	14(12.17)	21(18.26)	30(26.09)	34.75(30.22)	15(13.04)	4.48
4	Fringe benefits	1.75(1.52)	17.25(15)	30(26.09)	36(31.3)	28(24.35)	2(1.74)	3.77
5	Contingent rewards	1.5(1.3)	9.5(8.26)	30.25(26.3)	36.25(31.52)	25.5(22.17)	12(10.43)	3.66
6	Operating conditions	0.5(0.43)	7.5(6.52)	23.75(20.65)	32.5(28.26)	31.5(27.39)	19.25(16.74)	4.13
7	Coworkers	0(0)	1.75(1.52)	16.75(14.57)	28.5(24.78)	38.75(33.7)	29.25(25.43)	4.74
8	Nature of work	0(0)	5.25(4.57)	23(20)	23.25(20.22)	37.5(32.61)	26(22.61)	4.48
9	Communication	0(0)	1.25(1.09)	18(15.65)	29.25(25.43)	39.5(34.35)	27(23.48)	4.7
Overall Mean								4.08

revealed that the general mean of job satisfaction was (4.08) showing that there has been job satisfaction among nursing staff at mental health hospitals. Subscale „pay“ had the lowest level of satisfaction as indicated by the mean (3.11). While the very best level of job satisfaction is in the subscale „Coworkers“ as indicated by the Mean (4.7). the work satisfaction scale items mean (4.08) indicates that the total average is “satisfaction” because the mean score is bigger than 4.00 slightly. the bulk of the nurses expressed the lowest level of satisfaction regarding subscales salary mean= 3.11. This rated the rock bottom level of all subscales JSS.

Table (3): Correlations of ENSS with JSS in all Nine sub-scales for Both.

ENSS	JSS	1	2	3	4	5	6	7	8	9
1	r^a	0.04	0.06	-0.1	0.12	-0.01	0.1	0.05	-0.3 ^{**}	-0.1
	p^b	0.7	0.5	0.1	0.3	0.9	0.2	0.6	0.01	0.4
2	r^a	-0.02	0.1	0.06	0.06	-0.1	0.2	0.08	-0.23 [*]	-0.1
	p^b	0.8	0.3	0.5	0.6	0.3	0.06	0.4	0.04	0.5
3	r^a	-0.09	-0.05	0.08	-0.1	-0.01	0	-0.08	-0.14	-0
	p^b	0.3	0.6	0.4	0.5	0.9	0.9	0.4	0.2	0.7
4	r^a	0.01	-0.01	0.09	0.2	-0.1	0.14	-0.1	-0.17	0.01
	p^b	0.9	0.9	0.4	0.08	0.1	0.2	0.3	0.1	0.8
5	r^a	0.07	0.07	0.03	0.1	0.01	0.1	0.1	-0.2	0.06
	p^b	0.5	0.5	0.7	0.3	0.9	0.2	0.1	0.054	0.5
6	r^a	0.07	0.01	0.01	0.1	0.03	0.05	-0.04	-0.15	-0.1
	p^b	0.5	0.9	0.8	0.2	0.7	0.6	0.6	0.1	0.2
7	r^a	-0.08	0.03	-0	0.04	-0.08	0.25 [*]	0.3 ^{**}	-0.33 ^{**}	-0
	p^b	0.4	0.7	0.7	0.6	0.4	0.02	0.01	0.004	0.9
8	r^a	-0.1	0.05	-0.1	0.2	0.09	0.04	0.06	-0.38 ^{**}	-0
	p^b	0.3	0.6	0.5	0.06	0.44	0.7	0.5	0.001	0.6

9	r^a	0.07	0.1	-0.1	0.04	-0.12	0.06	-0.1	0.15	0.1
	p^b	0.4	0.2	0.3	0.7	0.2	0.5	0.2	0.201	0.3

Table (3) indicates that there have been several kinds of associations among the items of both scales. Nevertheless, only item 7 of ENSS showed significant positive correlations with items 6 and seven of JSS. On the opposite hand, ENSS 1, 2, 7, and eight were negatively correlated with JSS 8. In other words, increased nurses' stress within the subscale of "uncertainty concerning treatment" was associated with significantly more job satisfaction regarding "operating conditions" and "coworkers".

Whereas more nurse's stress about „death and dying“, „conflict with physicians“, „uncertainty concerning treatment“, and „patients and their families“ was related to significantly less job satisfaction regarding the „nature of work“

Table (4): Correlations of Total ENSS with Total JSS

Pearson Correlation		Total ENSS	Total JSS
Total ENSS	r	1	-0.064
	p		0.585
Total JSS	r	-0.064	1
	p	0.585	

Table (4) showed that there was no statistically significant correlation between total ENSS and total JSS. Finally, total ENSS and total JSS didn't show significantly correlated to each other.

Discussion

Our results revealed that the subscale „death and dying“ had the highest-level percentage as indicated at the Mean (2.73), while the subscale „Problems with peers“ had a rock bottom level percentage from the total as indicated at the mean (2.02).

the finding of the study is analogous to other studies conducted by Saleh et al. (2013) and AbuRuz, (2014) in the Kingdom of Saudi Arabia which ENSS Mean (2.51).[7, 8]

In the current study; subscale „death and dying“ takes the primary order in the rank, and has obtained the very best mean (2.73), which is said to all these meaning of items "Performing procedures that patients experience as painful", "Feeling helpless within the case of a patient who fails to improve", "Listening or lecture a patient about his or her approaching death", "The death of a patient", "The death of a patient with whom you developed an in-depth relationship", "Physician(s) not being present when a patient dies", and "Watching a patient suffer".

The item "Physician(s) not being present when a patient dies" takes the very best order in the domain Death and dying have (40%) which is highly stressful events that frequently occurred in the workplace perceived by staff nurses at the mean= 3.19.

The results of the current study could also be due to deep and direct contact with nurses with patients for a long time. [9]

Death by its nature is stressful and a source of suffering. It can affect them both in their work environment and doors of work. This is associated with poorer mental and physical health problems. [10]

Therefore, nurses show more symptoms of stress once they are in close relation dealing with death and dying and physicians not being present.

While the subscales „problems with peers“ from ENSS within the current study have the lowest level percentage from the total as indicated in the mean (2.02) was the least stressful subscale.

it's related to all these items "Lack of opportunity to talk openly with other personal about problems in the work setting", "Lack of opportunity to share experiences and feelings", and "Difficulty in working with a specific nurse (or nurses) in my immediate work setting", "Difficulty in working with a specific nurse (or nurses) in my outside work setting", "Lack of a chance to express to other personnel on the unit my negative feeling towards patients", have occasional stressful event perceived by staff nurses" and " Difficulty in working with nurses of the other sex".

Within these last items "Difficulty in working with nurses of the other sex" takes the lowest order in domain problems with peers. the present study's findings may be a result of the adoption of tolerance, openness culture, and effective communications among nurses in the workplace.

Besides, there's satisfaction from the organization's management, and respect for labor rules, despite nurses reporting suffering some stress in several mean scores. [11]

Our Results also revealed that the general mean of job satisfaction was (4.08) indicating that there has been job satisfaction among nursing staff at mental health hospitals. Subscale „pay“ had the lowest level of satisfaction as indicated by the mean (3.11). While the very best level of job satisfaction is in the subscale „Coworkers“ as indicated by the Mean (4.7).

The job satisfaction scale items mean (4.08) indicates that the total average is “satisfaction” because the mean score is bigger than 4.00 slightly. the bulk of the nurses expressed the lowest level of satisfaction regarding subscales „pay“ (salary) mean= 3.11.

This rated the rock bottom level of all subscales JSS. Items "I feel I'm being paid a fair amount for the work I do", "Raises are too few and much between", "I feel unappreciated by the organization once I think about what they pay me" and "I feel satisfied with my chances for salary increases".

Included item "Raises are too few and much between" takes the lowest level of satisfaction from the subscale pay at the means. Payment features a major impact on job satisfaction. Low-paid employees showed a coffee level of job satisfaction. Financial aspects especially salary were the foremost important aspect among all domains because each employee needed livelihood to support his/ her family. [12]

Nursing staff shall more salary and without lack and delay. Most of them feel unsatisfied with their chances of salary increases. While the subscale „coworkers“ from the present study take the highest level from the total satisfaction mean= (4.74), concerning these items "I like the people I work with", "I find I've got to work harder at my job because of the incompetence of people I work with", "I enjoy my coworkers", and" there's too much bickering and fighting at work". The last item "There is just too much bickering and fighting at work" takes the highest order in subscale coworkers mean= 5.13. it's regarded as one of the strengths of nurse staff in mental hospitals.

The researchers' care coworker's subscale noted that there were good relationships and cooperation among nursing staff without bickering or fighting at work. [13]

Our results indicate that there have been several kinds of associations among the items of both scales. Nevertheless, only item 7 of ENSS showed significant positive correlations with items 6 and seven of JSS.

On the opposite hand, ENSS 1, 2, 7, and eight were negatively correlated with JSS 8. In other words, increased nurses' stress within the subscale of „uncertainty concerning treatment“ was associated with significantly more job satisfaction regarding „operating conditions“ and „coworkers“. Whereas more nurse's stress about „death and dying“, „conflict with physicians“,

„uncertainty concerning treatment“, and „patients and their families“ was related to significantly less job satisfaction in regard of the „nature of work“.

Our results showed that there was no statistically significant correlation between total ENSS and total JSS. last total ENSS and total JSS were not significantly correlated to each other.

In a study conducted by Saleh et al. (2013) in the Kingdom of Saudi Arabia agreement goes with resulting this study "negative significant relationship between stress and job satisfaction among staff nurses" as indicated by (Pearson correlation = - .437, $P < 0.05$) for both. [8]

Another study conducted by Alharbi et al. (2016) at King Saud revealed that a big positive relation between the level of perceived stress and level of job satisfaction was found in this study $p=0,009$. [14]

These similarities and differences between the study results could also be contributed to some reasons such as deference in place of study, size of the sample, environmental influences, psychological condition of respondents, etc. referring to this study, most of the nursing staff were satisfied with their jobs. [15]

However, they were slightly stressed from their job environment, especially in death and dying which led to a negative impact on the extent of job stress. [16]

Also, regarding the domain salary which led to negative impacts on nurses' job satisfaction, satisfied nurses didn't correlate to nurses' job stress in a mental hospital. This mentioned the fact that other factors slightly affected the satisfied nurses. [17]

CONCLUSION

According to the present study findings, the researchers can conclude that:

1. Approximately (1/4) of participating nurses haven't a profession that fits with interest.
2. Nurses had satisfied with their work. No bickering and fighting at work.
3. The extent of job stress among nurses is not recorded high and most of them are satisfied with their job.
4. there have been good relationships and effective communication among nurses and staff.

RECOMMENDATIONS

The study recommends:

1. Employing Bachelor's and master's degrees in Nursing Sciences with achieving their desire in performing at mental health hospitals.
2. Improving the payment and incentives for nurses working in mental hospitals to stay nurses from turnover or change the setting of work, and to encourage the new graduate nurses to hitch in these places.
3. Implementing excessive training courses inside and out of doors country for nurses working in psychiatric hospitals. this is often to increase or at least maintain their skills which increases satisfaction and decreases job stress.
4. Deepening coordination between the Ministry of Health and better Education to achieve hospitals' requirements for master's and Bachelor's degrees in nursing, and several nurses in psychiatric nursing.
5. Adding stress management programs to the syllabus of nursing education to form them manage their stress in the future.
6. Adopting effective relaxation programs and methods to reduce the amount of job stress. Thus, this may increase job satisfaction which will be reflected in patient care quality.

7. Documenting the source and therefore the extent of stress in any health care unit or organization is essential for successful interventions.

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