Exploring the Lived Experience and the Professional Satisfaction of Nurses Working in Psychiatric Hospitals: A Mixed Methods Study

Dissertation Submitted

By

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Supervised
By

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

﴿ وُجُوهٌ يَوْمَئِذٍ نَاعِمَةٌ * لِسَعْيِهَا رَاضِيَةٌ * فِي جَنَّةٍ عَالِيَةٍ ﴾

"صدق الله العلي العظيم"

سورة الغاشية

الآيات ٨,٩,١٠

Dedication

To my dear one, to those who supported me and prayed for me secretly and publicly, to my Mother all love and respect.

To the one, I never forget, to the one who can take the place of all others but his place no one else can take, My Father with All Love and Respect.

To a person who is in my conscience and I cannot forget, to the dear who departed and has no grave, to my beloved brother 'Thamir' with all my love and gratitude.

To my brothers, sisters, my wife, and children, to my uncles and aunts, and to all my friends and loved ones.

To all those who helped me in this work and offered, even a simple effort with a word with my appreciation and respect.

I dedicate to them the fruit of this humble labor.

Firas Al-aboudy

Supervisor Certification

This is to certify that the dissertation entitled (**Exploring the Lived Experience and the Professional Satisfaction of Nurses Working in Psychiatric Hospitals: A mixed methods study**), submitted by **Firas Kanawy Hmod Al-aboudy,** to the University of Babylon, College of Nursing in partial fulfillment of the requirements for the Degree of Doctorate of Philosophy in Nursing. The dissertation work was carried out by the student under my supervision and guidance.
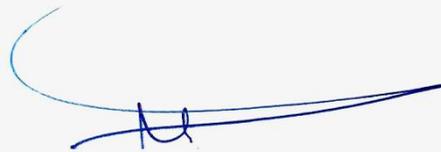
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Committee Certification

We, the members of the Dissertation certification committee, certify that we have reviewed the dissertation entitled (**Exploring the Lived Experience and the Professional Satisfaction of Nurses working in psychiatric Hospitals: A mixed methods study).** Submitted by **Firas Kanawy Hmod Al-aboudy**, and examined the student in its content, and what is related to it in   /   / 2023.

We decided that the dissertation is accepted in a partial fulfillment of the requirements for the Degree of Doctorate of Philosophy in Nursing with an estimate of (   ).

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Abstract

Nurses are certainly involved in preventing and controlling disruptive behavior, and they are more likely to be victims of unpredictable behaviors by psychiatric patients. The objectives of this study were to assess job satisfaction and its relationship to job stress among psychiatric nurses in specific mental hospitals in Baghdad, Iraq, as well as to investigate nurses' experiences.

This study designed a mixed-methods research approach in which qualitative and quantitative. The study started from 12 December 2021 to 24 May 2023 conducted at three Psychiatric hospitals in Baghdad governorate, Iraq (Al-Rashad, Ibn-Rushed, and Baghdad Medical City Psychiatric Unit). A non-probability purposive sample of 230 nurses was selected.

Two hundred and three fully completed the questionnaires by self-administration, resulting in a response rate of 88.2%. Fourteen of them are a sample of the qualitative research side. There were four sections of the questionnaire form, part one was about demographic data, the second and third sections as quantitative part while the fourth part was qualitative.

The results revealed that females were predominant. Lower levels of work satisfaction were found to be strongly reverse correlated with higher levels of stress. Variables like (age, marital status, and work status), were statistically significant. Three themes were identified as the root of participants' dissatisfaction with their jobs in mental hospitals, while one theme related to professional satisfaction.

In conclusion this study demonstrated that the levels of both job satisfaction and stress were fair among Iraqi psychiatric nurses, a correlation was found between low levels of job satisfaction and high levels of stress.

The study recommended that enhancing the self-awareness of nurses working in psychiatric hospitals and units in the workplace and their behavior enhances job satisfaction and reduces work stress.

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Table of Abbreviations and Symbols

Abbreviation	Meaning
ANA	American Nurses Association
BC	Before Christmas
CAPS	Center Atencao Psychosocial Sao Paulo
CI	Confidence interval
DSS	Dissatisfaction
EBP	Evidence-Based Practice
EMRO	East Mediterranean Regional Office
IHD	Ischemic heart disease
JS	Job satisfaction
KSA	Kingdom of Saudi Arabia
LOI	Lack of interest
MHC	Mental Health Care
MHCWs	Mental healthcare workers
MHN	Mental Health Nursing
NIMH	National Institute of Mental Health
OBRA	Omnibus Budget Reconciliation Act
PD	Psychiatric Department
PMHNP	Psychiatric Mental Health Nurse Practitioner
PMHNs	Psychiatric Mental Health Nurses
PN	Psychiatric Nurse
Psych-NPAI	Psychiatric Nursing Performance Appraisal Instrument
SN	Specialist Nurse
USA	United States of America
WHO	Word Health Organization
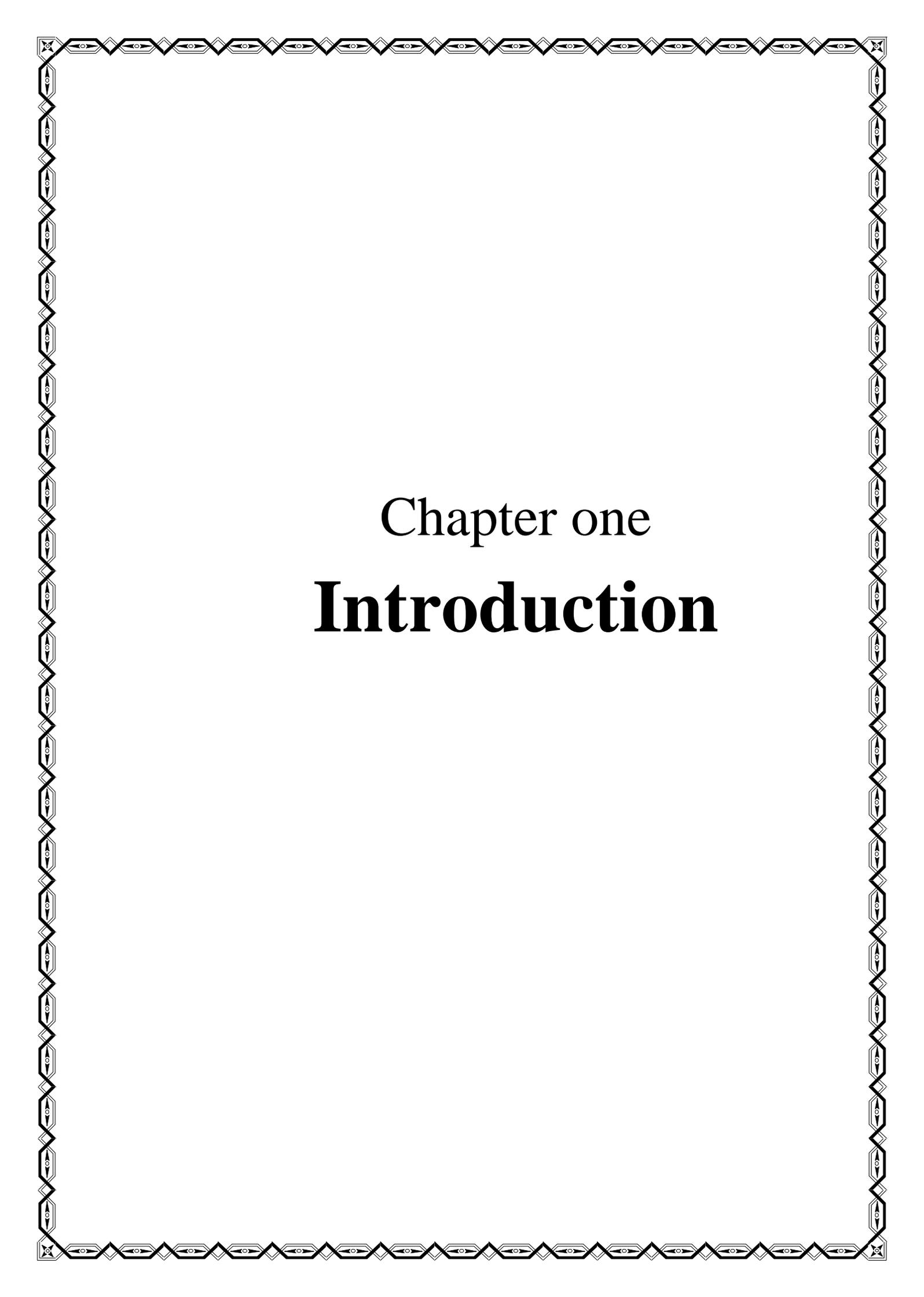
Chapter one
Introduction

Chapter One

Introduction:

Psychiatric Nursing is a specialized practice of public health nursing that protects and promotes mental health, facilitates normal development and advances rehabilitations success (Scheydt & Hegeds, 2021). Psychiatric nurses practice autonomously, often as the only health care provider in the Psychiatric ward (Daniel & Daniel, 2020a). Their role is unique psychiatric nurses are the leaders that provide the bridge that connects Psychiatrists with patients and their families (Jansen et al., 2020).

In the field of psychiatric services, nurses make up the biggest group of medical professionals who provide care for patients with mental illnesses. Psychiatric nurses are in a crucial position to provide high-quality treatment while handling the difficulties associated with this patient group because of this role. Nursing in psychiatry is a demanding field with poor work satisfaction. Since work satisfaction influences employee performance and, in turn, the quality of medical and hospital services, it has garnered widespread attention (Daniel & Daniel, 2020a).

The number of nursing graduates working in the field of mental health is still low, and the number of skilled mental health nurses in the healthcare system is also rather small (Al-Omari et al., 2019).

The delivery of high-quality treatment to patients has been one of the healthcare delivery system s main goals in recent years. How to enhance patient outcomes, however, continues to be a basic problem. Healthcare quality is a complex phenomenon. Nurses are essential parts of the healthcare team, and their contentment at work is crucial to providing high-quality treatment. The same would be true for other

healthcare professionals. Job satisfaction is correlated with both internal and extrinsic work circumstances according to the theory of motivation. Achievement, recognition, the work itself, responsibility, and professional advancement were discovered to be intrinsic variables that contribute to job satisfaction (Niu et al., 2019).

The areas of psychiatric hospitalization are considered hot spots, and the professionals who face most of the problems and violence in these places are the nurses due to the constant presence and direct care of patients whose insight is weak or confused (Chen et al., 2008). It is also a major health hazard and occupational for nurses and affects their physical, social, and psychological well-being. Many Proof shows that work-place violence in hospitals negatively affects nurses work security, attitudes, and retention, towards the job and workplace (Kibunja et al., 2021).

Traditionally Mental health issues and aberrant conduct have not been acceptable by the public, thus nurses giving treatment for patients who are suffering from psychiatric disorders is generally the result of exposure to long-continued this stressful working scenario, and it may be emotionally exhausting (Payne et al., 2020). The feelings of stress and burnout that are common among psychiatric nurses may be traced back to a few key factors in the delivery of nursing care on mental wards. These factors are often considered to be an inevitable part of the nurses jobs. There have been a number of areas identified as important causes of stress for psychiatric nurses. Some of these include the nurse s workload, the inability to collaborate with other professionals, a lack of confidence and competence in their nursing function, and an absence of support. This is particularly important to keep in mind for newly licensed nurses who will be beginning their careers on the psychiatric unit (Dondanville et al., 2018).

In the course of the year 2000, Weber and Jaekel-Reinhard discussed the debates that surrounded the idea of burnout being acknowledged as a legitimate job-related sickness rather than an explanation or an opinion for poor work performance. As a result of information deficiencies, these writers came to the conclusion that burnout is often written off as nothing more than a passing fad or a fabrication of the media. Burnout involves input from several disciplines, and if it is treated as a medical notion, we would be ignoring a crucial part of holistic therapy, namely the social aspect of it. The findings of the study call for more investigation into the molecular, biochemical, and biological consequences of stress, as well as the establishment of diagnostic criteria and terminology that are agreed upon by the scientific community. Furthermore, they urge epidemiological research to determine probable causal linkages with psycho-mental or psycho-social stress at work in order to eliminate gaps in information surrounding burnout and make it possible to implement essential medical care and prevention measures. This will allow for the most effective treatment options to be developed (Van Dam, 2021; Weber & Jaekel-Reinhard, 2000).

Some beginners were dealt with various problems to cope with unknown duties as a psychiatric nurse and to have confidence engaging in a setting with patients who had a variety of mental diseases. confronted with different challenges to cope with unclear responsibilities as a psychiatric nurse. The vast majority of them voiced concerns that they lacked the necessary level of professional competence and understanding to be successful in this area of expertise. They encountered a great deal of opposition in regard to their preconceived notions about mental nursing and even nursing in general. They went through a lot of worries, including fear of unpredictable occurrences, fear

of getting infected by patients, and fear of even going through certain mental conditions themselves. It was quite difficult for them to notify their friends and relatives about their profession due to the stigma that was associated with it (Dilks, 2020).

The field of psychiatric nursing is one that often struggles to earn the respect and worth of its peers, both in the general population and among those who work in the medical field. There has been a dearth of research on the stigma that surrounds psychiatric nursing. Perceptions, media depictions, and professional attitudes about mental patients and nursing care all contribute to the perpetuation of the stigma (McConlogue, 2014).

Regretfully, just 2% of nurses choose to specialize in mental nursing, compared to 25% who choose critical care. Psychiatric nursing was placed last out of 10 disciplines in research that asked 300 nurses about their preferences for specializations. The de-emphasis on mental nursing, ignorance of the work of the psychiatric nurse, and unfavorable views about psychiatric nursing are among the issues with recruitment to the field of psychiatric nursing (Sedlacek, 2017).

In order to be productive, employees must be satisfied with their professionalism, this is especially true in the case of the nursing staff, who take on important roles, and whose contribution to hospital efficiency is enormous. Especially when it comes to hard-working environments like psychiatric hospitals, employee job satisfaction is paramount (Penconek et al., 2021).

Psychiatric nursing offers new career professional opportunities, but the field still faces many challenges, such as dealing with patients who are mentally ill, a lack of training, and a sense of being in a locked-off space similar to a jail. Low job satisfaction is the most often

mentioned cause of nursing staff turnover, according to an analysis of many years' worth of publications on the topic (Khankeh *et al*., 2014).

Job satisfaction considerate as an enjoyable or favorable mental state as a consequence of the evaluation of an individual's work executive, when the situation is negative and high tension during work in health institutions, especially mental health centers, it became results in job dissatisfaction, and this is evidenced by the increase in the rate of absenteeism and a large number of artificial vacations among members of the nursing staff. Often shown to be associated with exhaustion, some researchers have reported a significant relationship between stress, and job dissatisfaction among the nurse cadre (Singhai *et al*., 2016).

Importance of the Study:

The importance of Psychiatric services is increasing with an upsurge in the pattern of mental disorders. This importance is directed toward the nursing professionals who deliver and provide these services. Iraq health care organizations have an under-supply of particular health professionals. For these reasons, the current study explores the lived experience, job stress, and level professional satisfaction of nurses working in a psychiatric hospitals in Iraq. The significance of the study is the provision of an in-depth understanding of the factors influencing the job satisfaction of nursing professionals. It provides evidence-based management data about the current psychiatric situation that can be improved when obstacles are solved (Jang et al., 2022).

The researcher works as a psychiatric nurse in an academic psychiatric hospital in the Najaf government. While employed in the PMH unit, the investigator noticed that sometimes colleagues show behaviors such as persistent lateness, refusing and/or delaying participation in tasks, and sometimes, ignoring each other, so this study

tries to make a reason to strengthen relationships in among them, by revealing weaknesses and strengths, managing time and human resources, and trying to break the exhausting routine of working nurses (Pollard & Jakubec, 2022).

Research approach selects for this study because there is a lack of research on the characteristics of the work environment of the Iraqi psychiatric nurse and levels of job satisfaction through the collection of data, from multiple sources, including in-depth interviews, cross-sectional survey, and extant documents. These data can then be integrated to make sense of and interpret the psychiatric nurse work environment, in terms of the meanings that psychiatric nurses ascribe to them, creating a complete and profound picture of the phenomenon of the psychiatric nurse work environment (McCrudden et al., 2021).

There is also an important role directs to novices nurses in the psychological field, and they are many, to dispel their fears and give them different alternatives in adapting to potential difficulties. It is also, according to this research design a first step to encouraging researchers and urging them to reach rich and fruitful material on the way to improving work as nurses in the psychological field and expanding it in Iraq. People highly expect access meets to services, in the course of the study psychiatric services, which is sometimes slow due to overcrowding, insufficient staff, and limited infrastructure (Khait et al., 2022).

The purpose of this concurrent mixed methods instrumental study is to extend current knowledge about the phenomena of lived experience and psychiatric nurses workplaces that may or may not interfere with professional satisfaction. The phenomena are explored using qualitative

interviews, structured and unstructured observation, and document review (Wong & Bressington, 2022).

In this study, the researcher was more interested in using quantitative and qualitative methods, and therefore the researcher tries to move in the research process to a more developed and more immersed in research problems as well as with regard to the work of research or future articles and for this study to be a model for nurses and other.

Statement of the Problem:

The study entitled (Exploring the Lived Experience and professional Satisfaction of Nurses Working in Psychiatric Hospitals: A Mixed Methods Study) addresses the problem that, in fact, the quality of healthcare services has been found to be associated with the satisfaction of professionals, including the level of stress (Payne et al., 2020). Nurses dissatisfaction and negative feeling towards the workplace also have undesirable effects on nursing performance and the future of nursing quality in these departments, resulting in non-fulfillment of patients and organizations needs and poor professional growth for nurses. National, there is a significant gap in nursing research with regard to discovering the phenomenological and daily challenges of nurses working in psychiatric wards (Rahmani et al., 2021).

Study Objectives:

The objectives of this study are to investigate job satisfaction and its relationship to job stress among psychiatric nurses in specific mental hospitals in Baghdad, Iraq, as well as to investigate and shed light on the experiences of nurses who were employed in mental units.

1. To assess the professional nurses satisfaction level working in psychiatric hospitals (quantitative side), and whether the stress variable affects psychiatric nurses satisfaction.

2. To explore the lived experience of the nurses working in psychiatric hospitals (qualitative side).

3. To investigate the association between the sociodemographic factors that nurses face and their level of professional satisfaction.

Definition of Terms:

Lived experience:

Theoretical Definition:

It focuses on human knowledge and is a method to understand what people s life experiences are like and what they imply. This terminology refers to the accumulation of information or abilities gained via direct involvement in events or actions known only to the attainment, and it frequently leaves an impact on the possessor (Denise F. Polit, 2018).

Operational Definition:

Incidents or conditions that nurses who care for mental patients encounter cause distinct attitudes and emotions as a result of the current profession in psychiatric hospitals in Baghdad.

Professional satisfaction:

Theoretical Definition:

The feeling of pleasure and achievement that an employee experience in their job when they know that their work is worth doing, or the degree to which their work gives this feeling (Kim et al., 2022).

Operational Definition:

An overall affective orientation on the part of nurses toward work roles that they are presently occupying as psychiatric nurses at psychiatric hospitals.
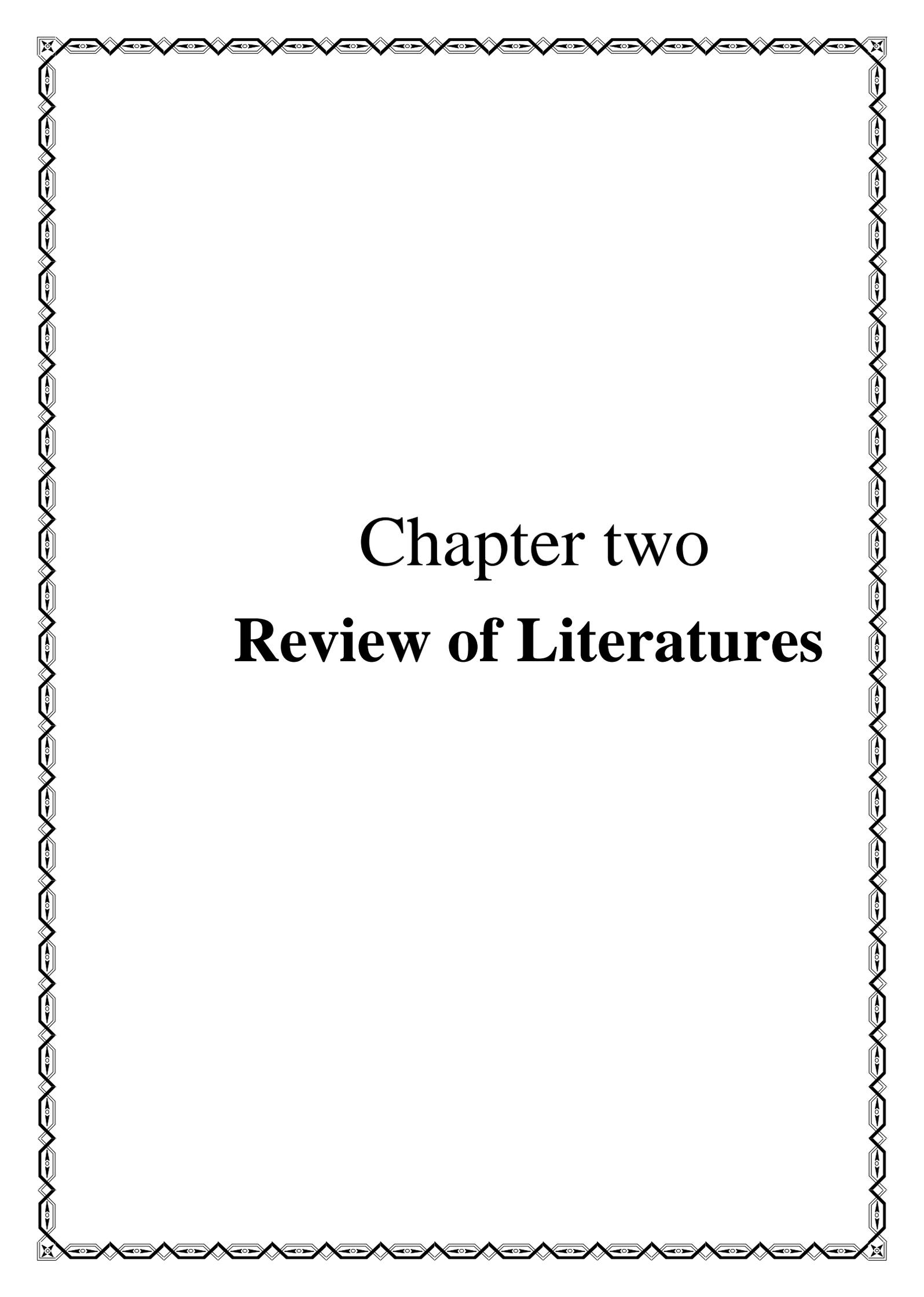
Chapter two
Review of Literatures

Chapter Two:

Many sources such as books, manuals, previous thesis, dissertation, journal articles, encyclopedias, reports and internet, are reviewed for the purpose of literature supplemented.

The delivery of high-quality care to patients has been one of the healthcare delivery system's main goals in recent years. How to enhance patient outcomes, however, continues to be a basic problem. Healthcare quality is a complex phenomenon. Nurses especially mental health ones are essential members of the healthcare team, and their happiness at work is crucial to providing high-quality care (Campbell et al., 2020).

Overview of Mental Health Workplace:

The majority of Iraq's mental health care is delivered by a handful of specialty institutions in Baghdad (Bolton, 2013). Some of their patients may require restraints, isolation, and continual supervision because of the intensity and unpredictability of their behaviors; meanwhile, other patients demonstrate aggressive and violent conduct towards nurses, producing a hazardous workplace (Zhou et al., 2019). Additionally, tensions arise between nurses and their patients or their families due to the high concentration and consequences of providing care for people with serious mental problems (Fleury et al., 2017).

2.1. Historical Background of Psychiatric Department:

In order to comprehend how psychiatry and mental health came into being, it is important to examine the societal shifts that took place prior to the year 1773. The majority of the ideas that are fundamental to psychiatry may be traced back to dating back to ancient periods, when people living in primitive societies thought that ghosts inhabited the body and needed to be

exorcised in order to be cured. Before the 5th century BC, cultures such as the Arabs, Greeks, Persians and even Romans, thought that emotional problems were caused by a malfunction in the components of the brain (Townsend & Morgan, 2017).

Hippocrates, who lived from 460 to 375 BC, was the first person to characterize different personality types, often known as temperaments. He also believed that mental sickness was caused by an imbalance in the body s four fluids, known as humors. Aristotle lived from 382 to 322 BC, he use of sedation, proper diet, proper physical cleanliness, music, and other forms of entertainment such as riding, strolling, and listening to the sounds of a waterfall were among the techniques to treatment that were used throughout this time period, fresh air, sunshine, and pure water were thought to promote healing for the mentally ill. Galen, a Greek physician who lived from 130 to 200 AD, said that emotional or mental diseases were related with the brain. Aristotle, on the other hand, came to the conclusion that the mind was associated with the heart (Crocq, 2022).

The humane treatment of persons who were suffering from mental illness had a setback throughout the Middle Ages. throughout this time period, mentally ill individuals were segregated from society and placed in asylums or institutions. There were also many other hypotheses put forth that related to demonic possession. To be more specific, those who exhibited odd behavior were thought to be either lunatics, witches, or demons possessed by evil spirits. Patients were often locked up in asylums, whipped, starved, tormented, and subjected to bloodletting. Mysticism, magic, and the practice of witchcraft were all prevalent during this time period. It was usual practice to execute criminals by beheading, hanging, or burning them at the stake. In some monasteries, the ritual of exorcism was carried out (Brigić et al., 2021).

During this same time period, medical professionals wrote about patients suffering from symptoms such as paranoia, despair, delusions, hysteria, and nightmares. People who exhibited such signs were considered to be inept and maybe dangerous. In 1403, the Bethlehem Royal Hospital in England became the world's first psychiatric institution to open its doors. The word, which is pronounced "Bedlam," came to be associated with the harsh treatment of individuals who were placed on public display for the price of two pence each glance. On the outside, non-violent convicts looked for alms to give. Cotton Mather (1663–1728) was a Puritan clergyman who, in 1724, broke with superstition by disputing the idea that mental illness was the result of demonic possession or witchcraft. Instead, he explained that mental illnesses were the result of physical changes within the body (Mental Wellness.com, 2003). This was a significant step forward in the understanding of mental illness (Maguire, 2021).

The early to the middle part of the eighteenth century provided the foundation for future advancements that would take place especially in the US, throughout the latter half of this century and the next. The concept of mental disease underwent a slow but steady transformation as a result of society s progressive realization of the need for compassionate care for those suffering from mental illness. The emphasis shifted from retaliation exorcisms, and magical remedies to treatment as the primary method of intervention. During this historical period, both public and private asylums, which are structures that have been purposely built to hold people who suffer from mental diseases, came into existence. People diagnosed with mental illnesses had to be taken from their homes and put in these facilities against their will (Mahoney & Green, 2020).

Because of the overwhelming need for care, many establishments were established specifically to meet this requirement. To provide one example, Benjamin Franklin founded the Pennsylvania Hospital in

Philadelphia in the year 1751. This establishment has the distinction of being the first of its kind in the history of the United States to provide therapy and care to patients suffering from mental diseases. As the end of the eighteenth century drew near, the field of medicine started to recognize psychiatry as a distinct subspecialty. At the time, the sole treatment for mental illness consisted of medical procedures like bloodletting, immobilization, and the use of specialist equipment like the tranquilizer chair. This was true not just in the United States but also in other countries. These traditions persisted right up to the very end of the 18th century and into the beginning of the 19th century, in this time the primary emphasis of therapy started to change to care that was supportive and empathetic and was provided in an atmosphere that was calm, tidy, and pleasant by some by some authors in the USA such as Benjamin Rush. This care was essentially of a custodial character, despite the fact that it was humanitarian. In addition, individual states were mandated to assume financial responsibility for the treatment of those suffering from mental diseases, which was the first instance of government-funded mental health care (Butterfield, 2019).

Dorothea Dix had a significant role in the development of mental health and mental disease treatment throughout the nineteenth century. Dix, a retired educator, was requested to lead a Sunday school session for juvenile offenders. She saw the appalling circumstances at the institution while taking lessons. She also saw how cruelly women with mental illnesses were treated. She thus started a campaign to make things better. She devoted her life to the cause of health care reform, fighting for the rights of people with mental illnesses by promoting the creation of state hospitals throughout the country (Mental Health America, 2009). Sadly, these state institutions were crammed full, thus the level of custodial care they provided was severely lacking. Its possible that her influence on the

development of mental well-being and mental illnesses will be forgotten since her work was mostly humanitarian. Despite the fact that she was a nurse (Strickler & Farmer, 2019).

A new age of mental well-being and sickness was ushered in with the turn of the twentieth century. The dominant mode of thinking was becoming more scientific. Both the USA and Europe were dominated by two distinct schools of thought on mental disease at this time. At one school, mental illness was considered the product of social and environmental deprivation, and it was believed that the condition could be healed via the use of methods such as compassion, an absence of constraints, and mental introspective. The other person held the belief that mental disease was due to a biological basis and could be cured via the use of physical methods like as bloodletting and gadgets. On the opposite side of the thinking spectrum, deprivation, and on the other end, biological factors, led to the creation of various distinct hypotheses that tried to elucidate the causes of mental illness (Takabayashi, 2017).

The psychoanalytic hypothesis created by Sigmund Freud was one such theory. His thesis centered on how an individual s unconscious driving forces for actions affected how their personality developed. A person s sentiments and emotions concerning their earlier childhood and teenage experiences were investigated by neuropathologist Freud as a way to provide light on their current conduct. A person grows via a succession of five phases, according to Freud: oral, anal, phallic/oedipal, latency, and genital. He believed that the oral, anal, and phallic stages—the first three of these five—were the most crucial. A mental illness will manifest in the person if any of these phases are disrupted, if they have trouble progressing from one step to the next, if they stay in one stage, or if they return to an earlier level. For many years, Freud s ideas served as the cornerstone of mental health and mental disease treatment (Nagel, 2020).

Treatment for mental disease was also changed by the introduction of psycho Pharmacology, which involves the administration of medications to treat mental disorders and its symptoms. Many people were able to be released from facilities to go back to society where they were able to live and function thanks to the management of symptoms brought on by the use of medicines. The result was a sharp drop in the number of people needing hospitalization. Psychopharmacology also provides a springboard for deinstitutionalization and treating the fundamental physiological causes of mental disease in the future (Staudt et al., 2019).

In the 1990s, there was a surge in research on the variables or causes that are related with mental illness, including became known as the brain decade. There has been an increase in knowledge regarding neurotransmitters and how they affect mental diseases. A better knowledge of how drugs may control neurotransmitter reuptake led to the creation of new drugs. At the period resulted in a significant change away from therapy as the primary form of mental treatment and toward medical-somatic possibilities as the primary form of intervention in the field of psychiatry (Pietilä, 2019).

Throughout the course of the 20th century, the role that the government played in the provision of mental health treatment increased. People who have psychiatric issues were often disqualified from serving in the military in the USA during World War II. In addition, soldiers who came back from the front frequently found themselves suffering from mental or psychological issues as a direct result of the impacts of the war. The idea that any person, regardless of their background or experiences, was capable of developing a mental disease started to gain traction. In 1946, as a direct consequence of these events, Congress enacted the Nationwide Mental Health Act. This legislation made available financing from the government for initiatives that were concerned with research, the

training of professionals when it comes to mental health, and the development of institutions such as state mental health institutions, clinics, and rehabilitation centers (Eaton, 2019).

In 1955, Congress authorized the National Mental Health Study Act, which mandated a comprehensive investigation of the state of mental health services throughout the country. As a consequence of this, a collaborative commission on Mental Illness and Health was established, and its subsequent comprehensive report was named Action for Mental Health. According to the findings of the paper, there is a need for further study and personnel training, a rise in the number of ongoing clinics and ancillary services, and greater access to emergency care and treatment. The report also recommended that consumers be included in the creation and execution of delivery systems and that funding be allocated evenly across all tiers of government (Denzin, 2017).

Psychopharmacology, as well as the social and political climate of the 1960s, had an impact on the creation of the legislation known as the Rehabilitation of Psychiatric Facilities and Community Mental Health Centers Act. To increase the amount of funding obtainable for community-based psychotherapy treatments, this behavior was planned. To satisfy the requirements of everyone dealing with mental health issues, it advocated for the building of mental health institutions across communities. As a consequence, the transition from care in institutions to public care was made easier (Aksom, 2021).

The community mental health clinics continued to struggle in the face of the huge demand placed on their services. In addition, societal shifts were taking place. The system became even more difficult as a result of shifts in population, an increasing elderly population, changes in family arrangements, and an increase in the participation of women in the labor.

As a direct result of the conclusions detailed in the report that the President s Commission on Mental Health compiled, the Mental Health Systems Act was enacted in the year 1980. In addition to addressing the rights of patients and facilities of mental health community, the purpose of this legislation was to define goals for research and training. On the other hand, the election of a new president brought about significant shifts in attention. The Omnibus Budget Reconciliation Act (OBRA) was signed into law in 1981, and as a result, each state received a predetermined amount of financial support. The allocation of these money would subsequently be decided on at the state level (MacKinney, 2021).

The omnibus budget reconciliation bill of 1987 was enacted by Congress in an effort to solve the concerns related to OBRA. The purpose of the act aimed to develop a method to guarantee that people with permanent mental illness get adequate placement for care, and it was intended to address the issues involved with OBRA. Despite this, there has been a considerable cut in financing for mental health treatment as a direct result of the political environment, which is characterized by a growing worry over the size of the federal budget deficit. Research on mental health and sickness has been continuously funded by the US National Institutes of Health, or NIH for short, since the National Institute of Mental Health (NIMH) became a part of the NIH in 1992. Additionally, the NIMH acts as a national leading group for matters pertaining to mental health (Aksom, 2021).

Mental health treatment has again suffered as a consequence of societal changes and the current political environment. In response, The Surgeon General s Report on Mental Health was published in 1999 by Surgeon General David Satcher. The first annual report to concentrate on mental health was this one. The study made the following suggestions for general courses of action for enhancing the level of psychological wellness

in the country: advancing the knowledge basis by doing more studies on psychological well-being and sickness; overcoming the stigma of mental illness; improving public awareness of effective treatment; ensuring the supply of mental health services and providers; ensuring delivery of state-of-the-art treatments; tailoring treatment to age, gender, race, and culture; facilitating entry into treatment; and reducing financial barriers to treatment (Satcher, 1999). Subsequently, mental health care was brought to the forefront (Iskander & Crosby, 2021).

The issuance of the Physician General s study in 1999 was followed by the release of an additional important study that was focused on the mental health of children. The following recommendations were made in the Conference Report of the Surgeon Generals on Mental Health of Children: A National Action Agenda: improved identification and evaluation of children s mental health requirements, as well as increased public awareness of kids mental health issues; equalizing access to mental health care, minimizing or eliminating inequities in access, Persisted growth and development, communication and implementation of scientifically proven prevention and treatment services; as well as increased access and coordination of those services; Continued development of services for prevention and treatment with scientific backing; lowering and need of enhanced mental health treatment was brought out even more by this research (Dey & Jorm, 2017).

Early in the Third Millennium, the White House s New Freedom Council on the Health of Minds was founded as a direct response to the ongoing issues that plague the existing mental health system. People who struggle with mental health issues should have better access to educational and career possibilities, that was the mission of this organization. This Commission was tasked with the special aim of decreasing reducing the stigma attached to mental illness, removing access and financial barriers to

care, and dealing with the dispersion of the system. In 2003, a study titled A book called Achieving the Promise: Changing MHC in the United States came out. Within the report were various suggestions for improving the delivery of services. It highlighted the need for mental disorders to be given the same attention as other physical illnesses and underlined the pressing need to shift focus from the current system to individuals and their households. It also highlighted the need for a systemic overhaul. President Bush s New Freedom Council on MHC (2003) claims that several such measures are now being put into effect on both the federal and state levels (Xiao et al., 2017).

Mental health, which was a significant focus topic in the Healthy People 2000 goals, has remained a priority in Health People 2020. The Healthy People 2020 goals were announced in December of 2010. As they were mental illness and its associated stigma persist in 2010 to be a primary concern. The following are some of the ways in which the mental well-being and mental disease objectives of Healthy People 2020 are highlighted:

1. Bring down the rate of suicides. 2. Decrease the number of attempts at suicide that are made by teenagers. 3. Decrease the number of teenagers individuals, in an attempt to lose weight, engage in eating behaviors that are considered to be disordered under control.4. Decrease the number of people who encounter significant depressive episodes throughout their lifetime. 4.1 Young people between the ages of 12 and 17 years old. 4.2 Adults who are 18 years of age or more. 5. Increase the number of medical centers that offer mental health services on-site or paid referrals for mental health therapy in order to better serve patients. 6. Raise the percentage of children who suffer from mental health issues and get treatment for those issues. 7. An increase in the percentage of juvenile residential institutions that conduct mental health screenings prior to admitting new residents.

8. Increase the percentage of people who are employed who have major mental illness. 9. Raise the percentage of adults receiving treatment for mental health conditions. 9.1 Adults who are at least 18 years old and suffer from severe mental disease. 9.2 Adults over the age of 18 who are experiencing a serious depressive episode. 10. Increase the percentage of people who have co-occurring mental illness and drug dependence who also get treatment for those illnesses. 11. Have primary care professionals do more depression screenings. 11.1. Increase the number of primary care doctor visits when individuals aged 19 and over are screened for depression. 11.2 Increase the number of primary care doctor office visits when adolescents between the ages of 12 and 18 are screened for depression. 12. Expand the number of individuals who are homeless and have mental health issues who get mental health treatment.

2.2. Historical Background of Psychiatric Nurse:

There are many similarities between the development of mental health therapy and the expansion of the nursing profession. These similarities highlight the importance of both fields. The event chronology shown in Figure 1-1 emphasizes key events in the history of MHC as well as crucial events in developments in the field of mental health nursing MHN. A figure is included at the beginning of the article. As can be seen from the timeline, psychiatric-mental health nursing developed alongside other forms of mental health care.

Florence Nightingale was a forward-thinking leader who realized the need to make nursing a real field with its own source of information and set of skills for doing the job. So, nursing became a career came into existence as a result of her efforts. Alongside the development of professional nursing came the birth of the practice of PMHN. Its development paralleled the progress that has been made in the treatment of mental health

conditions. As a consequence of this, MHC and PMHN have changed over time subject that was poorly understood and unorganized into an area of health care that is highly specialized. Both Nightingale and Taylor emphasized the need of taking a holistic view of the patient. In addition to this, she believed that mental health nursing and general nursing was linked. This was the first time a class on PMHNP has ever been offered had been included in a set of requirements for nursing students (Bates & Memel, 2021).

The area of mental health continued to develop over the first fifty years of the twentieth century as a result of the discovery of novel treatment methods and theoretical frameworks. As a result of the implementation of these novel treatments, PMHNs were needed to modify the fundamentals of surgical-medical care nursing in order to apply them to the treatment of psychiatric patients. Harriet Bailey is credited with penning the very first textbook on psychiatric and mental health nursing in the year 1920. The care provided by nurses during medical procedures was the primary subject of this book. PMHNs have had difficulty defining their position as a consequence of their continued participation in the application of various treatments. Nonetheless, the social atmosphere of the period encouraged a conception of women as being inferior to males and obedient to their authority. This viewpoint was also prevalent in the field of nursing (Kumar, 2020).

Towards the middle of the twentieth century, eminent people like Harry Stack Sullivan started to develop interpersonal models. Interpersonal models are models that concentrate on the interaction of the person with other people. Sullivan held the view that an individual s personality was a measurable and visible reflection of how they interacted with other people. So, a person s personality, regardless of whether it was good or unhealthy, was directly related to the relationships that person had with other people.

Sullivan found that people have two primary wants: the need to be satisfied (called their biologic needs) and the desire to feel secure (state of well-being and belonging). Anxiety is a natural response to anything that gets in the way of happiness or safety (Joiner et al., 2017).

A change in nursing practice coincided with the introduction of interpersonal models, which occurred at the same time when interpersonal nursing practice paradigms were being established. During the same time, interpersonal systems were getting more attention in the field of mental health, which was nursing practice in 1952. During this historical period, both the nursing sector and the subject of mental health had tremendous growth, with a large number of thinkers making significant contributions to each of their respective fields (Zaccagnini & Pechacek, 2019).

Peplau (1954) characterized professional of nursing as a substantial, therapy, interpersonal method, which refined the profession. It works with other human processes to keep people and communities healthy. Nursing is an instructional tool, a maturing force that promotes personality growth toward creative, constructive, productive, personal, and communal life. Hence, nurse educators emphasized interpersonal interactions and included pertinent topics in curriculum. Peplau distinguished PMHNs with advanced degrees from typical staff nurses by defining their position as counselors. From my understanding, mental health nursing prioritizes the role of the counselor or psychotherapist viewpoint, says Peplau. At current moment specialist status may be attained by two routes-education and experience (Dal Bosco et al., 2021).

So, nurses were taught how to use therapeutic communication, which is an interactive process that focuses on the patient and includes both verbal and nonverbal behaviors. This was seen as an important part about the improvement of the sufferer. The most of the time during their shifts,

nurses would often spend caring for a huge number of patients engaging in prearranged, organized discourse with each of those patients. Following that, a record of these talks was created inside the nursing file, and the psychiatrist and other health professionals used what they said to figure out how treatment was going (Sharma & Gupta, 2021).

Since the 1950 s, mental hospitals have introduced environmental management. Milieu management provides a healing environment for patients. The wall color, furnishings, and lighting in the mental health unit represent this treatment strategy. The nurses manage the environment, knowing that they are a part of it and that they need to act in a therapeutic way. This needed constant awareness of surroundings, clothing, body language, tone, and vocal communication. For example, a nurse aware of MMT would notice that the unit was cramped and cramped and gradually adjust the light or noise to calm her down. Unit management has captured the same amount of attention as patient management (Williamson & Harris, 2019).

Nurse-led groups, this were sometimes with psychiatric professionals. Psycho-educational and process groups were co-facilitated by nurses (refers to a more conventional kind of psychotherapy in which profound emotions, responses, and ideas are investigated and processed in a methodical manner). A nurse s efforts in psychiatric care focused on building and maintaining a therapeutic connection and environment, regardless of treatment type (Wang et al., 2020).

Beginning in 1954, the research that led to the development of antipsychotic medications such as chlorpromazine (Thorazine), as well as their widespread usage ushered in a new era in both the comprehension of and treatment for those who suffer from severe mental illness. It marked the beginning of a new path for nursing as well as mental health care

services. The interaction between the nurse and the patient now includes the administration and monitoring of medications. As a result of the efficacy of more recent drugs with a longer duration of action, In the 1960s, several antipsychotic medications, such as a substance called ha (Haldol) and a medication called flu(Prolixin), were introduced period when treatment transitioned from hospitals to community settings. Despite this, the nurse-patient interaction on a one-to-one basis continued to be an essential component of nursing (Majerus, 2019).

In the 1960s, the American Nurses Association (ANA), under the direction of its Division of Neuropsychiatric and Mental Health Nursing Practice, issued a statement entitled Statement on Psychiatric Nursing Practice. The PMHN s comprehensive perspective of the patient was addressed for the first time in this groundbreaking paper. It placed an emphasis on participation in a diverse array of activities geared toward the maintenance and improvement of ones health. Since its first publication, the document has undergone three rounds of revisions, each of which has expanded and clarified the powers and responsibilities of the PMHN to better represent the state of the society as it exists now (Yaden et al., 2021).

The 1990s saw a tremendous explosion in brain chemistry research and knowledge, earning the decade the moniker brain decade Once again, this indicated a shift in the practice of mental health treatment of nursing as the major emphasis of therapy shifted from psychosocial to somatic (relating to the body) therapies provided by medical professionals (Schmid et al., 2020).

The role of the generalist MHNs changed shifts toward that of a case manager of care as resources for providing treatment shrank, as did the number of integrated service lines. Admission and discharge processes,

medication control, outreach, and emergency preparedness were the primary foci of work (McAllister & McCrae, 2017).

2.3. Historical Mental health services in Iraq:

Al-Razi (865–925) and Ibn-Sina (Avicenna, 980–1037), pioneers who used compassionate methods, created the first mental hospitals. In fact, in the year 705, Baghdad saw the construction of the first psychiatric hospital in the world, the area thereafter descended into the dark ages, and Iraq did not see the arrival of contemporary psychiatric services until the middle of the 20th century. Dr. Jack Aboud and Dr. Ali Kamal took the lead in founding Al-Rashid and Al-Rashad mental hospitals in the early 1950s (the former was later replaced by Ibn Rushed Hospital) (Sadik & Al-Jadiry, 2006b).

In the past, a doctor oversaw the Ministry of Health s Primary Care Directorate s mental health planning with the help of a four-person advisory group of psychiatrists, however, they had minimal effect. To raise public awareness, the group conducted brief public education campaigns, refresher courses for general practitioners, and sessions for teachers (Sadik et al., 2010).

One of the WHO s measures to help mental health in Iraq was the holding of a meeting in Cairo in July 2003 by the East Mediterranean Regional Office (EMRO) (Sadik & Al-Jadiry, 2006a). In September 2003, a new Iraqi government was installed. The National Mental Health Council was established with the cooperation of colleagues after the Minister of Health declared mental health to be a priority and designated a National Advisor (the first in the history of Iraq) (Bolton, 2013).

Both of Iraq s psychiatric hospitals, Al-Rashad (1200 beds) and Ibn Rushid (70 beds), are located in Baghdad. In addition, Baghdad s general hospitals have four units and other governorates have eight more. Resources are limited at all facilities. Working across disciplines, therefore, is done with minimal practice. Ten outreach clinics and facilities for psychosocial support have been set up by the National Council in Baghdad (Razokhi et al., 2006).

2.4. Work Environment in psychiatric Nursing Practice:

According to the theory of motivation proposed by Herzberg, et al. (1959), job satisfaction may be ascribed to both the extrinsic and the intrinsic features of ones working environment. This is suggested by the theory. It was discovered that intrinsic variables, often known as motivators, have an essential role in ones level of happiness with their profession. Accomplishment, recognition, the nature of the job itself, taking on more responsibility, and career development are some of these variables. It was shown that dissatisfies of employment are external elements, namely hygiene components (such as management, benefits, supervision, working conditions, colleagues relationships, and security) (Elliason, 2019; Kouchek et al., 2022).

Numerous stressors have been discovered by research studies on stress in nursing, depending on the clinical specialism. Poor working relationships between nurses and physicians and other healthcare professionals, demanding communication and relationships with patients and relatives, emergency cases, a heavy workload, a lack of staff, and a lack of encouragement or positive feedback from senior nursing staff are some common stressors across nursing specialties (Amin & Ahmad, 2021; Faremi et al., 2019).

Most research on stress and job satisfaction in nursing have concentrated on general nursing specialties, while nurses working in mental wards have received less attention (Jiang et al., 2019; Zhou et al., 2019). A deeper comprehension of these characteristics in mental health nursing may enable the development of measures to enhance these nurses working environments, which will ultimately improve the standard of nursing care.

In today s rapidly evolving healthcare system, an investigation of the factors that contribute to job satisfaction for nurses in various practice environments is particularly relevant. Meanwhile, there has been a movement away from providing nursing care in hospitals and toward providing it through community health and home healthcare organizations, where treatment costs are cheaper. The result of this is a growing need for more guaranteed nurses to provide a better standard of nursing care, not just in hospitals but also in other types of healthcare facilities (Johnson et al., 2016).

Job satisfaction (JS), which has been shown to be the most widely investigated characteristic that influences the result of an institution, has been the focal point of a great many theories and models of human attitude and behavior. It is stated in theories on job satisfaction that an individual evaluates the job about the values they uphold, which serve as a framework for determining what is significant. An assessment process may result in satisfaction if the evaluation is consistent, but dissatisfaction if the evaluation is inconsistent as the end result of the procedure (Konstantinos, 2008).

Work satisfaction has also been suggested to be an overall sense of job satisfaction and a notion composed of several components. The researcher utilized the definitions given by certain writers who defined job satisfaction as a multidimensional emotional and cognitive construct that is

an interplay of an employee s expectations, values, and the working environment for this study. Although job satisfaction levels seem to be ambiguous, aspects of the workplace that are seen to contribute to job satisfaction or job dissatisfaction, such as working relationships, patient care, and work rewards, are clearly separated. Work interactions among nursing colleagues tend to generate a high level of satisfaction. Nurses were similarly content with the working relationships they had with the physicians they worked with, but unsatisfied with the relationships they had with their supervisors. Lack of communication and response to nurse concerns, discontent with management choices, insufficient organizational support, lack of recognition, and the amount of confidence nursing staff felt in management defined the interaction between nurses and managers (Saber, 2014).

Quality nursing care now necessitates a greater use of complicated, modern technology in hospitals. Nurses care for severely sick patients in specialized units such as psychological support or continuous watching within shorter time periods mandated by cost-cutting initiatives. As a consequence, the demand for highly skilled nurses will continue to outstrip supply over the next decade. The training of these expert nurses is required, and job discontent is expensive to hospitals in terms of both expense and loss of quality nursing service (Vezmar et al., 2021).

According to previous studies overview, the following elements are negatively correlated with nurses work satisfaction in hospitals: a; Absence of autonomy (Gottlieb et al., 2021), b; A voluntary change (De Simone et al., 2018), c; Stressors (De Simone et al., 2018), d; Bad interpersonal connections (Williams et al., 2018), e; A lack of acknowledgment (J.-H. Lee et al., 2019), f; Absence of supervisory backing (Nasurdin et al., 2020), g; Self-actualization and self-esteem issues must be addressed (Chiao et al.,

2021), h; Lack of possibilities for growth/promotion (Lasebikan et al., 2020).

Bad interpersonal connections, this is defined as nurses satisfaction with opportunities presented for both formal and informal social and professional contact during working hours . Professional contacts include nurses, physicians, and non-nurse/non-physician employees. This was the most commonly measured dimension of nurse job satisfaction, several authors found that nurses reported high levels of satisfaction with their coworkers (Singh et al., 2022). Other authors found that nurses were not satisfied with relationships with their coworkers (Golbasi et al., 2008; Nelson et al., 2015). Satisfaction with coworker relationships had a statistically significant positive relationship with nurses willingness to be accountable for the care they provided intent to stay willingness to participate in hospital affairs and engagement in their work (Alkorashy & Alanazi, 2023).

Satisfaction with the interaction of administration is how an employee thinks he or she is involved in making decisions for the organization and how happy he or she is with for this participation. Some multidimensional measures looked at the relationship with administration and how it affected how happy nurses were with their jobs. In some studies, the scores for how satisfied people were with their managers were low (Sasso et al., 2019), while in another study scores for how satisfied nurses were with their managers were in the middle (Akbari et al., 2020). While another study of care services nurses find that people were happy with their manager (Waltz et al., 2020).

Nurse satisfaction varies per facility. Nurses who were leaving their unit were less happy with their nurse management than those who were staying. Generation was least happy with unit managers. In the statistics,

the least and most skilled nurses reported the highest satisfaction with management. Management satisfaction differed significantly among nurse function groups. Low pay, severe workload, interpersonal conflict, and patient aggression may influence nurses well-being and job satisfaction, which has been linked to excellent nursing care (Roczniewska & Bakker, 2021).

According to the National Mental Health Working Planning (2010-2020), published by the Iraq State Council, many thousands of patients were diagnosed with serious mental diseases till 2014. As a result, the government was tasked with enhancing the standard of care provided to these individuals. Given the challenges of psychiatric nursing and the proven link between job satisfaction and patient outcomes, it's important to learn more about how satisfied nurses in Iraq's psychiatric hospitals currently feel in their positions and the factors that contribute to that satisfaction (Abdullah & Abbas, 2015).

Several of these studies evaluated demographic factors like gender, services years, marital status, educational level, professional title, and health status; however, the significance of these associations varied depending on study characteristics like sample and location For instance, a study of numerous critical nurses from general hospitals in some neighboring countries found a negative correlation between aging and job satisfaction, in contrast to other studies of nurses from the same region s psychiatric hospital finding no such correlation (Zhou et al., 2019).

Stress-related variables have also been linked to nurses' happiness on the job. Lower levels of job satisfaction were seen among nurses in situations characterized by low salary, high workload, and inadequate physician cooperation. Nurses' job satisfaction was positively associated with their judgments of praise from customers and acknowledgement of the

specialty by society, whereas their perceptions of patient-initiated violence were negatively correlated. Previous research also found that organizational variables including dedication, vision, and leadership had a beneficial effect on nurses' attitudes about their jobs (Hasan et al., 2018).

One-quarter of all people experience a diagnosable psychiatric illness, this is in addition to the frightening escalating numbers of childhood and adolescent neurodevelopmental diseases such as autism, attention deficit hyperactivity disorder, and many others. Unfortunately, only a seldom simply Fewer nurses choose to specialize in mental nursing than in urgent care or other departments. In a poll of 200 nurses' preferences for subspecialties, mental nursing came in dead last. Negative views regarding mental nursing, a lack of familiarity with the job of psychiatric nurses, and a diminished focus on psychiatric nursing all contribute to a shortage of qualified applicants (Ong et al., 2017).

2.5. Stigma of Psychiatric Nursing:

Many don't comprehend psychiatric nursing despite advances in research, comprehension, and therapy. Psychiatric nursing struggles to gain public and professional esteem. Several research have examined mental disease stigma, but few have examined psychiatric nursing stigma. In the 1795s, during the Enlightenment, individuals who cared for the mad were stigmatized (Natan et al., 2015).

Media and movies have perpetuated negative stereotypes about mental nurses, depicting them as unprofessional, disinterested, illogical, and out of control, while also giving the impression that psychiatric nursing is a vocation that requires little competence and is not very successful. According to the findings of certain research, the profession of mental

nursing was depicted as deviant and risky in the plots of 19 American films, which further contributed to the stigma (Flaskerud, 2018).

Some researchers discovered that with the use of an Inventory of Nursing Specialty Areas, which is used to determine which were asked to rate the various nursing specializations, they put mental nursing last. Since new students who are increasingly interested in specializing in areas like the utilization of psychiatric nursing are considered a service and caring profession, sophisticated technology is less likely to want to work in this field (Tice, 2021). According to the findings of some writers, the clinical and classroom teaching settings, further to the trainers, have an important role in the way that students acquire attitudes in the subject of psychiatry as a possible future career. The unpreparedness of nursing students to work in psychiatric settings has been linked to a lack of preparation in the classroom and negative clinical experiences. This lack of preparedness contributes to a lack of interest in the field among nursing students (Samari et al., 2019).

Instead of the psychomotor skills common to most other nursing disciplines, interpersonal communication skills are prioritized in psychiatric nursing. As a consequence, some of them have said that they are unclear about what they are supposed to do during mental clinical interactions or what they receive from the therapeutic experience. what they are expected to accomplish during psychiatric clinical encounters. The Psychiatric Nursing Performance Appraisal Instrument, or Psych NPAI, was developed as a solution to these problems was established. Six competence subscales were found by the Psych NPAI: Subjects covered include theoretical knowledge/critical thinking, the nursing process, communication skills, therapeutic techniques, networking, and self-evaluation in the professional setting (Larkin, 2017; McConlogue, 2014).

Applying the nursing process, the employed advanced practice PMHN performs a thorough assessment of the patient based on interviews, behavioral observations, and corroborative information provided by the patient s family, employers, and/or friends. The nurse and patient validate the diagnosis and develop a treatment plan which is then implemented. Periodic evaluation and revision of the plan of care and patient response to treatment is essential to achieve and sustain optimal patient outcomes (Garcia et al., 2017).

Two to three times as many nurses who worked in bad places said they wanted to turnover to nurses who worked in good places. Good environments were said to have enough staff to give good care and spend enough time with patients, administrative support that showed up in nursing leadership that encouraged nurses to take part in making decisions, and good relationships between nurses and doctors. Quality care is the degree to which services for individuals or groups make it more likely that desired health outcomes will happen, or make it easier for people with disabilities to participate and be independent, and are in line with what professionals perform (Baum & Kagan, 2015).

Work environment in hospitals, there are many problems that occur according to the quality of services provided, the nature of patients and their absorptive and cognitive abilities, the efficiency of cadres in managing the available resources and distributing them as needed, the large number of auditors and their families or the occurrence of crises, as well as the stability and speed of response among these cadres that are in the face of permanent, the most prominent of these nursing staff (S. E. Lee & Scott, 2018).

Nurses specializing in PMHC who work in critical/chronic entry wards are exposed to a high degree of patient aggressiveness while on the

job. Among all the many types of medical workers, psychiatric nurses are the most likely to be affected by patient violence. This problem can no longer be overlooked, particularly from the point of view of occupational health and safety, given the high levels of violence seen in the workplace and the mental and physical consequences it has on psychiatric nurses as a result of this aggression. The recommendations that have been proposed as a result of this study could potentially lead to more research into patient aggressiveness (Pekurinen et al., 2017).

Numerous studies agree that aggressiveness is the rage that causes violence in reaction to danger, provocation, or frustration. Aggression is also the deliberate infliction of bodily or mental damage on another person or the destruction of property. Personal interest drives aggression. Psychiatric nursing entails everyday care for mentally ill patients. The profession is difficult and requires close contact with distressed customers. Interaction involves confronting hard habits regularly. The psychiatric nurse must also deliver a cost-effective and efficient service while being held responsible by state and federal bodies for treatment quality (Siddiqui, 2020).

It s possible that the hospital places unreasonable expectations on the psychiatric nurses by expecting few nurses to deal with too many patients and too much work. Because of organizational limits, psychiatric nurses often report feeling much more overworked than they already do. These constraints offer them very little decision-making ability, very limited opportunity to influence policy, and very little recognition or support. In addition, this field is characterized by change and uncertainty associated with the transition from hospital-based treatment to care provided in the community (Buus et al., 2020).

The structure of the mental health department and its relationship with the community may add to the stress associated with working with the chronically mentally ill. Problems are compounded by inadequate community resources available to the department for the long-termed psychiatrically disabled. Nurses subsequently experience frustration at being unable to access the required support. These problems are compounded by inadequate community resources available to the agency for the long-termed psychiatrically disabled. Clinical work with those who have chronic mental illness often carries occupational disharmony. This disharmony is evidenced by both individual and organizational behavior Nurses tend to lose interest and motivation, become detached and lethargic, and physically and emotionally exhausted. As a result, productivity tends to go down (Stevenson et al., 2015).

Nurses are more likely to be assaulted by patients. Long-term job pressure may lead to nurse turnover, absenteeism, and work unhappiness. Most individuals crave closeness, acceptance, security, and friends. High social support has been shown to improve health more. At a public mental hospital, nurses help patients and families emotionally. Due to their focus on the mind and behavior, psychiatric nurses may need emotional support from spouses, family, friends, and others. When emotional support is received, they are able to assume the daily responsibilities of a psychiatric nurse as well (Daniel & Daniel, 2020b).

Love, care, and attention from psychiatric nurses boost self-esteem, self-worth, and self-confidence. Confidence in problem-solving may help people survive in psychiatric practice. Social support is linked to psychological disorders such as general mental morbidity, suicide, and severe depression. This suggests that social support improves health and behavior. It may also mediate by making responders feel appreciated,

supported, and in control. Relaxing the fight or flight response may also alter mental health (Stuart, 2014).

Professional satisfaction is one of the administrative concepts that have an effective impact on work productivity and increase loyalty to the institution, as it is the basis that achieves the psychological and social compatibility of employees, and improves their performance, work and production by satisfying their needs, desires and motives, because achieving employee job satisfaction affects the quality of their performance, and then achieves positive results that serve all poles of the service process, and efficiently achieve the goals of any institution (Alabbad, 2021).

At the present time, there is an increasing interest in the issue of performance, effectiveness, and efficiency of institutions in performing their functions, and achieving the goals for which they were found, whether these institutions are service, commercial, or craftsmanship. Hence, the focus is on managing these institutions to ensure that they reach their goals by raising the level of performance to ensure. Its continuity, growth, and development, and what the world is witnessing these days of competition and attention to the issue regarding achievement, all of this demands institutions to concentrate on the human aspect in order to accomplish their objectives via the efficient use of available resources and the exploitation of accessible possibilities and energies that are available to everyone. Because of these motivations, it is necessary for institutions to improve their levels of human and organizational achievement in order to deliver services in a timely and high-quality manner. High. In order to fulfill the requirements and fulfill the expectations of both the workers and the auditors (Loan, 2020).

Also, job performance has its place, particularly within an institution, because it is the end result of the activities of both the worker and the institution. When the achievement of the two years is outstanding, the organizational structure is more stable and lasts longer. In general, management and leadership care more about how well their employees do their jobs than they do about how well their employees do their jobs. This means that achievement at any organizational level and in any part of the organization is not just a reflection of the motivations and skills of subordinates, but also of the motivations and skills of superiors and leaders (Sugiarti et al., 2021).

If job performance is significant in organizations, and in healthcare organizations, it is even more significant. The majority of these organizations seek to evaluate the quantity and quality of the performance of the people who work there, as well as the capacities and resources that each person possesses and the scope of their developmental needs. Specialized psychiatric hospitals are considered official specialized institutions that play a distinguished role in preparing qualified cadres to achieve comprehensive development, and thus it must be ensured that there is a good degree of job satisfaction for its employees, to reflect their satisfaction on their level of performance, and that is why this study came (Wafa a et al., 2020).

The satisfaction of the working individual expresses the integration of his psychological state and his job, and with his expectations towards what he obtains of material and moral returns, and there is no doubt that there are factors affecting the individual s satisfaction with his job, some of them are related to the individual s personality himself, some are related to the nature of work and tasks, and some are related to relations with colleagues Including what is related to the salary that the employee receives, and all of this makes him feel happy and then job satisfaction,

which in turn affects the performance, which is considered an element of productivity, which includes the work performed by the employee, the extent to which he understands his role and follows the instructions, the achievement he achieves, and the extent of his compatibility with the standards the work (Kagwe et al., 2019).

If mental healthcare workers (MHCWs) had a better understanding of the elements that positively affect their job satisfaction, they could be better able to devise interventions, such as policy changes, that may be able to address these problems. Previous research has identified the type of support provided by mental healthcare work teams as one of the positive elements that impact job satisfaction. Issues that contribute to feelings of dissatisfaction in the workplace include excessive administration; insufficient time to finish duties; a heavy workload; and the perception of being devalued (Holmberg et al., 2018).

2.6. Nurses Experiences:

In recent years, there has been a rise in the amount of attention paid, on a global scale, to the experiences that nurses have had in various clinical specialties. Evidence gathered from nations of Unique and ground-breaking research on the practice of nurses employed by these institutions has come from the developed world (Gough, 2016; Wanat et al., 2021). On the other hand, in countries of the unindustrialized world like to Iraq, virtually there is little information available on the nurses stories who work in psychiatric admitting units and provide care for patients who are acutely or chronically sick with mental illness. The majority of the research that has been conducted on nurses in Iraq has been focused on the experiences that nurses have had working in the general healthcare discipline (Bolton, 2013; Obaid, 2021). There have only been a few studies that have been carried

out to investigate and describe the nurses experiences working in PMHC facilities, including job satisfaction (Al-Hawdrawi et al., 2017).

Nurses serve persons suffering from mental illnesses and psychiatric disorders in their communities and in inpatient psychiatric facilities. Inpatient mental hospitals of various levels of care employ them, each with its own problems and impediments. These facilities are busy and high-pressure, and nurses must treat patients with complex mental health disorders. Despite this, few studies have examined Iraqi psychiatric facilities nurses experiences treating mentally ill patients (Zintle Charles Sobekwa, 2012).

It has been revealed via research on the role of nurses in mental wards that they do a wide variety of tasks throughout the ward. The research also showed that sometimes the nurses working in the wards had to accept patients under very stressful and traumatic situations. According to (Gabrielsson et al., 2016) ethnographic research on nurses perspectives of their work in psychiatric settings, the tension between nurses and patients arises when the nurses use themselves as therapeutic instruments, which can make them feel vulnerable. Another phenomenological research done in a U.S. hospital with the goal of investigating how patients and nurses viewed the mental situation revealed that nurses handled exhausted in like a prison setting (Zintle C Sobekwa & Arunachallam, 2015). According to the results of the survey, several nurses felt they seldom had any face-to-face contact with patients due to the high volume of work on the unit (Zaki, 2016). The study s nurses also expressed frustration at being understaffed and unable to meet the demands of all their patients. The survey also found that nurses had significant levels of dissatisfaction and were counting down the hours until they could go home. Nurses in the same research criticized the patients treatment plans, saying they didn t do enough to fix the patients issues (Breland, 2019).

2.7. Rate Epidemiology of Psychiatric Disorders:

Conducted the WHO survey and found (Organization, 2021), it is projected that neuro-psychiatric illnesses account to 13% of the worldwide burden of disease. Furthermore, it is anticipated that these values would grow by 15% by the year 2030. According to the globe Health Organization (WHO), 2009, page 3, there are about 450 million individuals throughout the globe who suffer from a mental condition. In addition, the WHO estimates that around 10% of the adult population is now dealing with an established mental condition and that 25% of the population will at some point in their lives acquire a mental disease. According to (Al-Mosawi, 2023), neuropsychiatric problems make up the second largest percentage of the local burden of illness in context Iraq, behind only car accidents and ischemic heart disease IHD.

According to a study by Alhasnawi the spread of mental illness found that approximately one third of people in the Iraq country have had a mental problem at some point in their lives. The study also found that anxiety problems are the most common mental illness over a lifetime, with 13.8% of people having them. Mental illnesses are thought to be second on the list of the top five diseases that cause the most suffering. With a rate of 21.9%, drug abuse is the most common mental illness in the governorates over a lifetime. Mental illnesses are becoming much more common, which has put a lot of pressure on emergency and ongoing psychiatric nursing services in all governorates (Alhasnawi et al., 2009).

2.8. Role of Nurse in Psychiatric Ward:

When providing care to patients, nurses have the responsibility of assisting patients both physically and mentally while also protecting their own dignity and health (Kozier, 2014). When working with patients, nurses

should take an active role and collaborate with interdisciplinary teams to aggressively address aggressive and violent behaviors shown by patients (Mohamed & Kareem, Ali Juboori, 2010). In their role as mediators, nurses are expected to be adept at locating patients issues and efficiently and properly communicating with other members of multidisciplinary teams, either verbally or in writing, in order to address patients specific medical requirements (Konttila et al., 2018).

Nurses are available around the clock to give care to patients and maintain open lines of contact with those individuals. They are skilled in establishing calm and secure conditions in the mental wards via effective communication with the patients there (Urheim et al., 2020). It is important to swiftly resolve any conflicts that may arise between patients in order to prevent the situation from becoming worse. After a disagreement has taken place, the nursing team will consult with the patient to determine whether or not the patient needs to discuss it. In their roles as leaders, nurses are expected to have a constructive impact on their coworkers and collaborate with them to attain certain objectives (Dexter & Vitacco, 2020). A necessary component of effective leadership is the ability to stimulate the wants and ambitions of others. In addition, nurses have a responsibility to develop intervention strategies in order to improve their working environment, lower their levels of stress, and ensure that there is no tolerance for violence in their workplace (Al-Omari et al., 2019b).

Inpatient treatment for those who need specialized psychiatric care is provided by a variety of various sorts of specialists, such as nurses, doctors, psychologists, and social workers, each of whom brings a unique set of skills and perspectives to the table. in the other hand, the majority of the medical personnel in mental inpatient units are comprised of nursing staff members. In many cases, there are more nursing assistants (NAs) with just a high school education working in these wards than there are registered

nurses (RNs). Registered nurses are required to have a bachelor s degree in nursing. Clinically experienced registered nurses have the opportunity to finish a postgraduate, post-registration program in specialist nursing in order to earn the designation of a specialist nurse (SN; for example, in psychiatric/mental health nursing), a graduate diploma, in one year and a master s degree in two years, while three years in Ph.D. nursing (Iraq Council for Higher Education) (Younis & Khunda, 2020).

The majority of nurses working in psychiatric inpatient care in Iraq are registered nurses who have not received any further training in their specialty (Al Hilfi et al., 2013). Although nursing care and all aspects of the nursing process are the responsibility of registered nurses, nursing activities may be performed by other staff who have the required education and expertise (Gabrielsson et al., 2021). It has been shown that there are difficulties involved in both the recruitment and retention of registered nurses working in psychiatric care. Reducing the discrimination of nursing in mental health facilities and explanation of the professional role are two important characteristics that have been recognized as possibly improving registered nurses interest in this specialized subject (Waddell et al., 2020). Recent research has indicated that elaborating on the specifics of one's professional function is of utmost significance. This is due to the fact that not even employers are entirely sure of the qualifications they want in new hires (Lakeman & Hurley, 2021).

Critical nursing duties in psychiatric inpatient wards vary widely between nursing specialties. Researchers in New Zealand discovered that nurses in a psychiatric inpatient unit fulfilled a number of critical functions connected to the provision of mental health care from the viewpoint of crisis management (Eldal et al., 2019; Fourie et al., 2005). The research revealed that nurses responsibilities included evaluating patients conditions, ensuring their symptoms were under control, and preparing

them for release. The provision of all-encompassing nursing care, the administration of psychotropic drugs, and the management of a complex and difficult patient with an unpredictable illness are additional responsibilities (Joubert & Bhagwan, 2018). Patient advocacy, psychoeducation families of patients and some patients that response to the education, supervision of employees, administration, administration risk, and more responsibilities fall beyond this broad category. Nurses who specialize in psychiatric nursing work to improve people s mental health and well-being by, among other things, spotting signs of, and implementing plans for preventing mental health problems.

2.9. The clinical representation of psychiatric patients:

Patients requiring admission to acute or chronic psychiatric units may exhibit a wide range of mental health symptoms (Middleton et al., 2020). The severity of these symptoms is mostly determined on the patient s underlying medical condition. Patients admitted to psychiatric wards often exhibit symptoms of psychosis. Patients who fall within this category might be hostile, violent, and uncooperative. Researchers in Northern Uganda found that male nurses reported more instances of physical abuse and violent behavior from patients who are unpredictable behavior compared to female nurses in admission units (Coneo et al., 2020). Acute psychotic symptoms are often seen in patients, for example, they might hear sounds that other people don t hear or see things that are not really there. False ideas that do not change, are often called delusions are sometimes prevalent in patients and significantly hinder normal functioning.

Every sphere of human endeavor is plagued by the presence of violent behavior. It is a term that is universally understood to indicate to any action, whether it be physical, emotional, or sexual, that is intended to

cause a person either bodily or emotional pain (He & Zhu, 2021). Workplace violence (WPV) is an issue that has to be addressed immediately and seriously in the majority of nations across the globe. The likelihood of contracting any kind of WPV is highest for nurses, who work directly with patients, followed by physicians and others in the medical field. It is estimated that the incidence rate of non-physical violence among healthcare professionals in the globe is 42.5%. The most prevalent type of non-physical violence is verbal violence, which accounts for 57.6% of the total. Threatening behavior comes in second, with an incidence rate of 33.2%. In addition, the percentage of people being physically assaulted is 24.4% (Liu et al., 2019). In psychiatric inpatient treatment, one recurrent issue is the problem of violence directed against mental health personnel. According to research, mental health professionals face a higher threat of violence from patients than patients themselves. The nurses who work in mental units are put in a very precarious position (Child & Mentes, 2010; Konttila et al., 2018).

When a patient is admitted to an inpatient psychiatric facility, they will get both medical therapy and nursing care. However, the therapies that are delivered seem quite different when compared across the various care institutions (Salberg, 2022b). Previous studies have shown that patients who are getting treatment in mental inpatient wards go through a long waiting period (Molin et al., 2018). During this time, they spend a significant amount of time isolated from their social environments. A patient at an institution for mental health may have the experience of being cared for by others as being alienating and confusing, which may make it difficult for the patient to comprehend the nature and purpose of the care being provided (Moreno-Poyato et al., 2016).

Interaction between the personnel and the patients is essential. On the other hand, it is believed that a focus on sickness, a lack of available

time, and the uncertainty and incapacity of staff members to maintain control over their own emotions are factors that inhibit constructive connections (Salberg, 2022a). There is a clear presence of paternalism as well as sentiments of being subjected to a power system. The practice of nursing in psychiatric inpatient care is often connected with a compassionate culture that encourages patients safety by way of established norms and practices (Bladon, 2017). It has been said that the care environment in question is one in which activities like monitoring, reactive action, and risk management are favored above person-centered planning and engagement (Salzmann-Erikson, 2017). Because of this, receiving care might seem like a relief from pain on the one hand, but it can also feel like a trap due to the sense of being controlled and the lack of choice and engagement on the other (Nugteren et al., 2016). Despite this, it is emphasized that patient participation as well as nurse interventions that provide support for patients are essential components of the rehabilitation process for patients (Zarea et al., 2018).

2.10. Nursing as a profession:

Nursing has been regarded as having a marginalized position within the context of psychiatric care, which is a subspecialty that is predominated by a medical viewpoint (Salberg et al., 2019). Because nurses have the predisposition to want to fit into the system, it has been challenging to put into practice the many theories and models that are used in psychiatric nursing (Barker & Buchanan-Barker, 2010). The practice of nursing in the setting of psychiatric treatment has even been called a zombie category, meaning that it runs the danger of losing its capacity for conceptualization and explanation (Lakeman & Molloy, 2018). According to the findings of the some studies, there is a lack of clarity on the appropriate place to draw the boundary between nursing care and medical therapy (Barker, 2003;

Grant et al., 2015). However, there are other issues within the nursing profession that have been recognized as contributing to this process. Some of these causes include a lack of leadership and a failure of the nursing practice. These aspects have been identified as contributing (Bladon, 2017). According to the findings of previous studies, nursing care as well as the many duties and responsibilities that are assigned to members of the nursing staff are not well defined. This may make it difficult for registered nurses to fulfill their professional responsibilities and direct nursing care in a manner that is consistent with the nursing process and avoids the pitfalls that are associated with it.

2.11. Nursing Evidence-based practice:

EBP is a concept that refers to the incorporation of nursing research into clinical nursing practice (Maquibar et al., 2022). Nursing in the fields of psychiatry and mental health, in addition to the research and theory that underpins it, makes a significant contribution to the expansion and improvement of health care (Keisu, 2023). Registered nurses often get education in evidence-based practice (EBP), have a favorable attitude towards it, and believe they should be actively involved in its development. In spite of this, they have a very pessimistic view of their capacity to adopt EBP and very seldom include evidence-based information into their decision-making (Smolander et al., 2021).

It was further revealed by phenomeno-graphic research of nurses understanding of working with EBP in a psychiatric context (Zhang et al., 2019). The findings indicated three vastly diverse understandings, ranging from it being difficult to comprehend and utilize to it being the duty of the nurses to lead. Previous research has shown that the importance of nurse managers leadership in relation to evidence-based practice (EBP) in nursing has been identified. This research also indicates that aspects such

as empowerment, support, being accessible, and striving toward shared governance for registered nurses are important (Alamri, 2021).

2.12. Recovery in psychiatric settings:

Recovery is an essential part of psychiatric inpatient treatment, despite the fact that it has been understood in a variety of different ways throughout the course of its history. There are two major viewpoints that may be taken into consideration: healing as a medical procedure and recovery as a personal transformation. Some authors offered a definition of personal recovery that has since gained widespread acceptance (Piat et al., 2019). According to this definition, recovery is seen to be a one-of-a-kind and personally significant process that involves growth and progression. This includes changes in values, attitudes, emotions, abilities, and aspirations, among other things. Even when the disease is producing limits in day-to-day living, it is essential to make these adjustments in order to regain ones identity and lead a life that is fulfilling (Eiroa-Orosa, 2023).

2.13. Theoretical framework:

There is an escalating state of health problems associated with workplace the deterioration of providing nursing care, especially with regard to the psychiatric environment, so there is an urgent need to reconcile some of the theories that have established a framework for dealing with these problems that apply in accordance with established health policies and laws (Johnston et al., 2022).

At the moment, nurse leaders in research, administration, education, and practice are concentrating their efforts on extending the scope of nursing s existing body of knowledge by strengthening the conceptual frameworks and theoretical underpinnings of the profession. The practice

of nursing is both an academic field and a respected career choice. Through innovative conceptualization and in-depth empirical investigation, the field strives to broaden our understanding of the range of human experiences. The scientific roadmap for practicing the art of nursing is included within the knowledge base of any field of nursing. An Exposition on the Humanbecoming Model Provided by Parse Prologue: Thoughts on the Nursing Profession and the Field of Nursing as a Whole (Parse, 2015).

In academic contexts, where research and teaching are promoted to progress knowledge to new realms of understanding, the knowledge that is particular to a subject is conceived of and developed. To be of service to humanity while simultaneously advancing the state of the art in one's chosen field is the purpose of the profession (Johnston et al., 2022). The members of the nursing profession are the ones who are tasked with the responsibility of regulating the standards of practice and education that are founded on the discipline knowledge that reflects safe health care to society in all contexts (Smith & Parker, 2015).

There are at least three fundamental ways of thinking about the human cosmos that are included into the nursing profession. According to the totality paradigm, a person has a body, a mind, and a spirit, and their state of health is determined by how well they are doing on several levels, including biological, psychological, social, and spiritual. The body–mind–spirit viewpoint is a particulate one since it focuses on the bio–psycho–social–spiritual components of the full human as the person interacts with and adapts to the surrounding environment. The ontology paves the way for study and practice of phenomena associated with the avoidance of illness as well as the preservation and promotion of health in accordance with social standards. The conceptual frameworks and theoretical underpinnings of the totality paradigm are more congruent with the medical model heritage. Nurses that adhere to this paradigm are concerned with the engagement of

individuals in the choices about their healthcare, but they also adhere to particular routines and have defined aims to bring about change for the individuals they serve (Shea & Frisch, 2016).

A new paradigm, known as the human-becoming paradigm, was discovered by Parse in the year 2012. This was developed due to the fact that the ontology, epistemology, and methodology of the human-becoming school of thought have progressed beyond the totality and simultaneity paradigms, moving forward from the conventional metaparadigm conceptualization. The human-universe is an indivisible, unpredictable, ever-changing, and living quality is the becoming visible-invisible becoming of the emerging now, according to the human-becoming paradigm in ontology. In addition to that, the ethos of human-becoming is articulated, and this is not like any other paradigm. When it comes to epistemology, the research focuses on the common experiences that people have throughout their lives. The science (the research process) is qualitative thanks to the methods (the Parse research technique and the human-becoming hermeneutic method), and practicing the art of human-becoming is being in genuine present while illuminating meaning, altering rhythms, and encouraging transcendence (Parse, 2015).

The theoretical framework of the human-becoming school of thought is composed of the three principles, as well as the postulates, and the assumptions. The concept that encompasses these ideas is called the human becoming hypothesis. Together, the notions and the contradictions characterize the human-universe. This ontological foundation is the seedbed from which the epistemology and methodology of human-becoming emerge. The field of investigation known as epistemology is the subject of this noun. In line with the human-becoming school of thought, the primary concern of this line of investigation is humankind s shared experiences of life (Kallmeyer & Maier, 2013).

The study of human-becoming is the process of being knowledgeable; it is a continuous investigation to find and comprehend the significance of ones lived experiences. There are two primary research approaches used within the human being study discipline. These two approaches are a direct consequence of the ontology of the school of thinking. Both the Parse method and the human-becoming hermeneutic method are considered to be fundamental approaches to inquiry. Bernstein (1983), Gadamer (1976, 1960/1998), Heidegger (1962), Langer (1976), and Ricoeur (1976, 1981) were among of the authors whose works were used in the creation of the human-becoming hermeneutic technique. This approach was developed to be consistent with the assumptions and principles of Parse s theory (Schmalz et al., 2017).

The human-becoming paradigm is continuing to emerge as a significant driving factor in the development of nursing knowledge in the 21st century thanks to the work of Parse academics. The significance of lived experiences is continually being analyzed and reinterpreted in light of new information obtained from more fundamental research projects. The results from living-the-art research initiatives relating to cultivating an awareness of human development with individuals, families, and communities are also continuing to be synthesized as part of this process. For the benefit of all people, these syntheses serve as a guide for making judgments on the ongoing creation of the vision for scientifically studying and practically using the art of the human-becoming paradigm (Parse, 2015).

2.14. Previous studies:

2.14.1. First Study:

The study conducted by (Rabiu-Akewusola, Tosin, 2021) entitled(Job satisfaction, work environment, job stress, and professional identity among psychiatric nurses). This study s objective was to look into the association between the workplace, levels of job stress, levels of professional identity, and levels of satisfaction with ones job among nurses who are employed in inpatient mental institutions in the United States. also evaluated the moderating influence of demographic characteristics (years of experience) on the amount of how well the work circumstances, stress at work, and professional identity can explain for the variation in job satisfaction. This was done by determining the years of experience of the participants.

Cross-sectional correlational research using Herzberg *et al.* two-factor theory examined the link between the workplace, job stress, identity as a professional, and job satisfaction among one-hundred and five US inpatient psychiatric nurses. Years of experience moderated the amount to which workplace conditions, job stress, and professional identity affect satisfaction with work. Participants completed four Internet-based questionnaires that examined study variables using convenience sampling. Multiple linear regression analysed survey data.

Results showed that professional identity, workplace, and job stress jointly predicted job satisfaction, but only the workplace was a significant positive independent predictor. Job years did not influence the predictor-outcome connection. Hospitals should create RNs policies to boost job satisfaction and retention. A happy environment for inpatient mental

hospital RNs may improve job satisfaction, retention, patient outcomes, and turnover costs.

2.14.2. Second Study:

The study conducted in Iran by (Rahmani, Narges Mohammadi, Eesa Fallahi-Khoshknab, Masoud, 2021) entitled (Nurses perspectives of the reasons for their lack of interest to serve in mental wards: qualitative research) A qualitative study was conducted on nurses experiences. The purpose of this research was to investigate the perspectives of nurses on the factors that contribute to their absence of interest (LOI) to serve in mental wards. In 2016–2019 research s method used content analysis, 27 nurses from three Iranian referral hospitals mental units were selected for the greatest variance. Graneheim and Lundmans traditional content analysis was used to analyze unstructured interview data.

Inadequate professional abilities for psychiatric care practice worries about patients, and a negative public attitude towards psychiatric nurses was identified as the key reasons of participants (LOI) interest in working in mental wards. These three main factors were combined together to form the three main themes. According to the findings of this research, nurses lack of interest (LOI) in working in mental wards is likely due to a combination of personal, social, and organizational factors. The findings provide managers and authorities with the information they need to build measures to improve psychiatric nurses working circumstances as well as their professional knowledge and abilities in order to raise their enthusiasm in working in mental wards.

2.14.3. Third study:

The study conducted in Brazil by (Barbosa, Guilherme Correa Papini, Silvia Justina, 2021) entitled (Satisfaction and burden in mental health professionals performance).

The objective of this study was to conduct research on the impact that load has on employees levels of professional satisfaction at Psychosocial Care Centre's (CAPS - Centros de Atencao Psychosocial) in a municipality located in the rural outskirts of the state of Sao Paulo. This is research that takes a cross-sectional approach. Both the Measure for Assessment of the Satisfaction of Professionals in the field of psychiatric services and the Scale for Assessing the Burden of Practitioners in Mental Health Services were used as an instrument for this study. This study was conducted on CAPS teams in a city located in the countryside of Sao Paulo.

The research looked at 49 employees, the majority of them were female, aged around thirty and thirty-nine years old, having completed their degree education, working as required for a total of thirty hours per week s work, and without doing any additional job on the side. Professionals reported high job satisfaction and a manageable workload. They brought up the necessity for advancements to be made in terms of the physical framework, staff members, and the procurement of materials. Psychiatric experts have expressed satisfaction with their work, but they have also voiced displeasure with the absence of continuous treatment that is offered and emphasized the need of improving the physical structure of the facility in order to provide better services. The need for a statutory bond and a workload of 30 hours per week seems to promote job satisfaction and lighten the strain.

2.14.4. Fourth Study:

The study conducted in Jeddah KSA by (Qattan, Ameerah, 2021) entitled The impact of work-related burnout and stress on the nursing profession and satisfaction at work: a study of institutions in KSA. This study s objective was to ascertain where more research was needed and to make a significant contribution to the body of prior information by formulating hypotheses about the extent of job-related stress and burnout experienced by nurses working in Jeddah s various kinds of hospitals. The research looked deeper into the connection between stress and burnout at work, as well as the impact that this dynamic has on nursing efficiency and contentment in the workplace. In addition, the links between these characteristics were investigated among nurses in hospitals, and it was investigated if these associations are the same or vary depending on the kind of hospital.

It was decided to conduct a systematic evaluation of the previous research that had been conducted on nursing stressful situations in KSA since the years 2003 and 2014. Only 8 of the total 81 articles found via the database search fulfilled the requirements to be included. At first, preliminary research of this kind was carried out at the University of King Abdul-Aziz with the participation of hospital nurses. Following that, a quantitative survey consisting of 567 nurses was carried out. These nurses were drawn from three big hospitals, one each representing the private, public, and other public agency sector hospitals. In order to put the hypothesis that was established from the pilot research to the test, we employed bilingual questionnaires to gather data that was measurable, reliable, and valid. Using the quantitative research methods of cross-sectional assessment and causal investigation, the data were analyzed.

Work-related stress differed by hospital type for nurses. Work-related burnout and stress were positively correlated among Saudi Arabian nurses at hospitals of all three types. Work-related stress and job performance were weaker in private hospital (International Medical Centre) nurses than in public hospitals. Nursing burnout was the biggest predictor of stress at work and job satisfaction. Work-related stress and burnout had the greatest influence on job satisfaction. Compared to IMC nurses, public (King Fahad Hospital) and university (King Abdul-Aziz University Hospital) nurses reported high stress, burnout, job performance, and dissatisfaction. King Fahad Hospital (KFH) and King Abdul-Aziz University Hospital (KAUH) mitigated the relationship between burnout and work satisfaction, whereas the International Medical Centre (IMC) did not.IMC nurses had a greater stress-burnout relationship than KFH and KAUH nurses. Burnout did not affect stress and pleasure for IMC workers. Thus, hospital type moderated the mediation effect between burnout and work satisfaction, but only in KFH and KAUH hospitals, not IMC.

Work-related stress was found among Jeddah nurses. Its incidence varied by nurse nationality, experience, age, and work position. Stress job, and exhaustion significantly affected job satisfaction level and quality performance among nurses in public (KFH) and university (KAUH) hospitals but not in private (IMC) hospitals. Work-related stress mediates burnout and moderates hospital type. Stress and burnout affect nurses job happiness and performance. Thus, Saudi nurses at non-private hospitals should be helped to reduce work-related stress and burnout. This report advises recruiting more Saudi Arabian nurses, reviewing work distribution regulations, providing targeted training, allocating more government monies to healthcare, and adopting an integrated.

2.14.5. Fifth Study:

The study conducted in Iraq by (Ehsan Hassan Mohamed, Dr. Ali Kareem Khudhair Al- Juboori, 2010) entitled (Job Satisfaction Among Nurses in Baghdad Psychiatric Hospitals). The goals of this study are to determine the extent to which nurses working in mental institutions are happy in their jobs and to determine the extent to which this happiness is related to certain characteristics of the sample, including gender, age, marital status, educational level, and monthly salary. Both the Ibn-Rushed mental teaching hospital and the AL-Rashad mental teaching hospital participated in research that was both descriptive and analytical in nature. A non-probability sample, often known as a purposeful sample, consists of ninety registered nurses drawn from both hospitals. In order to accomplish the goals of the research, a questionnaire that participants would fill out on their own was developed .

The study found that nurses who worked in psychiatric units generally experience a moderate level of job satisfaction and that there is no association between sample demographic characteristics like age, gender, education background, marital status, or economic status, and job satisfaction level. According to the findings of the research, nurses working in mental health facilities should be provided with additional support and encouragement.

Chapter Three
Methodology

Chapter Three
Methodology

This chapter of the dissertation delves into the nuts and bolts of the research itself, covering topics like study setting, participants, instruments, procedures (including any necessary pilot studies), data analysis, and ethical considerations.

Assess the professional satisfaction of nurses working in psychiatric hospitals, and whether the stress variable affects psychiatric nurses satisfaction, explore the lived experience of the nurses working in psychiatric hospitals, also to find out the relationship between professional satisfaction and the sociodemographic variables of nurses. In order to achieve the objectives of the study at Iraqi mental institutions employed a mixed-methods strategy to determine the factors that contributed to nurses levels of work satisfaction across the following steps.

3.1. Study design:

The current study used a mixed-methods study to investigate psychiatric nurses experiences that impacted their professional satisfaction. Quantitative and qualitative data are gathered concurrently, evaluated independently, and combined using a convergent parallel mixed-methods methodology. An explanatory sequential design was used in a mixed-methods approach that was applied. The plan was carried out in two stages: in the first stage, the data gathering and analysis of quantitative aspects took place; in the second stage, the gathering and analyzing of data of qualitative aspects took place.

The reason for collecting both quantitative and qualitative data was because a mixed-methods approach best answered the research questions,

minimized bias and systematic errors associated with the use of any one particular data source, enhanced the validity of the results, and allowed the researcher to construct superior explanations of the psychiatric nurses regarding their lived experience and professional satisfaction.

To begin, the study topic was formulated in a quantitative manner; a dependable quantitative instrument was utilized to quantify the a measure of both job satisfaction and stress at work of the participants. Second, it was believed that the findings from the qualitative study would assist explain the quantitative findings and provide insights into those findings (Creswell & Clark, 2017). Creswell and Plano-Clark state that a mix of qualitative and quantitative methods to investigate a study topic results in a more comprehensive knowledge of the issue than using just one technique alone does.

The quantitative technique may be able to find the statistically or systemically significant factors associated, but it is possible that the method will not be able to give any insights into the reasons what role the variables play and why. Study of Quality explanation may assist to explain crucial ideas and confirm results obtained from a statistical study. It can also provide direction that makes it easier to evaluate the results of the study. Both of these benefits can be achieved via the use of this method (Clark & Ivankova, 2015).

This strategy depended mostly on quantitative, post-positivist data, but the researcher understood that adding qualitative approach may improve the study. Quantitative and qualitative methods combined methodologies complements them. The research topic is better understood by combining the two methodologies. Interviews were used to investigate the factors connection (DeCuir-Gunby & Schutz, 2016). This technique was suitable for examining the factors that affect PNs work satisfaction since it is used in social and health sciences. Qualitative data provided a deeper grasp of the situation to support the quantitative data and validate the technique (Fetters, 2019).
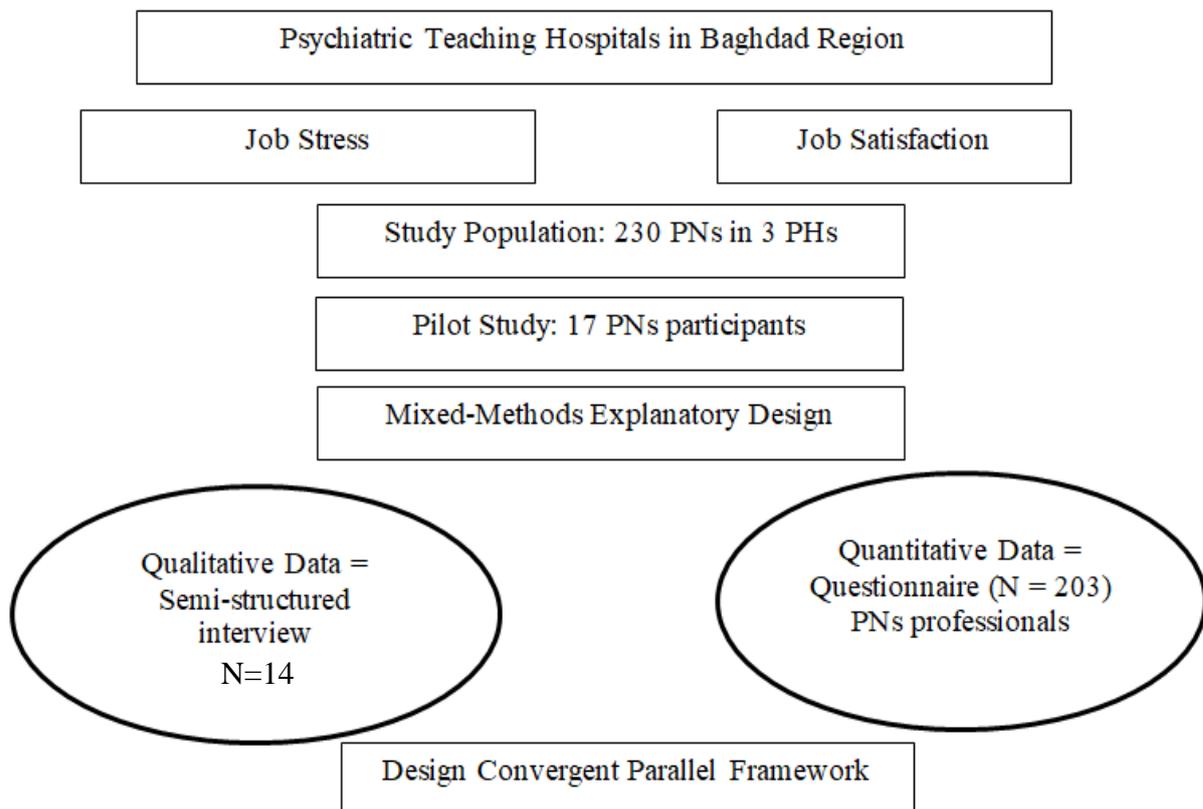
3.1. Figure study design framework

In conclusion, Explanatory Mixed Methods, Sequential technique semi-structured interviews with a subset of the same respondents were used to provide an explanation for the findings achieved in the quantitative phase. These data allowed for a more in-depth assessment of the link

between job satisfaction and the ability to cope with stress for PNs working in Iraqi mental facilities. It was anticipated that the results would make a substantial addition to the management literature in general and, more specifically, to the existing literature about nursing services and allied specialists (Tashakkori & Teddlie, 2021).

Side 1: Quantitative method:

In the first stage of the quantitative study, which was a cross-sectional survey, an instrument for self-report with known validity and reliability was used.

Side 2: Qualitative method:

In the second, phase, the researcher used qualitative techniques to elucidate and expand upon the findings of the first (Creswell & Clark, 2017). The PNs professional nurses were interviewed using semi-structured interviews for this qualitative research. These interviews helped the researcher get insight into how the psychiatric nursing practitioners defined the issue at hand, conducted more investigation into it, and ultimately confirmed the findings from the first phase of the study.

Convergence:

After collecting and analyzing the data, the final stage of the research was conducted, which is the get-together and grouping stage. The culmination of the project was the creation of an implementation framework that can be used by PNs in Iraq to boost employee morale and productivity.

3.2. Administrative Arrangements and Ethical Considerations:

The Administrative Arrangements and Ethical Endorsement was a fundamental and decisive part of the research work, which included (see Appendix B):

- Protocol of research approved by Psychiatric Health Nursing Branch, and, the formal approval to carry out the research was obtained from the College of Nursing/University of Babylon.

- The College of Nursing's Ethics Committee was given the research's title, an educational program that had been created, and a questionnaire. After reviewing the study's materials (a questionnaire and a qualitative interview), the committee approved to carry out the study. Official letter provided in 15th March 2022 to conduct study.

- An official approval was attained from the al-Rusafa Health Directorate and Medical City Directorate in the Governorate of Baghdad.

- An official letter from the (Training Department and Development) was submitted as the last stage in the administrative preparations in the al-Rusafa Health Directorate and Baghdad Medical City Directorate was issued to Medical City Psychiatric Unit, Ibn-Rushed and Al-Rashad Hospitals, for facilitating cooperation with the researcher in completing his dissertation (Appendix B).

- In addition, the consent of the participants and their supervisors were obtained (especially those whose interviews were recorded in the qualitative aspect), to take part in the study after describing its goals and value to them and ensuring them that any information submitted would be kept private and used only for research and scientific reasons (privacy and autonomy).

3.3. Study Setting:

The research was carried out in the Iraqi Capital of Baghdad, where the Directorate Al-Rusafa of Health contains 2 hospitals (Al-Rashad and Ibn-Rushed) specializing in mental illnesses and Psychiatric Unit of Medical City Teaching Hospital. There are a total of 230 PNs professionals. The inclusion criteria comprised all nurses having almost a year worth of PMH experience in the Baghdad area. According to these standards, all participants would have experienced a confrontation of patients with mental disorders or behavior coming from all over Iraq.

3.4. The Sample of Study:

The study, was on the nurses who are working in the selected hospitals as a place of study, while the target population in this study is the nurses who are working in the psychiatric hospitals. After obtaining the official agreement from the Baghdad health directorate, the researcher determined the number of nurses which is working in the psychiatric departments in the hospitals selected for the study, as their number reached 320 male and female nurses, according to the sample size law, 203 nurses were selected to participate in this study.

$$Sample\ Size = \frac{\frac{z^2 \times p(1-p)}{e^2}}{1+(\frac{z^2 \times p(1-p)}{e^2 N})}$$

A nonprobability purposive sample consisting of 203 nurses has been chosen from two hospitals (Al-Rashad and Ibn-Rushed) and a department in Medical City Teaching Hospital (164, 32, 7 respectively), all

these nurses were a sample for quantitative research to know their attitudes about working in the psychiatric, while 14 nurses (9 at Al-Rashad, 3 at Ibn-Rushed, and 2 at Medical City) of them which chosen as a sample for qualitative research depended on the principle of saturation point by the researcher to identify their experience toward working in psychiatric hospitals. The study sample was chosen to participate in this study according to special inclusion and exclusion criteria.

Table 3.1: The distribution of target population and sample size:

Job description	Frequency	Relative Frequency	Sample size
Skilled nurse	199	199/355=56%	56%×203=115
Technical nurse	82	82/355=23%	23%×203=45
Academic nurse	74	74/355=21%	21%×203=43
Total	355	100	203

The researcher decided to assume that a response rate of 75% would be obtained in the pilot study and then distribute 230 questionnaires in order to offer a decent representation of each strata of the PNs that was present in the participant area. As a result, the number of completed questionnaires that were returned was estimated to be 220. When it was discovered that some of the participants had not sent in their completed questionnaire within the allotted time frame of two weeks. After everything was said and done, the actual response rate ended up being higher than the result that was predicted, which was 88% (203 After excluding the incomplete surveys, we utilized those that were returned for analysis, which numbered 17, were eliminated).

Inclusion criteria:

The inclusion criteria that were followed in selecting the study sample:

1- Nurses who are present in the psychiatric hospitals/units through the time of data gathering.
2- All Nurses they have work more than one year of experience.

Exclusion criteria:

The exclusion criteria include the following:

1- Nurses who are occupying administrative positions in the psychiatric department.
2- Nurses who are participated in the pilot study.
3- Other health specialties who are work in the field of nursing.

3.5. The Study Instrument:

The researcher designed the study tool based on a review of the previous literatures and used it as study tool after making the appropriate adjustments for the purpose of clarifying the professional satisfaction and experience of nurses working in psychiatric departments at Baghdad teaching hospitals. Also, Dr. Qattan was contacted and she agreed to send the scale and translation in Arabic and English. This form consists of three parts see Appendixes (A) & (B).

Part I Demographic Data:

This part explains the demographic characteristics of psychiatric nurses (study sample) consisting of (11) items, involving (age groups, gender, marital status, education level, what hospital do you work in, work status (morning, evening), do you hold a mental health nursing certificate? the number of years you have served as a psychiatric nurse, how many patients are served per day? your job title (description), and finally who are the patients for whom services are provided (emergency, reception, operations, restricted).

Part II Health and Safety Executive (HSE):

HSE is a 35-item questionnaire that measures work-related stress sub-dimensions (Demands, Control, Support, Relationships, Role, and Change). The personal work-related stress sub-dimensions of the HSE measure cover six key areas of work design that, if not properly managed, are associated with poor health, lower productivity, and increased accident and sickness absence rates. This measure identifying the main risk factors help employers focus on the underlying causes and their prevention providing a yardstick by which organizations can gauge their performance in tackling the key causes of stress. Client-related stress is defined as experienced by nurses has affected healthcare organizations in terms of absenteeism, quality of care, and job satisfaction.

The HSE has been validated in a broad Middle East area (including the KSA, Kuwait, Jordan, and the State of Palestine), also been utilized in all nursing disciplines (Almansour, 2017; Hosseinabadi et al., 2018; Qattan, 2017; Thomas et al., 2022). A Likert scale with five points, ranging from 1 (never) to 5 (always), each item is given a score out of 5. The responses to each question are given scores ranging from 1 to 175 respectively. The total

scores for each of the sub-dimensions are added together, and larger scores indicate greater levels of job stress.

The HSE indicator tool had demographic questions as part of its structured questionnaire. As the regulatory framework, this was determined to be the most practical instrument. The description and analysis of the top ten stress management tools by Work-Life Solutions also showed that HSE was the most valid and reliable instrument for measuring stress when compared to the other ten tools. It was created on January 1, 1975, making it one of the earliest tools. The definition of stress that was utilized in this research was that it may be described as a going away from the balance between a person's resources and necessary demands known as psycho-physiological homeostasis or requirements that are dictated by his or her environment. This definition was selected since it best fits the findings of this study. Jourdain and Chêneverts definition of job stress is a circumstance in which an individual is continuously confronted with greater expectations in comparison with the real task. This perspective has a stronger theoretical correlation with the demand component of the administration criteria on the HSE instrument (Jourdain & Chnevert, 2010).

Part III Professional Satisfaction of Nurses Regarding Working in Psychiatric Department:

Job satisfaction scale; McCloskey/Mueller Satisfaction Scale (MMSS). One of the most popular instruments for assessing nurses satisfaction (NS) is a 31-item McCloskey/Mueller happiness Scale with an eight-factor structure. Using a number of metrics, job satisfaction has been investigated in a range of situations and nations. The multidimensional McCloskey/ Mueller Satisfaction Scale, which examines work satisfaction in terms of numerous job qualities that are possible sources of job satisfaction or dissatisfaction, is one of the most extensively used

instruments among nurses. The eight-factor, 31-item MMSS was designed for use with hospital nurses in the United States, but it has since spread to England, Canada, Slovakia and the Czech Republic, and Arabian countries. It has also been utilized with public health, home health, and long-term-care nurses in a range of urban and rural settings (Al-Enezi et al., 2009; Hamad Al-Qahtani et al., 2020; Saeed & Al, 2014).

Mueller and McCloskey (Tourangeau et al., 2006) defined work satisfaction as the degree of positive emotional orientation toward employment. Some nurse researchers, on the other hand, have taken from the literature on organizational behavior and defined job satisfaction as the variance between the quantity of rewards workers receive and the amount they perceive they should receive. The 31 item MMSS (Mueller & McCloskey, 1990) was administered as part of the larger survey. The items were assessed on a five-point response scale that ranged from very dissatisfied (1) to very satisfied (5).

Written permission to use and reproduce the scale for the current study was obtained from Dr. Amira Qattan KSA. MMSS satisfied the crucial requirement of specificity to nurses working in hospitals and had the greatest reliability and validity indicators on this category of particular target population instruments, according to a systematic study on the reliability and validity of instruments evaluating job satisfaction The internal reliability of the modified MMSS measure was good ($\alpha = 0.84$). Consequently, it was concluded that the mean of the following 30 selected reliable variables was used for the study of job satisfaction. This instrument was approved and used to evaluate nurses' work satisfaction by seven experts (Qattan, 2017)(Abella, 2022).

Part IV: Interview Guide for Exploring Nurses Experience Regarding Working in Psychiatric Hospitals /Unit:

The subset of the same respondents that submitted the questionnaire and who had checked the box on the answer sheet confirming that they were willing to take part in the interview stage were interviewed again to gather the qualitative data. The quantitative findings from the first phase served as the foundation for the interview questionnaires questions. This strategy was used as the objective of the qualitative phase was to investigate and expand upon the statistical findings. The participants were given the opportunity to voice their opinions on their workplaces and provide detailed contextual information about the workplace culture based on their own experiences via the use of open-ended questions. They were able to express their thoughts, knowledge, and emotions throughout the interview as well. As a result, the present research used a qualitative technique to try to get a thorough knowledge of the issue. The four categories of qualitative questions were: dealing with everyday patient encounters during providing care; psychiatric nursing experiences (motivations, interest, and concern); work satisfaction; and the linkages between the factors.

The interview guide (Appendix A) consisted of a series of questions and probes used by the researcher to guide the interview process. The aim was to keep the discussion as broad as possible but within the parameters of asking participants to describe their motivation to work here, and professional responsibilities and to relate experiences from their Psychiatric nurse job. Examples of questions were tell me about your job, tell me about your role as a psychiatric nurse, what gets you here to provide nursing services, and what might drive you away. It should be noted that while the interviews were organized around the two overarching research questions,

the interviewer remained flexible in order to allow for richness and depth in the responses.

This qualitative method utilizes a content analysis methodology. Exploring experiences in the natural setting is possible through qualitative research. Wildemuth (2009) asserts that content analysis is a research technique for drawing verifiable conclusions about the relationship between data and context (Wildemuth, 2016) with the aim of generating new knowledge, and more insights, presenting the facts, and offering a useful road map for action. The approach that is used depends on the studys objectives (Polit & Beck, 2014). This study set out to learn more about how nurses who worked in psychiatric wards saw the factors that contributed to their dissatisfaction DSS. The inductive content analysis technique is advised (Qi et al., 2021) when a subject is not sufficiently understood or when newly found information is not adequately assimilated. In order to accomplish the study purpose and since there was a lack of information on nurses experiences in the aforementioned instance, a phenomenological manifest approach was used when dealing in mental health institutions with the reasons of DSS.

Instrument translation procedure of the study:

The questionnaire was designed to collect information that may be used to create a database of relevant statistics. This emphasizes the need of precision, readability, and clarity in the surveys. For individuals who are unable to understand or speak English to take part, we have provided translations in the study, the questionnaire was prepared in the participants native language of Arabic.

The most frequent problem with surveys is that they are not translated into different languages. In order to translate and translate the

tools commonly used English language content into Arabic, the translation procedure followed the guidelines set out by the WHO (2014) (Organization, 2014). The three-step method for translation and validation is shown in Figure 3.2 below.
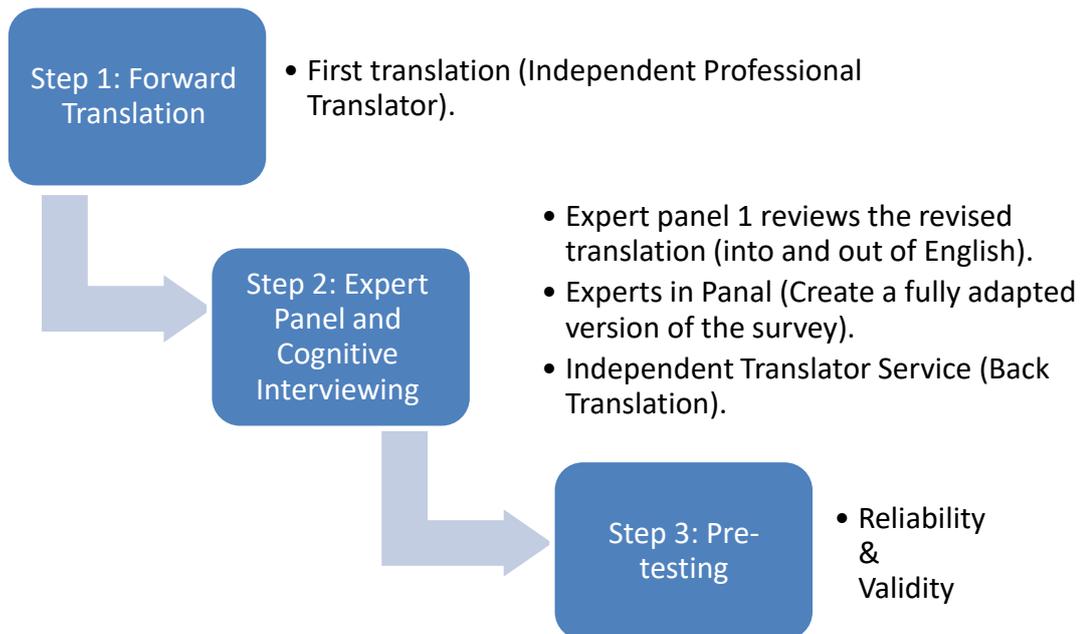
Figure 3.2, WHO (2014) Steps Instrument adoption and translation

Forward translation:

As a preliminary step toward its eventual adoption by the WHO, the questionnaire was translated from English to Arabic. The cultural accuracy of the newly produced Arabic version was then assessed (WHO, 2014). The first translation was made by a certified expert who is proficient in Arabic but is well-versed in the customs and language of native English speakers. The translator was knowledgeable of the English-speaking community.

Table 3.2: The Reliability of the Instruments, as well as Their Internal Consistency:

Reference	Instrument	Dimension	Reliability (Cronbach α)
United Kingdom (Jourdain and Chnevert, 2010)	HSE	• Demands management standard • Control management standard • Support management standard • Relationships management standard • Role management standard • Change management standard	α = .75
Mueller & McCloskey (1990)	MMSS	•Professional opportunities •Balance of family and work •Extrinsic •Scheduling •Control and responsibility •Praise and recognition •Interaction and opportunities •Co-workers	α = 0.84

3.6. Rating and scoring:

The tool has 31 items in 8 areas, including satisfaction with monetary incentives, time off, work-life harmony, social engagement, career advancement, public acclaim, personal freedom, and personal accountability all play a role. The tool employed a 5-point Likert scale (1 very dissatisfied, 3 neither satisfied nor dissatisfied, 5 very satisfied). Through the totaled items from the scale, the combined subscale scoring and interpretation were done.

3.7. Validity of the professional satisfaction questionnaire:

Face validity of the study instrument determined through a panel of (17) experts from different specialties (They were selected on the basis of having experience more than 5 years in the field of nursing or medicine), related to the field of the study, (10) from the nursing specialties, (5) from

the Medicine Specialties, (1) From the Psychology Specialties, and (1) From the linguistic Sciences Specialties.

3.8. Pilot Study:

A pilot study is represented one of the fundamental phases in doing research steps, its defined as a mini study that aim to examine data gathering tool, research protocols, sample selection strategies, and other techniques of research to elaboration for a main large study. The researcher performed a pilot study to determine the potential troubles areas and any defects in the study instruments and research protocol before the implementation of the actual study.

A preliminary investigation consisting of a short pilot study was carried out in order to evaluate the readability and comprehension of the questions and instructions, as well as to locate any procedural issues that may have arisen during the distribution and collection of the finished questionnaires. A selection of PNs at the Al-Rashad Hospital was from a variety of different departments and was chosen at random from the population that was being studied. Because the participants in the pilot study were already familiar with the instruments, the pilot action was not included in the main study. This was done to prevent the validity of the results from being compromised. Along with the questionnaire, fifteen participants were selected each given a questionnaire on which they could record their reactions to the survey and any other pertinent information they felt compelled to share.

The pilot study was accomplished at three hospitals (Al-Rashad Teaching Hospital, Ibn Rushed Teaching Hospital, and Baghdad Medical Psychiatric Unit Teaching Hospital) for the period of 24 July to 7 August 2023, which involved the participation of 21 nurses' in this study. The

nurses who are taking part in the pilot study are precluded from the main study sample. The completion of the questionnaire took anywhere between 15 and 20 minutes on average. The participants were urged to provide feedback about the clarity of the questionnaire as well as any other remarks that they believed the researcher may find helpful.

The comments pertained to question 6 of the demographics section and offered insight into how PNs should be categorized. The participants generally remarked that they had never heard of work status before. To investigate if PNs satisfaction and stress levels were impacted by their shift schedules, the researcher switched to a question concerning the PNs work status (morning, evening) depending on the pattern of work.

Some of the participants offered their feedback, saying things like, It is nice to have someone who hears about our problems, and These inquiries provide insight about our circumstances and the atmosphere as you are living with us. It is essential to note that the participants reported having no problems whatsoever while evaluating the scale. In addition, those who participated were able to successfully follow the directions, which suggests that they were written in a clear and understandable manner. Their feedback said that the questionnaire met the requirements and was easy to understand.

Data from the pilot study was analyzed using SPSS for Windows (version 23), a statistical program designed for social service agencies. First, we conducted an analysis of the tests or measurements testing reliability. This analysis focuses on the precision of the analyzed measurement and demonstrates the consistency of the results system that was used for the measurement. In addition, the spilt-half reliability test was carried out so that an estimate of the correlation could be obtained.

3.9. Reliability:

Reliability of questionnaire is a route used for assessing the fineness of the measurement procedure which is used to collect the data from study sample. In order to deem a findings reliable, the procedure of measurement should first be reliable. Usually, the questionnaires are portion of the measurement step, therefore the reliability of questionnaires should be performed to maintain on the accurate of measurement procedure.

Identifying the reliability of study instrument in order to find out the stability through performing the pilot study and utilize the questionnaire form. After applied and accomplished the pilot study on seventeen nurses, the reliability of the questionnaire was measured by using SPSS program (v 23), The Alpha Cronbach was (α= 0.84), this consequence statistically is passable.

The split-half test for reliability was another method that was used to examine whether or not the instrument was consistent. This method divides the total score into two halves and then compares each half to the other. The next step is to determine the degree of correlation that exists between both of the overall ratings; if the test is reliable, both total scores should measure the same concept. It was discovered that each part of the instrument may work in conjunction with the other half of the same section. As a result, the questions of a study and survey were found to have a good level of consistency, reliability, and correlation, which validated the estimated accuracy of those measures.

The findings of the correlations make it abundantly evident that the majority of the questions had a high degree of significance, with the level of significance (0.01) being the most abstract. Because of this, the findings demonstrate that the research instrument has an adequate degree of psychometric qualities, and it is for this reason that it is considered suitable

for use in the present investigation. Each axis total score was correlated with the instruments total score by a coefficient of between 0.75 and 0.84, and all of these correlations were statistically significant at the (0.01) level. This finding highlights the value of the questionnaire that was used in the research.

Reliability Statistics

Cronbach's Alpha	N of Items
0.804	43

3.10. Data Collection:

The researcher presented the official approvals related to conducting before the study begins to gather information from the r study sample. The purpose of the study was also clarified with a brief explanation about the importance of the study and reassuring the participants in the research about the information that is taken from them as it is for study purposes only and is dealt with it absolute and complete confidentiality.

The study sample was nurses; they are working at psychiatric hospitals of two hospitals and psychiatric unit (Medical City, Ibn-Rushed, and Al-Rashad Hospitals Teaching Hospital). The researcher collects the data from the study sample by using a questionnaire that contains three parts quantitative (Demographic data, professional satisfaction of nurses regarding work in psychiatric of nurses regarding workplace), and one part qualitative.

The self-report method was relied on as a way to gather the data from nurses from the period (24 July 2022 to 14 January 2023). The time consumed with each one is about (10-15) minutes in the quantitative part while (35-52) minutes in the qualitative part. For the qualitative part of the

study, open-ended semi-structured interviews were used to gather the data after the selection of the participants, after obtaining approval from the study sample, the audio recordings for each sample were approved so that the information is accurately preserved and saved on the computer using a special code for each sample until analyzing those data and obtaining the results of the study.

Semi-structured interviews:

After the quantitative data was collected, the next step was to gather qualitative data via a semi-structured interview with a subset of the same people who had previously participated in the quantitative data collection. The study topic was better understood and more thorough questions could be asked thanks to the integration of the two methods of data collection (Rispler & Luria, 2021).

Purposive, non-probability sampling was utilized to recruit psychiatric nurses to participate in the research during the qualitative phase of the sequential mixed method design. Participants who are typical representatives of the various locations were chosen via purposive sampling at psychiatric hospitals (psychosis, neurosis, addiction, and others), and to provide a geographically and statistically representative sample size (14) for the research. Participants who had previously contributed to the quantitative data collection and expressed their willingness to engage in an interview were prioritized in the selection process. The goal of recruiting from this pool of people also helped explain the first-stage findings (Dy & Agwunobi, 2018).

In addition, Because the outcomes of the quantitative part of the study warranted more explanation, the researcher based the interview questions on those findings from the first phase are statistically important,

while the predictions that are significant guide the next step in assigning an additional description of the quantitative data. Using the results of the first phase, the predictors direct the second phases explanation assignment. To rephrase, the inquiries that were asked in the qualitative meetings were based on the results that were obtained via quantitative research (Walton et al., 2020).

The sample size, which Creswell and Plano Clark said should be significantly less than the quantitative samples, was really much smaller. As reported by the Baghdad Health Department and chosen by the researcher, the researcher recruited a total of 14 individuals to serve as number of people included in the qualitative data sample of PNs (Bartholomew et al., 2021).

The in-person semi-structured interviews with each departments nurses took place in a setting that was both private and easily accessible. In order to prevent any data loss throughout the interview, the researcher made sure that the smartphones battery was completely charged before beginning the interview. The interviews were taped after obtaining consent from every individual who took part in them.

The researcher also had a private conversation with each participant before conducting the interview. During these conversations, the researcher explained the objective and the interviewer explained the interviews structure and reassured the subject that their privacy would be protected at all times. There were 3 people that took part requested that the interview take place after they had finished their responsibilities, and they also requested that it take place outside of the psychiatric department. It was recorded that each participant gave their consent to take part in the study, and it was also recorded that each person gave their permission to record the interview. Immediately after the completion of the interview, a

researcher transcribed the audio tape. The interviews lasted anything from 35 to 52 minutes in total duration.

This formed the respondents confirmation as a member verify it also confirmed verified and credibility the trustworthiness of the present study. The finished transcription was sent back to the participant through Watts-Up chat so that they could check it and make any necessary corrections or changes (Kekeya, 2021).

The researcher transcribed into a Word document. Then the texts were encoded in Microsoft Word, and then the researcher transferred them to the SPSS program for analysis by topic. The data was analyzed after the completion of the study sample collection, and the qualitative method will be adopted in analyzing those data by interpreting the data explanatory and relying on the objective analysis. (Giorgis approach), because it assists the researcher to regulate the data well and describe the phenomenon in an accurate way (Dylla et al., 2017).

This method helps the participating nurses in the research in answering the questions through the interview, which allows them to easily express their emotions, thoughts, and ideas. After the end of each interview, the researcher will hearken to the audio recording of the sample of the study in order to analyze the data and enter the patterns of the initial symbols and write them down (Guest et al., 2020).

In-depth semi-structured interviews were carried out with a total of 14 participants, whose ages ranged from 19 to 29 years, on average. The interview consisted of 15 open-ended questions, all of which were based on the findings of the first phase of the factor predictions and on the connections between the different variables. The researcher went back and looked at the data from the first phase, and then he or she asked each

person who had been questioned to offer further explanations and clarifications (Hamilton & Finley, 2019).

3.11. Analysis of the questionnaire:

The researcher used the Excel 2016 and SPSS version (23) programs to statistically analyze the data gathered from the study sample, find the associations between the variables being studied, and get the research final results based on a series of statistical tests. This data was analyzed to arrive at the results. A variety of statistical and mathematical methods are used in descriptive statistics to quantitatively represent the key characteristics of data using tables and charts. The goal of descriptive statistics is to display and explain the data that has to be processed, sorted, summarized, and categorized while also making it simpler for the receiver to identify and comprehend the information substance. the analysis was carried out by using:

3.11.1. Descriptive data analysis:

A. Percentage (%).

$$\text{percentage} \, (\%) = \frac{\text{frequencies (f)}}{\text{size of sample}} \times 100$$

B. Mean, standard deviation, and statistical cross tabulation.

$$x = \frac{\Sigma x}{n} \qquad\qquad sd = \sqrt{\frac{\Sigma x^2}{n-1}}$$

2. Inferential data analysis:

A. Chi square test (χ_2):

$$\chi^2 = \sum \frac{(O - E)^2}{E}$$

3.11.2.Correlation (rxy):

Pearson correlation coefficient to determine the correlation between professional satisfaction and job-related stress with elective variables for a study group.

$$r_{xy} = \frac{\sum(x_i - \bar{x})(y_i - \bar{y})}{\sqrt{\sum(x_i - \bar{x})^2 \sum(y_i - \bar{y})^2}}$$

Coggon. Statistics in Clinical Practice 2nd edition, BMJ Books 2003.

3.11.3. Qualitative Data Analysis:

The talk that took place during the semi-structured interviews was transcribed, and then it was analyzed to look for common or repeating themes. The purpose of the analysis was to investigate the ways in which the participants interpreted, comprehended, and explained the data from the first phase. In sequential mixed analyses, just one kind of data is analyzed at a time was preceded by the examination of another data type. In order to carry out the procedure, the quantitative data had to be transformed into narrative data, which could then be subjected to qualitative analysis.

The transcribed data were put through a process known as theme analysis, which is a technique that is a popular way of qualitative analysis; it provides a flexible approach to the process of analyzing qualitative data.

It was determined that this strategy would be the best one to use in order to analyze the qualitative data that was gathered for this particular research. In the course of this investigation, trustworthiness was taken into consideration. As a consequence of this, the researcher used triangulation in order to establish the reliability of the analytical stages and the outcomes.

The process of locating, investigating, and unearthing underlying themes is known as thematic analysis. The researcher was able to discover the study summarize the major findings and explain the quantitative information in relation to the research topics, with the assistance of this methodology. The process consisted of six parts, the first of which entailed the researcher reviewing and rereading the material in order to get comprehension it. This was followed by the first jotting of thoughts. After then, the core idea was uncovered. The data were first organized by the researcher into each appropriate code, then these codes were sorted into prospective themes. The researcher next analyzed the data. During the process of generating the thematic map of the analysis, as well as in relation to the extracted codes, the themes under consideration were revised and reviewed. After then, the names and definitions of the topics were determined. After then, a discussion of the findings followed.

The researcher began the process of analyzing the data by first confirming the correctness of the transcript by comparing it to the original audio recording. The transcript underwent certain alterations, such as the addition or removal punctuation, and other edits, in order to validate the correctness and reliability of the information, and assuring that it is genuine and trustworthy. The researcher read and reread through the transcript in the second phase of the analysis so that they could get immersed in the data and become comfortable with it. While going through the process of rereading the data, the researcher looked for and found possible patterns.

During the second stage of the process, the initial coding, also known as open coding, took place as the code was added manually, line by line, after reading the transcript. When information was conveyed using comparable terms, connections were made between various concepts. In order to guarantee that the context of the data would be preserved, the identified codes were highlighted.

The initial part of the coding process was done by hand, and after that, a computer program Microsoft Office was utilized to manage and assist in the process of sorting, organizing, and analyzing the data. There are a number of reasons to avoid utilizing computer programs while doing qualitative research; nonetheless, qualitative software programs may be helpful when it comes to the management of vast amounts of data. Manual coding was utilized first to increase the results credibility, and then qualitative software programs were used to aid the researcher in the categorization of the data. However, the researcher used both of these coding procedures in order to prevent any possible omissions from occurring. Because of the all-encompassing nature of this technique, the researcher was able to evaluate the data and contribute to theorizing.

In the third phase, we looked for common threads by grouping the various codes into their respective categories. The current phases most important stage entailed organizing and analyzing the various codes, which were then merged to form the applicable codes. A page that was kept separate from the text was used to make notes on the main subject. During this stage, certain combinations of codes resulted in the formation of themes and sub-themes. The ways in which the codes are related to one another were reorganized into clearly defined important themes. These themes, on the other hand, were not definitive and needed additional investigation. During the following phase, which was referred to as reviewing themes, the data were extracted and organized.

In the fourth step, we went back and looked at the themes that we had identified in the previous step. The concepts that lacked enough supporting evidence were eliminated from consideration. Some of the themes were incorporated into others to form a larger theme; for instance, the experience and skills of psychiatric nurses were folded into (a negative reputation for psychiatric nurses in the public); theme. This strategy aimed to establish fixed and logical patterns that affected the level of contentment experienced by nursing workers. In addition, the analyses provided support for further evidence that was presented in the interview discussions.

Defining and identifying the topics was the fifth phase of the analytical process. It was determined that the themes, as a whole, do have some relation to the study issue. In addition, the link of each topic to the others was analyzed to check for any instances of duplication that may have occurred. An in-depth analysis of the themes was carried out, with particular attention paid to the overarching significance of each concept and its respective labeling. The sixth phase, which is also the primary emphasis of the next chapter, was the production of a report on the results of the theme analysis.

When the researcher was attempting to extract topics from the qualitative data without introducing his own value judgements or qualifying the information. As a consequence, the views of the researcher did not influence those who participated in any way. Therefore, either the answers provided by the participants who concurred with the investigators views or the responses of the participants who directly disagreed with the researchers viewpoints were not given more weight than the others. The verbatim participant quotes were collated, and the qualitative research offered the raw evidence, uninfluenced by the perspective of the researcher, representing the descriptions given by those engaged in the discussion of an issue as well as their own judgments or conclusions.

Triangulation:

There are a few distinct circumstances in which the word triangulation has been employed. However, in modern parlance, it is most often connected with a comparison of outcomes obtained via the use of various approaches to the collection of data, as well as a clear desire to contrast and compare diverse data sets. In the current mixed-methods study, the researcher examined the consistency of the quantitative and qualitative data because this was a critical factor for possibly improving the quality of the findings (for instance, if the respondents perceived the same outcome in both the quantitative and qualitative instruments, the researcher could more confidently attest to the credibility and dependability of the findings).

The researcher, on the other hand, did not assume, either a priori or throughout the course of his investigation, that he would discover consistency or that finding it would be beneficial. Because quantitative and qualitative approaches reach distinct sorts of replies and encourage contrast and tension, any differing results were not glossed over because they were as deserving of discussion as was consistency. This was because various sorts of replies are accessed by the quantitative and qualitative methodologies. (Lemon & Hayes, 2020; Noble & Heale, 2019).

3.12. Limitations of the study:

During the process of study, there is some limitations including:

1. Self-report bias through data collection.
2. Social desirability bias-nurses responses that they believe are socially desirable.
3. Recall bias nurses may have difficulty accurately recalling and reporting therapist experiences and emotions.

4. Researcher subjectivity, qualitative analysis is subject to interpretation and may be influenced by the researcher's own biases and perspectives.

5. Uncontrolled social and organizational factors that impact nurses' experiences.

6. Generalizability issue due to sample type.
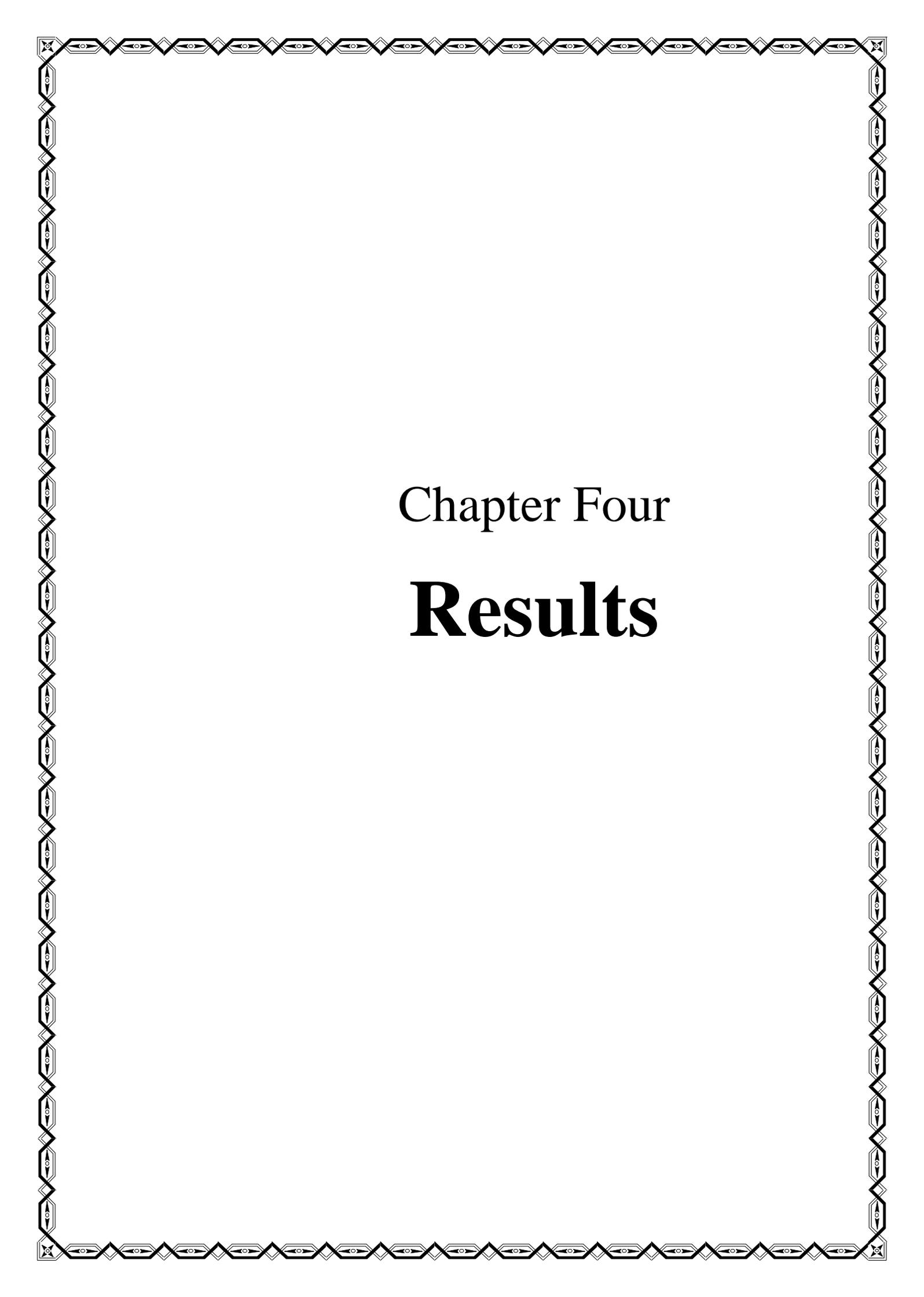
Chapter Four

Results

Chapter Four
Results of the Study

After collecting data from the study sample, coding it, and then dealing with it statistically through the SPSS program, the results were obtained according to the objectives set for the study. In this chapter, the results of the study that the researcher reached by statistical analysis (quantitative and qualitative) will be presented in tables, mathematical figures, and themes.

Part I. Quantitative Result:

Table 4.1: Nurses Demographic Characteristic of the Study Sample:

Items	Categories	Freq.	%
Age Groups	21 – 30	110	**54.2**
	31 – 40	49	24.1
	41 – 50	28	13.8
	≥ 51	16	7.9
	Total	203	100.0
	Mean ± SD	33.00 ± 9.92	
Gender	Male	77	37.9
	Female	126	**62.1**
	Total	203	100.0
Marital status	Single	58	28.6
	Married	136	**67.0**
	Separate	9	4.4
	Total	203	100.0
Education level	Diploma or less	158	**77.8**
	Baccalaureate	32	15.8
	Master	10	4.9
	Doctorate	3	1.5
	Total	203	100.0
Your job title	Skilled nurse	115	**56.6**
	Technical nurse	45	22.2
	University nurse	43	21.2

	Total	203	100.0
Work status	Morning shift	168	**82.8**
	Night shift	35	17.2
	Total	203	100.0
Do you hold a mental health nursing certificate?	Yes	21	10.3
	No	182	**89.7**
	Total	203	100.0
The number of years you have served as a psychiatric nurse	1 – 5	117	**57.7**
	6 – 10	34	16.7
	11 – 15	18	8.9
	16 and more	34	16.7
	Total	203	100.0
The number of years you have served as a nurse	1 – 5	92	**45.3**
	6 – 10	37	18.2
	11 – 15	29	14.3
	16 and more	45	22.2
	Total	203	100.0
How many years have you worked in this hospital?	1 – 5	127	**62.6**
	6 – 10	34	16.7
	11 – 15	16	7.9
	16 and more	26	12.8
	Total	203	100.0
How many patients are served per day?	≤ 10 Patients	52	25.6
	11 - 20 Patients	12	5.9
	21 - 30 Patients	17	8.4
	≥ 31	122	**60.1**
	Total	203	100.0
Number of the nurses working at the hospitals	Al-Rashad	164	**80.8**
	Ibn Rushed	32	15.8
	Al-Medical City	7	3.4
	Total	203	100
Who are the patients for whom services are provided	Wards	164	**80.8**
	Reception	32	15.8
	Emergency	7	3.4
	Total	203	100.0

This table (4.1) showed information of the demographic to 203 participants (nurses at psychiatric hospitals) who took part with the current study. Their ages varied from 21 to 60 years old, with a mean SD age of

33.6 years old and a standard deviation of 9.68 years, the majority of them are of young ages (54.2%), and it is noted that the percentage of females is higher than that of males (62.1%). With regard to marital status, most of the study sample were married (67.0%), and the highest percentage (77.8%) of the samples educational attainment were institute graduates or less. Over half of the participants were regarded to be skilled nurses, making up 56.7% of the entire population, the work status (82.8%) in regard to samples study, was morning shifts. Both the overall number of years of nursing experience (which included mental nursing) and the length of time spent 1-5 years working in the field at Baghdad Mental Hospitals majority of them 57.6% and 45.3% respectively.

Most of those who participated (60.1%) in the study who serve in psychiatric hospitals in Baghdad provide services to 31 patients per day or more. While the majority of participants (80.08%) worked in Al-Rashad Hospital, and exactly the same percentage of study samples worked in the hospital lobbies.

Table 4.2: Nurses Professional Satisfaction:

No.	Items	Rating	Freq.	Per.%	M.S	Assess.
1	Salary	V. Diss…	159	78.3	1.49	Dissatisfied
		Diss…	11	5.4		
		Fairly	15	7.4		
		Satis…	13	6.4		
		V. Satis…	5	2.5		
		Sum	203	100.0		
2	Annual leave	V. Diss…	43	21.2	2.58	Fair
		Diss…	68	33.5		
		Fairly	33	16.3		
		Satis…	48	23.6		
		V. Satis…	11	5.4		
		Sum	203	100.0		
3	Benefits package (insurance, retirement)	V. Diss…	170	83.9	1.41	Dissatisfied
		Diss…	7	3.4		
		Fairly	8	3.9		
		Satis…	11	5.4		

		V. Satis…	7	3.4		
		Sum	203	100.0		
4	Hours that you work	V. Diss…	18	8.9	3.02	Fair
		Diss…	49	24.2		
		Fairly	66	32.5		
		Satis…	49	24.1		
		V. Satis…	21	10.3		
		Sum	203	100.0		
5	Flexibility in scheduling your own hours	V. Diss…	14	6.9	3.06	Fair
		Diss…	62	30.5		
		Fairly	38	18.7		
		Satis…	74	36.5		
		V. Satis…	15	7.4		
		Sum	203	100.0		
6	Opportunity to work straight days	V. Diss…	2	1.0	4.63	Satisfied
		Diss…	4	2.0		
		Fairly	16	7.9		
		Satis…	22	10.8		
		V. Satis…	159	78.3		
		Sum	203	100.0		
7	Weekends off per month	V. Diss…	6	3.0	3.33	Fair
		Diss…	39	19.2		
		Fairly	53	26.1		
		Satis…	90	44.3		
		V. Satis…	15	7.4		
		Sum	203	100.0		
8	Flexibility in scheduling your weekends off	V. Diss…	8	3.9	3.31	Fair
		Diss…	38	18.7		
		Fairly	58	28.6		
		Satis…	80	39.4		
		V. Satis…	19	9.4		
		Sum	203	100.0		
9	Compensation for working weekends	V. Diss…	11	5.4	3.34	Fair
		Diss…	37	18.2		
		Fairly	47	23.2		
		Satis…	86	42.4		
		V. Satis…	22	10.8		
		Sum	203	100.0		
10	Opportunity for part-time work	V. Diss…	9	4.4	3.39	Fair
		Diss…	36	17.7		
		Fairly	51	25.1		
		Satis…	80	39.5		
		V. Satis…	27	13.3		

		Sum	203	100.0		
11	Maternity leave time/long vacations	V. Diss…	15	7.4	3.84	Satisfied
		Diss…	16	7.9		
		Fairly	45	22.2		
		Satis…	92	45.3		
		V. Satis…	35	17.2		
		Sum	203	100.0		
12	Child care facilities	V. Diss…	17	8.4	3.23	Fair
		Diss…	33	16.3		
		Fairly	71	35.0		
		Satis…	60	29.6		
		V. Satis…	22	10.7		
		Sum	203	100.0		
13	Your nursing peers	V. Diss…	11	5.4	3.18	Fair
		Diss…	38	18.8		
		Fairly	75	36.9		
		Satis…	56	27.6		
		V. Satis…	23	11.3		
		Sum	203	100.0		
14	The physicians you work with	V. Diss…	9	4.4	3.20	Fair
		Diss…	15	7.4		
		Fairly	47	23.2		
		Satis…	85	41.8		
		V. Satis…	47	23.2		
		Sum	203	100.0		
15	The delivery of care method used on your unit (e.g. functional, primary, team)	V. Diss…	5	2.5	3.71	Satisfied
		Diss…	13	6.4		
		Fairly	42	20.7		
		Satis…	91	44.8		
		V. Satis…	52	25.6		
		Sum	203	100.0		
16	Opportunities for social contact at work	V. Diss…	15	7.4	3.84	Satisfied
		Diss…	16	7.9		
		Fairly	45	22.2		
		Satis…	92	45.3		
		V. Satis…	35	17.2		
		Sum	203	100.0		
17	Opportunities for social contact with your colleagues after work	V. Diss…	11	5.4	3.57	Fair
		Diss…	14	6.9		
		Fairly	62	30.5		
		Satis…	86	42.4		
		V. Satis…	30	14.8		
		Sum	203	100.0		

No	Item	Scale	Freq	%	Mean	Level
18	Opportunities to interact professionally with other disciplines	V. Diss…	11	5.4	3.54	Fair
		Diss…	13	6.4		
		Fairly	48	23.7		
		Satis…	97	47.8		
		V. Satis…	34	16.7		
		Sum	203	100.0		
19	Opportunities to postgraduate study	V. Diss…	10	4.9	3.64	Fair
		Diss…	22	10.8		
		Fairly	57	28.1		
		Satis…	87	42.9		
		V. Satis…	27	13.3		
		Sum	203	100.0		
20	Opportunities to belong to department and institutional committees	V. Diss…	9	4.4	3.48	Fair
		Diss…	28	13.8		
		Fairly	59	29.1		
		Satis…	88	43.3		
		V. Satis…	19	9.4		
		Sum	203	100.0		
21	Opportunities to participate in nursing research	V. Diss…	12	5.9	3.39	Fair
		Diss…	28	13.8		
		Fairly	52	25.6		
		Satis…	84	41.4		
		V. Satis…	27	13.3		
		Sum	203	100.0		
22	Opportunities to write and publish	V. Diss…	11	5.4	3.73	Satisfied
		Diss…	38	18.7		
		Fairly	27	13.3		
		Satis…	44	21.7		
		V. Satis…	83	40.9		
		Sum	203	100.0		
23	Your immediate supervisor	V. Diss…	17	8.4	3.22	Fair
		Diss…	25	12.3		
		Fairly	68	33.5		
		Satis…	79	38.9		
		V. Satis…	14	6.9		
		Sum	203	100.0		
24	Recognition for your work from superiors	V. Diss…	23	11.3	3.23	Fair
		Diss…	49	24.1		
		Fairly	36	17.7		
		Satis…	67	33.1		
		V. Satis…	28	13.8		
		Sum	203	100.0		
25	Recognition of your	V. Diss…	18	8.9	3.13	Fair

#	Item				Mean	Level
	work from peers	Diss…	27	13.3		
		Fairly	54	26.6		
		Satis…	83	40.9		
		V. Satis…	21	10.3		
		Sum	203	100.0		
26	Amount of encouragement and positive feedback	V. Diss…	155	76.3	1.55	Dissatisfied
		Diss…	8	3.9		
		Fairly	19	9.4		
		Satis…	18	8.9		
		V. Satis…	3	1.5		
		Sum	203	100.0		
27	Control over what goes on in your work setting	V. Diss…	15	7.4	3.48	Fair
		Diss…	27	13.3		
		Fairly	56	27.6		
		Satis…	83	40.9		
		V. Satis…	22	10.8		
		Sum	203	100.0		
28	Opportunities for career advancement	V. Diss…	15	7.4	3.34	Fair
		Diss…	29	14.3		
		Fairly	64	31.5		
		Satis…	76	37.4		
		V. Satis…	19	9.4		
		Sum	203	100.0		
29	Your amount of responsibility	V. Diss…	155	76.4	1.87	Dissatisfied
		Diss…	8	3.8		
		Fairly	19	9.4		
		Satis…	18	8.9		
		V. Satis…	3	1.5		
		Sum	203	100.0		
30	Your control over work conditions	V. Diss…	6	3.0	3.28	Fair
		Diss…	32	15.8		
		Fairly	40	19.7		
		Satis…	90	44.3		
		V. Satis…	35	17.2		
		Sum	203	100.0		
31	Your participation in organizational decision –making	V. Diss…	124	61.1	1.69	Dissatisfied
		Diss…	22	10.8		
		Fairly	19	9.4		
		Satis…	34	16.7		
		V. Satis…	4	2.0		
		Sum	203	100.0		

* Dissatisfied = 1 - 2.33,   Fair = 2.34 - 3.67,   Satisfied =3.68 - 5

Table (4-2) expresses the assessment of nurses professional satisfaction toward working in the psychiatric department according to their answers to questions which are designed for this purpose and based on the mean of the score, where their assessment was dissatisfied for five questions, while fair for twenty-one questions and satisfied for just five questions.

Table 4.3: Work-Related Stress (according to nursing work):-

No	Items	Rating	Freq.	Per.%	M.S	Assess.
1.	At work, I am aware of what is expected of me:	Always	19	9.4	3.18	Moderate
		Often	31	15.2		
		Some	72	35.5		
		Rarely	56	27.6		
		Never	25	12.3		
		Sum	203	100.0		
2.	I can decide when to take a break:	Always	107	52.7	4.38	High
		Often	22	10.8		
		Some	25	12.3		
		Rarely	38	18.8		
		Never	11	5.4		
		Sum	203	100.0		
3.	It a hard to combine the different groups at work and demand things from me at the same time:	Always	10	4.9	3.11	Moderate
		Often	46	22.7		
		Some	80	39.4		
		Rarely	44	21.7		
		Never	23	11.3		
		Sum	203	100.0		
4.	I know how to get my work done efficiently and effectively:	Always	11	5.4	2.92	Moderate
		Often	53	26.2		
		Some	89	43.8		
		Rarely	40	19.7		
		Never	10	4.9		
		Sum	203	100.0		
5.	I am subject to personal harassment in the form of unkind words or behavior:	Always	107	52.8	2.13	Low
		Often	22	10.8		
		Some	25	12.3		
		Rarely	38	18.7		
		Never	11	5.4		

No.	Item	Response	Count	%	Mean	Level
		Sum	203	100.0		
6.	I have unachievable deadlines:	Always	2	1.0	4.63	High
		Often	4	2.0		
		Some	16	7.9		
		Rarely	22	10.8		
		Never	159	78.3		
		Sum	203	100.0		
7.	My coworkers will support me if work becomes challenging:	Always	159	78.3	1.49	Low
		Often	11	5.4		
		Some	15	7.4		
		Rarely	13	6.4		
		Never	5	2.5		
		Sum	203	100.0		
8.	I get positive evaluations for the job I do:	Always	6	3.0	3.66	Moderate
		Often	22	10.8		
		Some	66	32.5		
		Rarely	50	24.6		
		Never	59	29.1		
		Sum	203	100.0		
9.	I'm under time extreme pressure when employed:	Always	10	4.9	3.35	Moderate
		Often	33	16.3		
		Some	72	35.5		
		Rarely	50	24.6		
		Never	38	18.7		
		Sum	203	100.0		
10.	I have control over how quickly I work:	Always	27	13.2	2.90	Moderate
		Often	45	22.2		
		Some	71	35.0		
		Rarely	40	19.7		
		Never	20	9.9		
		Sum	203	100.0		
11.	I am aware of the obligations and responsibilities I have:	Always	9	4.4	3.52	Moderate
		Often	32	15.8		
		Some	60	29.6		
		Rarely	48	23.6		
		Never	54	26.6		
		Sum	203	100.0		
12.	I had to put off certain things due to my overwhelming workload:	Always	2	1.0	4.63	High
		Often	4	2.0		
		Some	16	7.9		
		Rarely	22	10.8		
		Never	159	78.3		
		Sum	203	100.0		

13.	I am clear about the goals and objectives for my department.	Always	31	15.3	3.01	Moderate
		Often	34	16.7		
		Some	63	31.1		
		Rarely	51	25.1		
		Never	24	11.8		
		Sum	203	100.0		
14.	There is friction or anger between colleagues:	Always	155	76.3	1.55	Low
		Often	8	3.9		
		Some	19	9.4		
		Rarely	18	8.9		
		Never	3	1.5		
		Sum	203	100.0		
15.	I may choose how I want to approach my work:	Always	31	15.3	2.78	Moderate
		Often	46	22.7		
		Some	77	37.9		
		Rarely	33	16.3		
		Never	16	7.8		
		Sum	203	100.0		
16.	I can't seem to take enough time off:	Always	5	2.5	3.71	High
		Often	13	6.4		
		Some	42	20.7		
		Rarely	91	44.8		
		Never	52	25.6		
		Sum	203	100.0		
17.	I have a firm grasp of how my efforts contribute to the organization's larger goals.	Always	21	10.3	3.01	Moderate
		Often	42	20.7		
		Some	74	36.5		
		Rarely	44	21.7		
		Never	22	10.8		
		Sum	203	100.0		
18.	There is a lot of pressure on me to work late:	Always	18	8.9	3.23	Moderate
		Often	26	12.8		
		Some	77	37.9		
		Rarely	54	26.6		
		Never	28	13.8		
		Sum	203	100.0		
19.	At work, I get to pick and choose between a few different tasks:	Always	155	76.3	1.87	Low
		Often	8	3.9		
		Some	19	9.4		
		Rarely	18	8.9		
		Never	3	1.5		
		Sum	203	100.0		
20.	I have to work very	Always	18	8.9	3.21	Moderate

	fast:	Often	34	16.7		
		Some	69	34.0		
		Rarely	51	25.1		
		Never	31	15.3		
		Sum	203	100.0		
21.	At work, I've been the victim of bullying:	Always	15	7.4	3.84	High
		Often	16	7.9		
		Some	45	22.2		
		Rarely	92	45.3		
		Never	35	17.2		
		Sum	203	100.0		
22.	I have unrealistic time pressures:	Always	35	17.2	2.83	Moderate
		Often	32	15.8		
		Some	83	40.9		
		Rarely	37	18.2		
		Never	16	7.9		
		Sum	203	100.0		
23.	My direct supervisor is the person I would go to for assistance in the workplace:	Always	18	8.9	2.93	Moderate
		Often	52	25.6		
		Some	78	38.4		
		Rarely	35	17.2		
		Never	20	9.9		
		Sum	203	100.0		
24.	I get the assistance and support I need from coworkers:	Always	16	7.9	3.33	Moderate
		Often	25	12.3		
		Some	77	37.9		
		Rarely	46	22.7		
		Never	39	19.2		
		Sum	203	100.0		
25.	I have some roles over how I work:	Always	4	2.0	3.46	Moderate
		Often	27	13.3		
		Some	78	38.4		
		Rarely	58	28.6		
		Never	36	17.7		
		Sum	203	100.0		
26.	I have plenty of opportunity to ask bosses about workplace change:	Always	7	3.4	3.09	Moderate
		Often	33	16.3		
		Some	109	53.7		
		Rarely	41	20.2		
		Never	13	6.4		
		Sum	203	100.0		
27.	My coworkers treat me with respect:	Always	25	12.3	2.95	Moderate
		Often	38	18.7		

		Some	81	39.9		
		Rarely	39	19.2		
		Never	20	9.9		
		Sum	203	100.0		
28.	Employees are always consulted when there is a change:	Always	10	4.9	3.68	Moderate
		Often	33	16.3		
		Some	33	16.3		
		Rarely	62	30.5		
		Never	65	32.0		
		Sum	203	100.0		
29.	I may discuss anything that has offended or irritated me at work with my line manager:	Always	18	8.9	3.27	Moderate
		Often	28	13.8		
		Some	71	35.0		
		Rarely	52	25.6		
		Never	34	16.7		
		Sum	203	100.0		
30.	My working time can be flexible:	Always	124	61.1	1.69	Low
		Often	22	10.8		
		Some	19	9.4		
		Rarely	34	16.7		
		Never	4	2.0		
		Sum	203	100.0		
31.	My coworkers are receptive to hearing about my issues:	Always	15	7.4	3.14	Moderate
		Often	36	17.7		
		Some	78	38.4		
		Rarely	53	26.2		
		Never	21	10.3		
		Sum	203	100.0		
32.	I understand how changes will play out in practice when they are made at work:	Always	11	5.4	3.73	High
		Often	38	18.7		
		Some	27	13.3		
		Rarely	44	21.7		
		Never	83	40.9		
		Sum	203	100.0		
33.	I get support when upset emotionally at work:	Always	9	4.4	3.32	Moderate
		Often	32	15.8		
		Some	78	38.4		
		Rarely	52	25.6		
		Never	32	15.8		
		Sum	203	100.0		
34.	Relationships at work are strained:	Always	24	11.9	3.02	Moderate
		Often	34	16.7		
		Some	76	37.4		

		Rarely	51	25.1		
		Never	18	8.9		
		Sum	203	100.0		
35.	My line manager gives me advice:	Always	170	83.7	1.41	Low
		Often	7	3.4		
		Some	8	3.9		
		Rarely	11	5.5		
		Never	7	3.5		
		Sum	203	100.0		

*when stress indicate low 1-1.66; stress indicate fairly 1-67 to 2.33; while highly if more than 2.33

Table (4-3) expresses the evaluation of work stress (according to the nursing work): towards working in the psychiatry department according to their answers to the questions prepared for this purpose and on the basis of the average score, where most of the assessment was the moderate (twenty-three questions), while it was equal to the rest of questions low and high (six questions each one of them).

Table 4.4.1: Overall Assessment of the Nurses Professional Satisfaction:-

Groups	Rating	Freq.	%	M.S	Overall Assessment
Nurses Professional Satisfaction	Dissatisfied	39	19.2	1.97	Fair
	Fair	131	64.5		
	Satisfied	33	16.3		
	Total	203	100.0		

* *Dissatisfied= 1 - 1.66,   Fair= 1.67 - 2.33,   Satisfied =2.34 – 3*

Table (4.4.1) and Figure (4.1) show the overall assessment of the nurses professional satisfaction toward working psychiatric hospitals (department) at Baghdad Teaching Hospitals, where the higher percentage of overall professional satisfaction is moderate at a percentage (of 64.5) while dissatisfied at (19.2%) and satisfied at (16.3%).
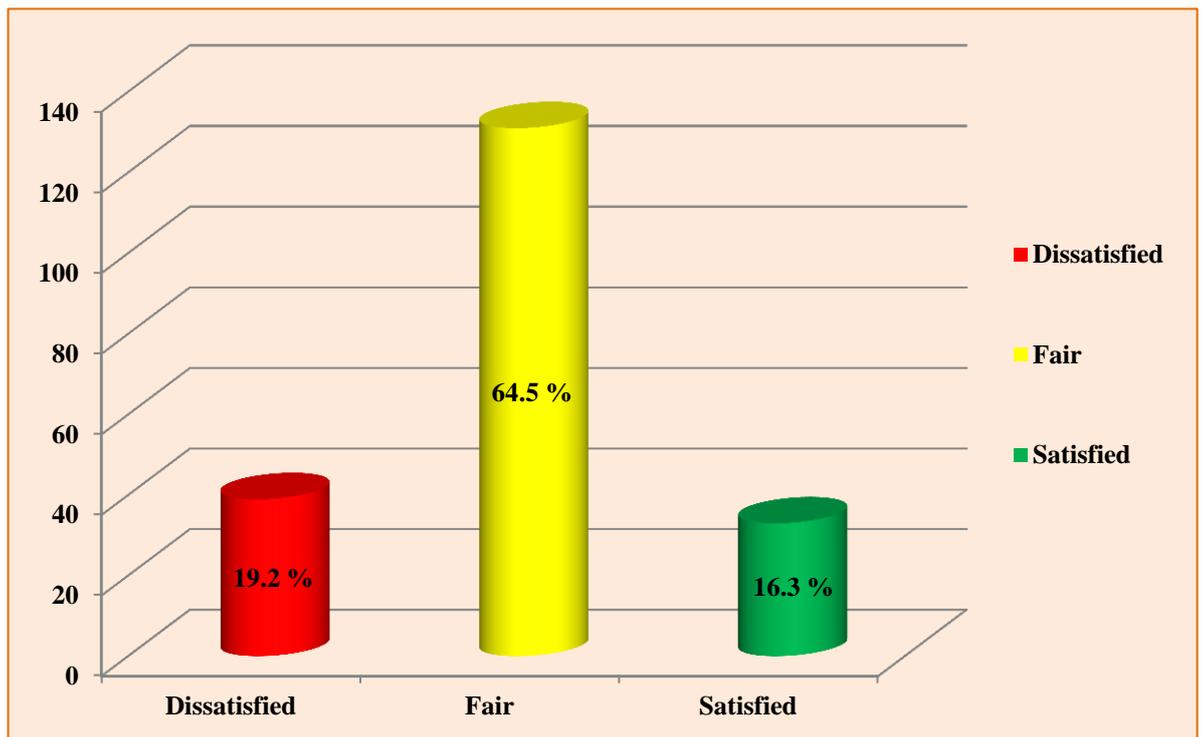
Figure (4.1) Shows how participants in the research were split up according to their average rating of the nurses' job satisfaction.

Table 4.4.2: Overall Assessment of the Work-Related Stress (According to Nursing Work):

Groups	Rating	Freq.	%	M.S	Overall Assessment
Work-related stress, kindly state the frequency level of occurrence (according to your nursing work).	Low	37	18.3	2.00	Moderate
	Moderate	133	65.5		
	High	33	16.2		
	Total	203	100.0		
* Low = 1 - 1.66,		Moderate = 1.67 - 2.33,			High =2.34 – 3

Table (4.4.2) and Figure (4.2) show the overall assessment of Work-Related Stress, (According to Nursing Work): in the working psychiatric department at Baghdad Teaching Hospitals, where the highest percentage of overall Work-Related Stress is moderate at a percentage (65.5%) while low stress at (18.2%) and high stress at (17.3%).
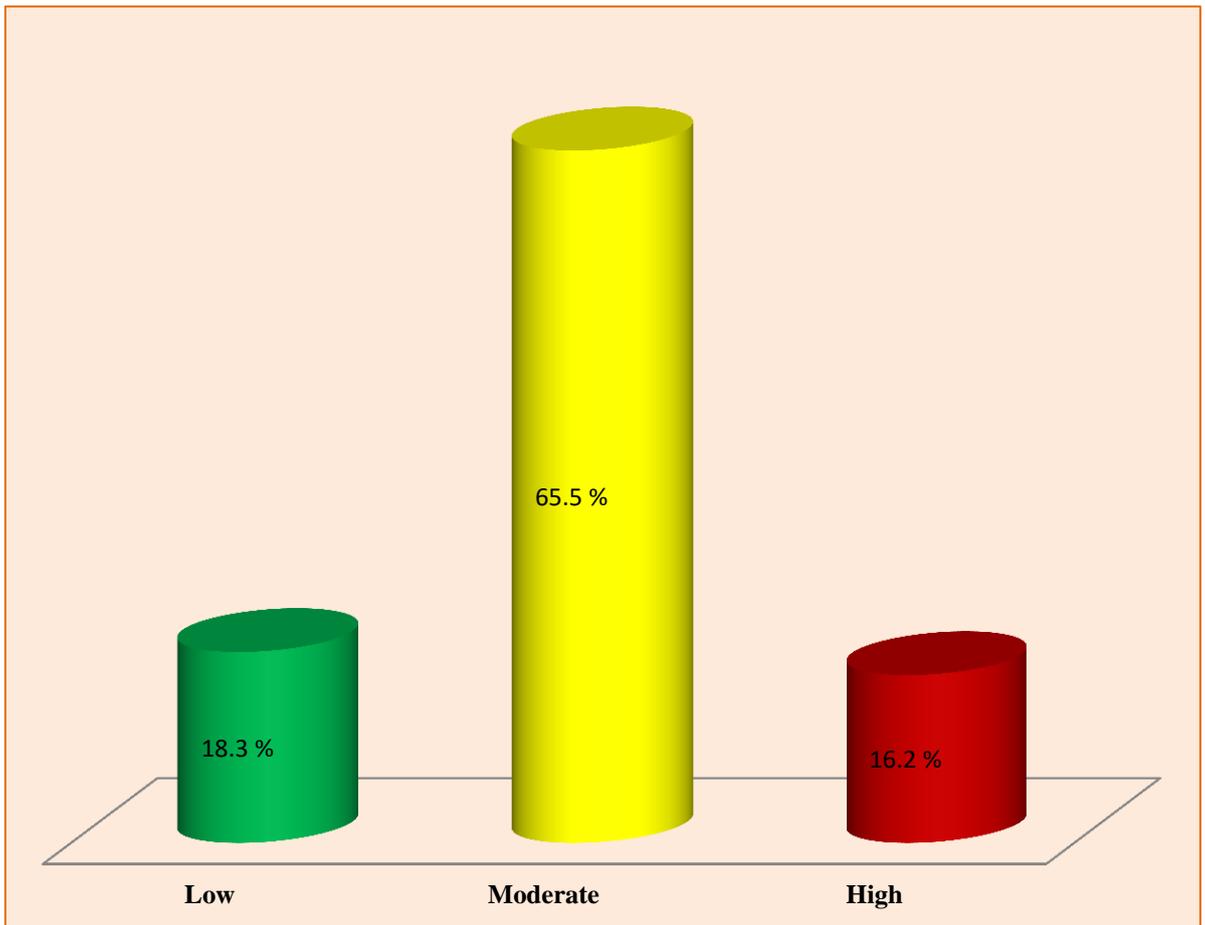
Figure (4.2) Nursing-specific distribution of research participants' overall assessments of the incidence of work-related stress.

Table (4.5): Correlation Between Demographic Characteristics of the Sample and Its Overall Rating Nurses Professional Satisfaction:-

Demographic Data	Groups	Overall Assessment			X^2			
		Dissatisfied	Fair	Satisfied	Output	F.d	P.v	Sig
Age in years	21 - 30	18	70	22	18.129	6	0.002	H.S
	31 - 40	5	38	6				
	41 - 50	8	15	5				
	≥ 51	8	8	0				
	Total	39	131	33				

Gender	Male	15	53	9	1.952	2	0.220	N.S
	Female	24	78	24				
	Total	39	131	33				
Marital status	Single	8	33	17	12.407	4	0.007	H.S
	Married	30	90	16				
	Separate	1	8	0				
	Total	39	131	33				
Education level	Diploma or less	33	97	28	5.473	6	0.267	N.S
	Baccalaureate	5	25	2				
	Master	1	7	2				
	Doctorate	0	2	1				
	Total	39	131	33				
Your job title	Skilled nurse	28	62	25	13.225	4	0.524	N.S
	Technical nurse	6	35	4				
	University nurse	5	34	4				
	Total	39	131	33				
Work status	Morning shift	27	111	30	6.896	2	0.011	S
	Night shift	12	20	3				
	Total	39	131	33				
Do you hold a mental health nursing certificate?	Yes	5	14	2	0.927	2	0.229	N.S
	No	34	117	31				
	Total	39	131	33				
The number of years you have served as a psychiatric nurse	1 – 5	21	73	23	14.224	6	0.004	H.S
	6 – 10	3	23	8				
	11 – 15	3	14	1				
	16 and more	12	21	1				
	Total	39	131	33				
The number of years you have served as a nurse	1 – 5	14	56	22	11.372	6	0.003	H.S
	6 – 10	5	28	4				
	11 – 15	7	20	2				
	16 and more	13	27	5				
	Total	39	131	33				
How many years have you	1 – 5	23	81	23	7.399	6	0.029	S
	6 – 10	5	21	8				

worked in this hospital?	11 – 15	3	12	1				
	16 and more	8	17	1				
	Total	39	131	33				
How many patients are served per day?	1 – 10	14	35	3	12.759	6	0.007	H.S
	11 – 20	2	7	3				
	21 – 30	3	14	0				
	31 – and more	20	75	27				
	Total	39	131	33				
Who are the patients for whom services are provided	Wards	25	106	33	22.120	4	0.000	H.S
	Reception	9	23	0				
	Emergency	5	2	0				
	Total	39	131	33				
*N.S = > 0.05,		S = 0.01 – 0.05			H.S = < 0.01			

Table (4-5) show the association between the Samples Demographical Data of nurses working in the psychiatric hospitals (department) at Baghdad Teaching Hospitals and their professional satisfaction, the result show there is a highly significant with (age, marital status, number of years served as a psychiatric nurse, number patients are served per day, Who are the patients for whom services are provided emergency, reception, lobbies, operations, restricted) at p-value 0.01 or less. also there are significantly associated with Work status, number years have you worked in this hospital at p. value < 0.05, while no significant with the rest of the variables.

Table 4.6 Sample demographics and their evaluation of the study's overall Work-Related Stress, (According to Nursing Work):

Demographic Data	Groups	Overall Assessment			Chi-Square			
		Low	Moderate	High	χ^2	d.f	P-value	Sig.
Age In years	21 - 30	17	70	23	19.829	6	0.004	H.S
	31 - 40	4	39	6				
	41 - 50	6	16	6				
	> 51	8	8	0				
	Total	35	133	35				

Gender	Male	12	54	11			
	Female	23	79	24	1.229	2	0.445	N.S
	Total	35	133	35			
Marital status	Single	8	33	17			
	Married	26	92	18	10.094	4	0.013	S
	Separate	1	8	0			
	Total	35	133	35			
Education level	Diploma or less	29	99	30			
	Baccalaureate	5	25	2	5.004	6	0.383	N.S
	Master	1	7	2			
	Doctorate	0	2	1			
	Total	35	133	35			
Your job title	Skilled nurse	27	62	26			
	Technical nurse	3	37	5	16.259	4	0.527	N.S
	University nurse	5	34	4			
	Total	35	133	35			
Work status	Morning shift	23	114	31			
	Night shift	12	19	4	8.769	2	0.009	H.S
	Total	35	133	35			
Do you hold a mental health nursing certificate?	Yes	4	15	2			
	No	31	118	33	0.978	2	0.275	N.S
	Total	35	133	35			
The number of years you have served as a psychiatric nurse	1 – 5	19	74	24			
	6 – 10	3	23	8			
	11 – 15	2	14	2	12.824	6	0.005	H.S
	≥ 16	11	22	1			
	Total	35	133	35			
The number of years you have served as a nurse	1 – 5	13	56	23			
	6 – 10	5	28	4			
	11 – 15	5	22	2	11.000	6	0.008	H.S
	≥ 16	12	27	6			
	Total	35	133	35			
How many years have you worked in this hospital?	1 – 5	20	83	24			
	6 – 10	4	22	8			
	11 – 15	3	11	2	7.462	6	0.019	S
	≥ 16	8	17	1			
	Total	35	133	35			
How many patients are served per day?	≤ 10	13	36	3			
	11 – 20	2	7	3	14.062	6	0.002	H.S
	21 – 30	3	14	0			

	≥ 31	17	76	29				
	Total	35	133	35				
Who are the patients for whom services are provided (emergency, reception, lobbies, operations, registered)	Wards	22	107	35				
	Reception	9	23	0				
	Emergency	4	3	0	19.127	4	0.100	N.S
	Total	35	133	35				
*N.S = > 0.05,			S = 0.01 – 0.05			H.S = < 0.01		

Table above (6) expresses the relationship among the samples demographical variables with their all output of Work-Related Stress, (According to Nursing Work), the results show there is a statistical connection between five demographic parameters and significant for two demographic parameters at P-value 0.01 to 0.05, while no significant with the rest of the variables at P-value > 0.05.

Table 4.7: Correlations between the Overall Assessment of the Nurses Professional Satisfaction and Overall Assessment of the Work-Related Stress:

Correlations	Overall Assessment of the Nurses Professional Satisfaction	Overall Assessment of the Work-Related Stress
Pearson Correlation		-0.859**
Sig. (2-tailed)	+ 1	0.000
Pearson Correlation	-0.859**	
Sig. (2-tailed)	0.000	+ 1
Total	(203)	(203)
**. Correlation is significant at the 0.01 level (2-tailed).		

Table (4.7) and Figure (4.3) expresses the Correlations between the Overall Assessment of Nurses Professional Satisfaction and the Overall

Assessment of Work-Related Stress, (According to Nursing Work), the results show there is a significant correlation between them in regression linear at p. value -0.859.
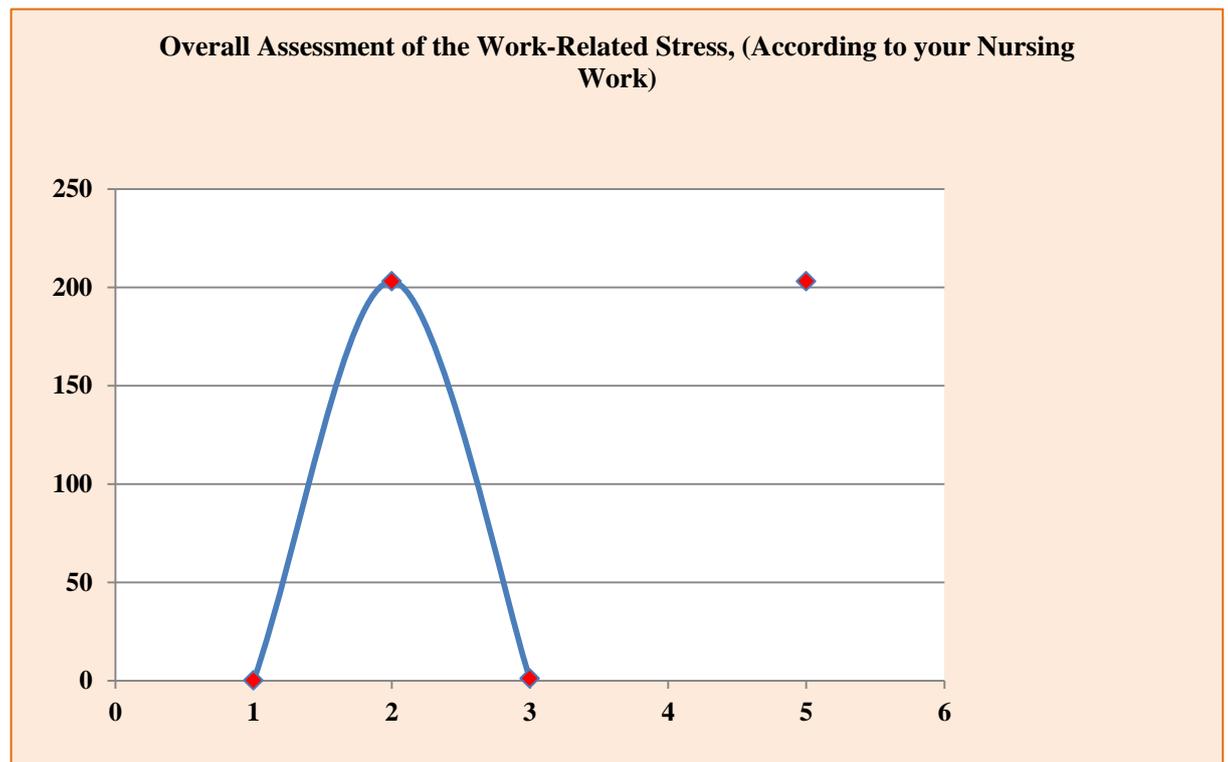

Figure (4.3) Distribution of the study subjects by their correlations between the overall assessment of the nurses professional satisfaction overall assessment of the work-related stress (according to nursing work).

Part II. Psychiatric Nurses Experiences (Qualitative Result):

The semi-structured interviews with PNs professionals yielded the transcripts theme analysis in the second portion of this chapter. The participants verbatim quotes (in italics) are collated and presented in the text to support three main themes 1: I feel frustrated; 2: a negative reputation for psychiatric nurses in the public; 3: concern of nurses; and I have benefited from the workplace. Sub-themes were created from quotes supporting the main themes. Each sub-theme has its own principal theme

manifestation. Quantitative findings demonstrated considerable stress and work satisfaction disparities. The researcher examined this finding for qualitative data disparities. Each topic contained the outcome, and the findings from the first two rounds of interviews, both quantitative and qualitative investigated and described all group members. The debate also showed that this findings study supported the researchers theoretical framework and produced the best improvement in the context.

Table 4.8. Demographic characteristics of the Nurses (qualitative aspect):

Demographic Characteristics	Groups	n	%	Cumulative Percent
Age Groups	21-30	5	35.7	35.7
	31-40	6	42.8	78.5
	≥ 41	3	21.5	100.0
Gender	Male	6	42.9	42.9
	Female	8	57.1	100.0
Level education	Diploma	4	28.5	28.5
	Bachelors	7	50.0	78.5
	Masters	3	21.5	100.0
Which hospital you are jobbing?	Al-Rashad	9	64.3	64.3
	Ibn-Rushed	3	21.4	85.7
	Medical City	2	14.3	100.0
Which ward youre jobbing?	Addiction	3	21.4	21.4
	Emergency	3	21.4	42.8
	Acute	2	14.3	57.1
	Chronic	6	42.9	100.0
Job status	Morning	9	64.3	64.3
	Evening	5	35.7	100.0
Experience years	1-5	2	14.3	14.3
	6-10	4	28.6	42.9
	11-15	5	35.7	78.6
	≥ 16	3	21.4	100.0

Table 4.8. Representative demographic information for the participants who underwent qualitative research, show most of them 31-40 old age 42.8%, in particular the gender most of the participants are female

57.1%, Fully half of the participants, 50%, have a bachelor's degree, and the remaining half are distributed between a technical diploma and a master's degree. The fact that Al-Rashad Hospital contains more than 1300 beds, so most of the study sample, including the qualitative side, was 64.3% from this hospital, with regard to where they work, the highest percentage was 42.9% working in the chronic ward, and the others were distributed in the rest of the departments (addiction, acute cases, and other critical cases). The majority of the participants, 64.3%, are those who work the morning shift. Finally, the highest percentage of participants, 35.7%, had 11-15 years of experience in psychiatric hospitals.

Table 4.9. Example of Coding, Data, Sub-themes and Themes

Meaning units	Primary codes	Sub-themes	Themes
Here are patients I don't know how to face, I am confused in nursing decisions and interactions, I feel unqualified for this place and I lack the training to face such places (p.3).	I feel I am not qualified for this place and I lack the training to face such places.	I lack the training to face such places	I feel frustrated
I was exposed to many situations with these patients, and I did not know how to deal with them, so I either call my colleague immediately or stay away from them (p. 14).			
In my early days on this ward, I was afraid that a patient might beat me because I didn't know enough about them, so I don't feel comfortable when my colleagues are away (P. 10).	The difference between me and my colleagues working here before me is that they know all situations and do not hesitate.	There was no focus during my study on psychiatric drugs and their effects and side effects. My study was not well established.	
My education did not provide me with an adequate introduction to psychiatric hospitals. This caused me anxiety during my first days on the job on this ward, despite the fact that my goal was to learn how to			

communicate effectively with patients (P. 11).			

Table 4.10. The sub-themes and themes of the study:

Sub-Themes	Themes
Work in mental health wards (forced option)	
Improper workplace conditions	I feel frustrated
Limited general nursing knowledge in a psychiatric wards (PWs)	
A lack of respect among coworkers for PNs	A negative reputation
A Negative reputation of psychiatric nurses	for psychiatric nurses
Previous image of mental health nursing in the studying	in the public
Concern about patients attacks	Concerns of Nurses
A concern arising from a lack of knowledge and clients issues	
They have no one to take care of them if the nurses are gone.	
My outlook on life has changed, and my teachers become my patients.	I have benefited from the workplace
They ask me about their needs, I feel useful.	

Extract the qualitative data (themes and sub-themes):

The findings based on the conclusions reached from applying a theme analysis to the transcripts of semi-structured interviews with experts working in the PNs field, are presented in the second section of this chapter. The verbatim quotes of the participants are tallied and incorporated into typescript to provide indication for these 4 key themes: 1: I feel frustrated; 2: a negative reputation for psychiatric nurses in the public; 3: concerns of nurses; and 4; I have benefited from the workplace. The citations that serve as evidence for the key themes have been divided up and organized according to the subthemes.

One particular expression of the overarching theme served as a representation for each of the subthemes. The quantitative findings revealed substantial in terms of both professional satisfaction and stress connected to work, as well as the association between the two variables. The researcher looked into this finding further to see whether or not there were any changes in qualitative information, etc. Additionally, each subject includes variables findings. The members of the focus groups were

investigated and their experiences were discussed in the findings of the first two phases worth of interviews (both quantitative and qualitative).

4.II.1. I feel frustrated:

Theme 1: In general, this topic highlighted the need that the PNs professionals have seeking more education and professional development to satiate their need to keep their abilities and knowledge current. Statements made by experts in the field of PNs who work in acute or chronic care brought attention to the restricted possibilities.

> *You feel frustrated when movement is limited and you do not offer anything to your patients, because our training was insufficient as a result of the Corona pandemic, the scarcity of patients when we were taught, and the time given to us was not enough at all. In addition, there are no educational programs available that are compatible with patients. Actual, people's expectations and satisfaction with the continuing education that is provided in this hospital are not met. For example, one contributor mentioned that different sectors were not able to provide any kind of education or training.*

Although one PNs professional working at a mental hospital said that there is a small window of opportunity to take part in activities, workshops, and health education, this window of opportunity is very limited and subject to the administrators discretion. Two experts in the field of PNs have reported

> *That there was a lack of openness throughout the process of the participants submitting their requests for training. the circulars seem to be secret and that we want a clear procedure as well as*

greater openness throughout the process of submitting requests for training.

It seemed as if a lack of trust in the managers and the organization led to impressions of favoritism, challenging application procedures, and blurred routes, whereas chances that were really available were not publicized until it was much too late.

Table 4.11. Theme 1: I feel frustrated (Interviews with PNs):

PNs	Extract	Sub-theme
P. 4; a male nurse with an two-years of work practice	*The majority of people interviewed stated that they were forced to work in mental hospitals because beginners leave or go to the mediation of influential people to move to another hospital.*	Work in mental health wards (forced option)
P.11; a female with eleven- year of clinical practice in nursing.	*Patients in mental hospitals do not recover at any time: this condition lacks the positive sense of nursing care, the feeling that the mental patient is not getting better and we are convinced that their condition is chronic and getting worse and nursing work is useless with such patients.*	Improper workplace conditions
P.14; a female nurse with thirteen year of work experience	*If one of my relatives wants to transfer here, I do not advise him to transfer because this hospital is a second world that is different from other hospitals, where he or she does not learn.*	
P. 10; a male nurse with a twenty -year work practice	*In public hospitals, you get to know different diseases, learn from experience, and learn how to intervene with patients in terms of veins, sutures, surgical medicine specialties, and children, while here in this hospital there are specific patients and their work is only hotel services such as eating, changing clothes, and others. of services in most cases. When I was in the army, in health institutions, and in other hospitals, I learned a lot of important nursing interventions, but*	They have limited nursing knowledge in this place.

	here, unfortunately, I stopped and forgot about it.	

4.II.2. A negative reputation for psychiatric nurses in the public:

The unfavorable public impression of mental health nurses was a significant barrier to happiness in the field of working in psychiatric institutions. Participants said that misconceptions and negative stereotypes regarding working in psychiatric institutions exist, especially among family members and close friends. Therefore, despite having spent many years employed in mental sitting, PNs feel forced to keep the term of their employment a secret from everybody else. They cited their own prior experiences while attending university as reasons for their dissatisfaction (DSS) in working in mental hospitals, as well as the negative opinions of family members and coworkers against psychiatric nursing.

Table 4.12. Theme 2: A Negative Reputation for Psychiatric Nurses in the Public:

PNs	Extract	Sub-theme
p. 12; a female participant with six years of professional practice	*I was in another general hospital before. A nurse asked me, What brought you here? Are you punished and came here? He also asked me if I could change my workplace on my first day at work. He really let me down.*	A lack of respect among coworkers for PNs
male nurse with nine years of work experience; p. 9	*I was not interested in working in the psychiatric nursing department. I feel my words restricted, and I am always careful when I explain my duties and the nature of my work to others. Sometimes I twist my words and don't say anything about it unless its absolutely necessary. I also suffered from a delay in marriage, and the engagement was canceled more than once because of my work in this hospital. They don't understand, and they just say that I work in a madhouse. Thus, it reflects on my actions and my*	A Negative reputation of psychiatric nurses

	personality.	
P. 2; a female nurse with three years of work experience	*When I spent time in these wards during my practical study, I wasn't particularly comfortable with it. At the time, I vowed to myself that I would never choose to work in a mental health facility.*	Previous image of mental health nursing in the studying

4.II.3. Concerns of Nurses:

This category has two subcategories: concerns about patient attacks and a concern arising from a lack of knowledge and clients issues. The participants DSS in working in mental wards was also attributed to their concerns about patient abuse and their lack of acquaintance with patients. They stated that when they first started working in psychiatric wards, they felt anxious about working in psychiatric wards because of the negative opinions of their friends, coworkers, and numerous others toward patients with psychiatric disorders. Those who were afraid even before they encountered the phrase patients with mental disorders, attempted not to get connected to them, and were frightened when they heard patients with mental illnesses.

Table 4.13. Theme 3: Concern of Nurses (Interviews with PNs):

PNs	Extract	Sub-theme
p. 5; a female nurse with nineteen year of work experience	*One day, my back was bit by one of the patients, also another time took a blow to my head and lost consciousness. As a result, I am extremely cautious around patients, even in the hospitals courtyards and gardens; thus, I did not like working here because of my concern about upsetting the patient. Mentally ill patients may suddenly get agitated and hostile and assault you. I was worried that patients might retaliate.*	Concerns about patients attacks
p. 13; a female for	*I was afraid of these patients at first because I did not know anything about them or their*	A concern arising from

twenty months of nursing practice	*problems, and sometimes it is difficult because the admitted patients have dual diseases, especially women and their suffering is sophisticated. So I decided against staying in this department*	a lack of knowledge and clients issues

4.II.4. I have benefited from the workplace:

Participants reported that despite the difficulty and tension in this ward, and some patients consume our energy and we return to our homes exhausted, there are benefits that we have gained including for the patients, as they are simple (most of them) and deserving of care, and for the nursing staff, as we learned that the world is not equal to tensions and all this Suffering, all moments of our lives must be exploited in positive ways, and the only solution is flexibility.

Table 4.14. Theme 4: I have benefited from the workplace (Interviews with PNs):

| PNs	Extract	Sub-theme
(P.1;a female nurse with three years of work experience).	*Although they are stubborn and their condition is difficult, they are very kind and have good hearts. I feel that they are my brothers, fathers, and mothers, and I am responsible and defending them. Even during my rest and vacation, I remember them and recommend them to my colleagues*	They have no one to take care of them if the nurses are gone.
(p. 5;a female nurse with seven years of work experience)	*After confronting these patients, I learned a lot from them, either directly that they are good and their hearts are pure and do not harm those they love and help them, or indirectly I was thinking after I came home that the world is not worth anything without the mind, they made me more patient and less enthusiastic about the world I really thank them, they taught me the language of a life well*	My outlook on life has changed, and my teachers become my patients
(p. 14;a male for fifteen months of	*They are approaching me and I am not as afraid of them as before. I feel that they are not only sick and in the hospital, but they*	They ask me for their needs, I feel

nursing practice).	*are members of my family. They also have credit for it because they have made me wiser and I feel like a psychiatric nurse because of them and I wouldn't have made it without them, even if I lived forever. They are indeed a world full of experiences and expertise*	useful

Mixed Methods (Triangulation):

Combining the qualitative and quantitative information revealed the following findings when triangulated. The results of a model I suggested that stress connected to work has a statistically significant impact on the degree to which one satisfaction with their employment. The factors of workplace, praise, and acknowledgment were shown to account for the majority of the variation in work satisfaction.

The results of the theme analysis carried out on the transcripts of the meetings discussions, for the most part, in line with this paradigm. It was said that the routine culture predominated in the administrations. Certain aspects are certain, such as the existence and duration of the protracted procedures, which are very boring and have an impact on the pleasure of the nurses. while they are searching for their rights, and it is not going to be easy for them to acquire them.

The end stage is (Triangulation) when a results the of the qualitative research were typically compatible with the effects of the job satisfaction workplace route models. This was evidenced by the fact that the findings matched. In inference, the findings of present research showed the people who participated in the study did their jobs in a professional setting. Within this setting, they were aware of the significance of human caring qualities such as stress in the workplace, recognition and praise, consideration and support, as well as the requirement for additional training in terms of how satisfied they felt with their jobs.
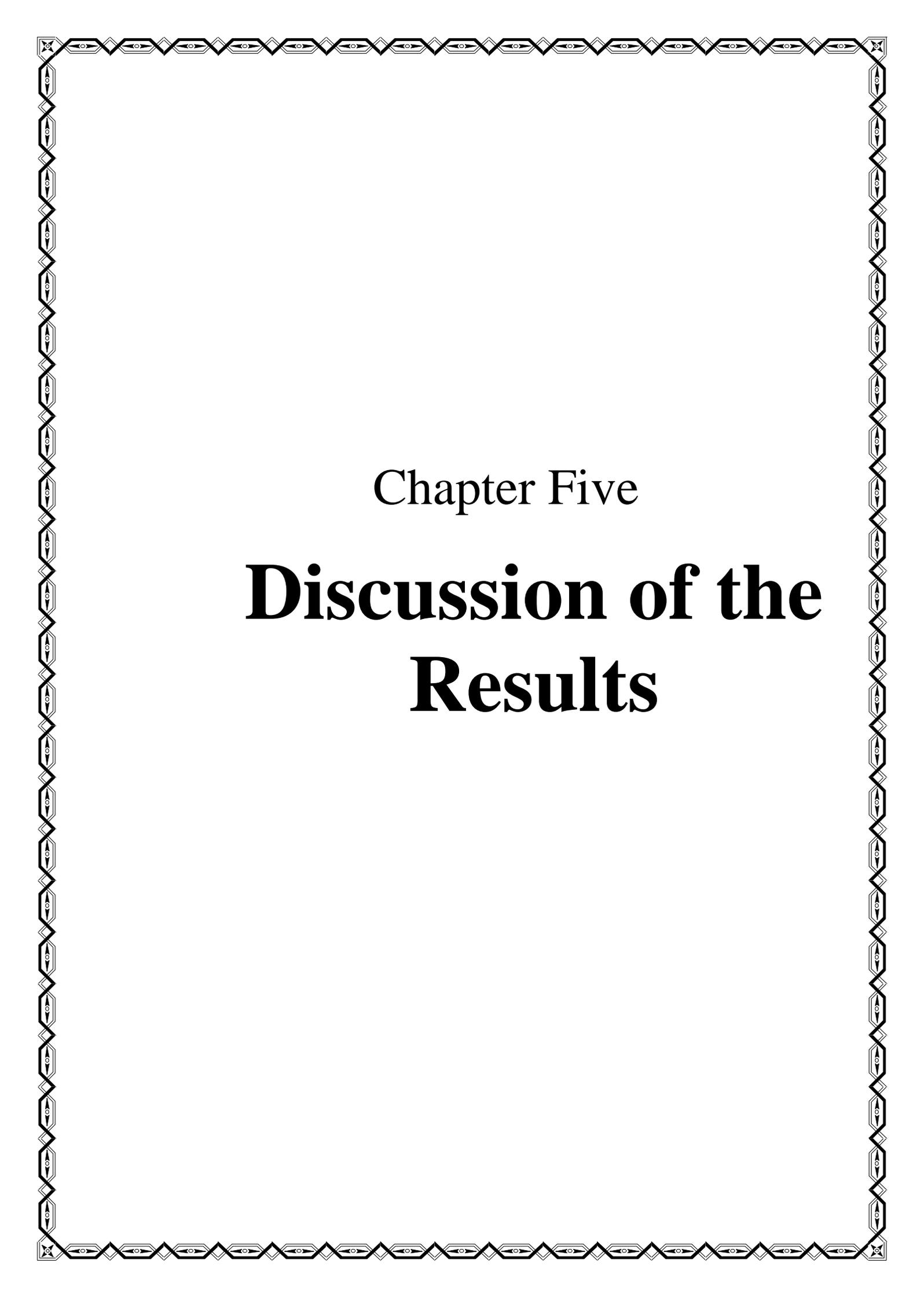
Chapter Five

Discussion of the Results

Chapter Five
Discussion of the Results

Discussion:

The current study used an illustrative design of successive mixed-methods approach. Job satisfaction was measured and analyzed with the use of a quantitative survey instrument and inferential statistical analysis in the first section of the research is the data of nurses working in Baghdad psychiatric hospitals on the level of stress and contentment with one's employment, measured sample (203), taken from separate places from three hospitals. The second part semi-structured interview transcripts were analyzed as part of the research conducted with some of these nurses, who were carefully selected according to the criteria we documented in the first chapter, a method was used in which open-ended questions yielded in-depth answers about nurse's experiences, opinions, perceptions, feelings, and knowledge. The objective The second component of the research was analyzing the qualitative data collected. Finally, a design management framework was built by combining the quantitative and qualitative findings, the framework was created so that it could be used in, and it does so on the basis of evidence gleaned from those findings to improve individual and institutional performance.

In this section, other relevant types of literature and research are used to provide a rational interpretation and discussion of the findings. The chapter on discussing the results is the most important part of the thesis because it is the stage that follows the stage of analyzing and interpreting the data statistically testing the hypotheses, and then developing proposals that include strengths and weaknesses and are supported by a set of proposals to overcome the weaknesses.

The reason for the present study was to promote personal and all staff performance and care services in psychiatric hospitals in the Republic of Iraq through nurses professional satisfaction. The study sought to identify the association between work-related stress and professional satisfaction.

According to previous studies of PNs (Baum & Kagan, 2015; Tane, 2019), disinterested behavior and negative attitude as a consequence of work and high effort in psychological department settings may contribute to employee dissatisfaction. Moreover, the challenges of an unregulated environment and a large number of inpatients versus discharged patients put this sector under pressure and necessitate that leaders of healthcare organizations adapt to new initiatives, including modern-day requirements that provides well-being to an employee.

5.1. Demographic data for nurses:

This study discusses the age, gender, marital status, level of education, job title, Work status, mental health nursing certificate, number of years working in the psychiatric hospital, and the number of years you have served as a nurse, how many patients are served per day?, number of the nurses working at the hospitals, and who are the patients for whom services are provided.

In Table (4.1) character information to 203 participants in this research. Their ages varied from 21 to 60 years old, the majority of them are of young age, and it is noted that the percentage of females is higher than that of males, most of them were married, these results coincide with the result of a study performed by (Tane, 2019), the researcher conducted this study to examine the extent of burnout among psychiatric nurses, and the total number of his sample was 4,095, most of whom were young men,

and the majority of them were females, which is consistent with what we have reached. Other (Zhou et al., 2019). It is also consistent with the current study, where there were more females than men in psychiatric wards, most of them were married.

The researcher believes that these results give the impression that the majority of nurses are young, reflecting the rising population growth of this country, as well as the desire to provide services to patients as they are at the beginning of their path to the job.

According to the findings of the research sample, the categories with the greatest proportion were nurses of the samples educational attainment were institute graduates or less, while postgraduates were about 6% of participants,. Over half of the participants were regarded to be skilled nurses, making up of the entire population, and the work status in regard to the samples study, was morning shifts. This conclusion is consistent with the findings of research that was carried out in Greece at a hospital affiliated with a university by (Charalambous et al., 2018) where most of the sample were from institutes certificates, 41%, while 3% of them were PhD and Masters holders.

This result is logical from the researchers perspective, given that the number of nurses holding a bachelor degree who work in healthcare organizations is low due to a decline in the total number of accredited nursing universities across governorates of Iraq.

Regarding the length of experience, the total number of years of nursing experience (which includes psychiatric nursing) and the length of time spent from 1-5 years in fieldwork in Baghdad mental hospitals were mostly 57.6% and 45.3% were years of service in public hospitals. These results agree with what was reached at Jourdan (Hasan et al., 2018), where the emphasis of their research was to recognize the practices and expertise

of nurses in psychiatry when dealing with people with mental illnesses and aggressive situations, as the findings indicated that the largest proportion of the nurses who engaged in the study work in psychiatric departments, and where the majority of the attendants who engaged in the study work in psychiatric departments more than half currently worked in morning shifts 64.2% and had an experience of fewer than 3 years.

5.2. Nurses Professional Satisfaction:

In Tables number (4.2 and 4.4.1), the results of nurses' satisfaction with work in the psychiatric departments of Baghdad Teaching Hospitals are explained. Table number (2) consists of 31 questions, all of which are directed to identify the nurses' satisfaction with working in a psychiatric environment, based on a five-point Likert scale consisting of (very dissatisfied, dissatisfied, fair, satisfied, and very satisfied). Depending on the mean score, the response rate for the study sample toward each item in this part of the questionnaire was obtained, the assessment of these questions was dissatisfied for five questions, fair for twenty-one questions, and satisfied for five questions. The result of these table corresponds with the result of a study done in Iran by (Otaghi et al., 2023) to determine the perception of nurses concerning the environment of psychiatric departments in Ilam medical city where the response rate of nurses who are participated in this study was unconvinced about most of the questions that related nurses perception.

In general, the response rate of nurses to the items in the questionnaire is used in this study to determine their feelings regarding working in a psychiatric environment in Baghdad Teaching Hospitals where their answers are fair level about these questions. The large number of patients who residents these departments, whether they are acute health care or chronic, is considered the predisposing factor for nurses to avoid the

work in psychiatric department, in addition, there is a shortage in the number of nurses who work in these departments.

This shortage is due to the reluctance of many nurses to work in the psychiatric department due to the many challenges they face daily and sudden situations, due to the type of patients and their prognosis.

Table (4.4.1) discussed the feeling of psychiatric nurses among those who did a similar job at the hospital that was chosen for this research, nineteen percent of their sentiments were DSS at one point (19.2%) while those views that were neutral were (64.5%) there were 131 nurses, and the proportion of affirmative responses was satisfied at (16.3%) among 33 nurse only, this conclusion is incongruent with those of research conducted in 2019 by Holmberg. The purpose of the research was to determine how nurses, physicians, and the rest of the medical staff felt about professional development opportunities for nurses working in Gothenburg psychiatric department (advanced nurses practitioner service). The outcome of Holmberg was a ANPs in the psychiatric department at PMH have a job satisfaction toward them generally, according to nurses and other health professionals(Holmberg, 2019).

According to the viewpoint of the researcher about the result of the table (4.4.1), which indicated about two-third percent of the nurses feeling towards working in the psychiatric department were partial dissatisfied, the nurses working in the psychiatric departments of the hospitals that were selected to serve as the location of the investigation these study suffered from many problems and obstacles at work. These problems include an increase in the number of visitors to the psychiatric departments, which leads to becoming overwhelmed in those departments, lack of resources and equipment that the nurses and the health team need through the providing health care, weakness in the administrative support which

provided to nurses who work in the psychiatric departments and a shortage in the number of nurses who work in the psychiatric departments.

5.3. Work-related stress (according to nursing work):

The results were interpreted in table (4.3) regarding the nurses work-related stress in the psychiatric departments of Baghdad Teaching Hospitals, 35 questions were constructed as a tool to study this aspect of the questionnaire by using a five-point Likert scale, this scale consists from three choices (never, seldom, sometimes, often, and always). The results indicated based on the nurses answers, that there is high stress in the psychiatric departments of these hospitals, according to the mean score the assessment of the response rate of the study sample was (low) for six questions and (moderate) for twenty-three questions while (high) for six questions. This result does match a study conducted in Jeddah, KSA in Jeddah University Hospitals, where their findings indicate there are nurses suffering from work-related stress in a psychiatric setting the results were moderate (Hasan et al., 2018).

In Egypt, a study was conducted to identify the problems and obstacles facing cooperation between colleagues and other professionals and nurses in the psychiatric departments at the National Hospital and Cairo University Hospital, where the results showed that the obstacles facing cooperation between nurses and others from the nurses point of view the department head's support for collaboration between the staff and nurse, experience in the workplace, and respect for one another's particular talents come next. Most recently, support has been given to the hospital's policy of cooperation between the nurse and co-workers. And from the perspective of the nursing staff, the following are the barriers to collaboration between nurses and personnel: a lack of ongoing communication between nurses and others; a lack of equal influence between nurses and psychiatrist; a lack

of ongoing meetings between them to discuss the work; a lack of mutual trust between nurses and personnel; a lack of respect for the experience; a lack of shared respects (Zaki, 2016).

According to the researcher's opinion, the negative impression of the nurses towards cooperating with colleagues and other professionals during work in the psychiatric department is due to many factors, including the poor psychiatrist confidence towards nurses and their competence at work despite the great role that nurses play in psychiatric departments, not taking the opinion of the nurses in matters of nursing care, which is considered one of the duties of nurses where some doctors perform this role, as well as the lack of organization of roles at work between the health team in the psychiatric department and other various reasons that exist in the Iraqi health system that hinder cooperation between nurses and others during work, as well as the rate of response level of patients and the prognosis of the disease, and other advantages linked to growing in their career as a nurse.

5.4. Nurse's Demographic Data and their Professional Satisfaction:

The relationship between nurses satisfaction towards work in psychiatric departments and their demographic data was presented in table (4.5), nurses working in the psychiatric hospitals (unit) at Baghdad Teaching Hospitals and their professional satisfaction, the result show there is a highly significant with (age groups, marital status, number of years served as a psychiatric nurse, number patients are served per day, where service settings are provided (emergency, reception, lobbies, operations, restricted) at p-value 0.01 or less. also there are significantly associated with work status, number years have you worked in this hospital at p. value < 0.05, while no significant with the rest of the variables. This results

matching with the findings done by (Rabiu-Akewusola, Tosin, 2021) Educational level, age, time spent working in hospitals, time spent working in psychiatric departments, and residency were found to have a significant correlation with nurses' satisfaction, while marital status and gender were found to have no significant correlation. This study sought to gauge nurses' satisfaction toward the working in the psychiatric area in US (Rabiu-Akewusola, 2021).

5.5. Samples Demographic Data and their Work-Related Stress:

In chapter four table six expresses the relationship among the samples demographical variables to all output of work-related stress, the results show there is a strong connection between five demographic parameters and significant for two demographic parameters at P-value > 0.01 to 0.05, while no significant with the rest of the variables at P-value > 0.05, some author's found a correlation between nurses' demographic characteristics and their attitudes toward collaboration with co-workers, which is consistent with the results of this study. This study was conducted in the Atlantic region of the United States to identify the professional values of the nursing team and their feelings toward workplace stress (Tice, 2021). This finding is also in line with the findings of a study done in Alexandria, Egypt, to shed light on how nurses there feel about workplace stress (Zahran., 2022), which found that nurses' shared demographic characteristics such as their age, gender, education level, and length of service in the PMH had a significant impact on their attitudes toward working with stress.

5.6. Samples Professional Satisfaction and correlation with Work-Related Stress, (According to nursing Work):

This table (4.7) and Figure (4.3) show the correlations between the general assessment of occupational satisfaction for nurses and the general assessment of work-related stress, and the results showed that there is a significant inverse correlation between them in the linear regression at p. value is -0.859. These results are in line with the findings of the study that I conducted in Saudi Arabia (Qattan, 2017), Work-related stress was found among Jeddah nurses. Its incidence varied by nurse age, experience, nationality, and work position. Work-related stress and burnout significantly affected work performance and job satisfaction among nurses in public (KFH) and university (KAUH) hospitals but not in private (IMC) hospitals. Work-related stress mediates burnout, while hospital type moderates mediation. Stress and burnout affect nurses job welfare and performance. Thus, Saudi nurses at general and private hospitals should be helped to reduce work-related stress and burnout. This study recommended hiring more Saudi Arabian nurses, reviewing task allocation policies, providing targeted training, allocating more government funds to healthcare, and implementing a unified stress avoidance, treatment, and control program throughout the Saudi healthcare system.

The mean work satisfaction score for psychiatric nurses in this study was (1.97) indicating that these nurses seem to have been partially satisfied with their chosen careers. A comprehensive investigation of a number of types of literature examined multiple papers and discovered that nurses in various contexts had diverse degrees of work satisfaction (Bdair & Alshloul, 2021; Iliopoulou & While, 2010; Zheng et al., 2017). It was found that factors such as the degree of opportunities for growth, consistency, perception of staff organization, coworkers, extrinsic reward,

salaries, independence, interaction, administrative duties, working conditions, recognition, evidence-based practice, collaboration and organizational support, work psychological physical responses, and client relationships are all factors that contribute to job satisfaction.

In comparison to the score (6.18), which was discovered by Yeh WY et al (Yeh et al., 2019) for stress connected to work, the score in this research (2.00) was considered to be moderate.

This outcome came as a bit of a surprise to those who are familiar with the challenges that are inherent in the practice of psychiatric nursing, which is considered to be challenging due to the presenting behaviors of patients, which might include violent or unpredictable behaviors that are difficult to regulate. A higher score of stress within the research sample (16% of them) may suggest that individual characteristics, such as psychological resilience or the responsibilities of family, are major nurses reaction to stress. By this results may describe that the people are still satisfied with their jobs despite the high amounts of stress they experience.

According to the findings, greater levels of stress are strongly related to less levels of satisfaction at ones place of employment. The amount of published research on stress in Iraqi mental institutions is still quite low. Issa, Iman, and others (Issa & Mohammed, 2021), among others, found that a negative correlation existed between work satisfaction and stress levels in the nursing population. Aljuaid and Hana Helal (Aljuaid, 2022; Alqahatani & Zeilani, 2019; Muathen, 2022) investigated the looked at what factors lead to stress for specialty care nurses and how much stress they in some countries, such as the Kingdom of Saudi Arabia (KSA), Kuwait, and others (Chemali et al., 2019). They discovered resources, workload, routine political perfection, and workplace conflict were all shown to be significantly correlated with elevated stress levels. Nurses in East Africa

have it rougher than their counterparts elsewhere, according to research by Van Der Doef *et al* (Payne et al., 2020), and inferior excellence of supplies, equipment when compared to nurses in other low- and middle-income countries (LMICs).

Studies conducted all over the world have come to the conclusion that the likelihood of experiencing stress and burnout is reduced in direct proportion to ones degree of work satisfaction. In spite of the fact that participants in this research reported experiencing moderate levels of stress, they reported feeling only moderately happy with their jobs. Other research has found that nurses who work in critical care settings who have good practice environments report higher levels of job satisfaction and reduced stress levels (Barbosa & Papini, 2021; Payne et al., 2020).

It would be helpful to do more research utilizing a qualitative study technique in order to discover the factors that contribute to this populations high levels of work satisfaction despite the high levels of stress they experience .

The findings of this research indicated that there was no significant association between work stress and satisfaction with work and gender, level of education, type of hospital, or job description. In addition, Hayes *et al.* (Hayes et al., 2015) discovered that there were no statistically significant associations between gender and either stress or work satisfaction, nor were there any between job description and either stress or job satisfaction. According to Chakraborty and colleagues (Payne et al., 2020) research, there is no statistically significant association between the amount of stress experienced and rank. The link involving stress and the duration of the experience was found to be ambiguous in a prior meta-analysis that was carried out with the use of literature that originated from

the United States of America. It is possible that additional investigation into this possible association is required.

5.II. Experience of Nurses in Psychiatric Department:

In the second aspect of the study (qualitative side), where the results of this study deal with the nurses experiences working in three Psychiatric departments at Baghdad Teaching Hospitals and express the conditions and problems they have exposed it during their work as health care providers for Psychiatric, critical and stable cases which visit Psychiatric departments in search of treatment and health care for different age groups. Four themes and eleven subthemes were the findings of this study.

One of the main causes of the lack of nursing personnel in these settings is nurses dissatisfaction (DSS) with their jobs in psychiatric facilities. Therefore, the purpose of the current study was to explore the experiences of nurses regarding the factors that enhanced their DSS while working in mental departments. According to the data, nurses perceptions of the reasons for DSS in working on psychiatric wards include a lack of professional skills for providing psychiatric care, unfavorable public perceptions of nursing professionals, and dread of clients.

5.7. Demographic characteristics of the Nurses (qualitative aspect):

A sample of 14 nurses (who participated in the quantitative aspect of the study) was carefully chosen to present their experiences that were expanded and collected during their service in these hospitals. A group of topics were extracted, focused, and summarized into three topics to match the research topic (exploring nurses experiences and job satisfaction), which could enrich the research more accurately and at the same time cover other aspects that were not addressed by the quantitative research.

Theme 1: I Feel Frustrated:

I feel frustrated for working in psychiatric care was one of the primary reasons for DSS in psychiatric facilities. Participants said that factors including being compelled to work in mental hospitals, unsuitable working circumstances, patients little rehabilitation, and a lack of professional knowledge required for working in psychiatric wards all contributed to their DSS. According to previous research, which supports these findings, nurses who were hired to work in mental wards were required to start working right away owing to a staffing crisis and did not attend the proper ward orientation training (Traverse et al., 2022).

Another research revealed that the majority of psychiatric nurses would leave the field within the first year after their graduation, owing to issues such as a high workload, an unclear career path, and a dearth of expert physicians (Jiang et al., 2019). Additionally, a research study found that psychiatric nurses had more favorable opinions regarding working in mental wards when they had stronger professional ties with patients (Eldal et al., 2019).

The importance of education in determining students and nurses employment interests. In order to pique their interest, it is important to educate them well on the knowledge and abilities needed for psychiatric nursing practice. The interest of nurses in working in mental wards can also be increased by using experienced nurses to supervise and mentor new nurses. According to a previous study, enhancing nursing students practical and theoretical knowledge was helpful in fostering favorable attitudes about mental nursing (Kunst et al., 2017).

Contrarily, some researchers discovered that most students have a favorable attitude toward those who suffer from mental disorders and are pleased with their training for a career in psychiatric nursing (Happell et

al., 2018). These results conflict with those of the current study, including other research, and this discrepancy may be explained by the study's unique environment.

According to the viewpoint of the researcher about the result of the first theme; The unfairness in the distribution of nurses in health institutions and the selective interventions, even when they are in this hospital, reflects the lack of regularity in management, so the weak link is the nurse, who comes eager to play the role of the nurse and the new employee, and thus suffers from being left in the face of serious challenges, while his other colleagues are in comfortable places, so unable to adapt to the work environment, or did not expect that resources were scarce in these hospitals and things did not go as they expected.

Also, his knowledge as a nurse is not as advanced as suturing wounds, catheter ligation, and other new things which are gaining experience almost every day and easily available in other hospitals, which makes him dissatisfied with his workplace and not recommended to anyone new to nursing related to him in the future.

Theme 2: A negative Reputation for Psychiatric Nurses in the Public:

A bad reputation for psychiatric nurses in the public was the second major component of the reasons for nurses DSS in performing in mental wards. Participants reported that their DSS was influenced by their poor prior experiences with mental nursing as well as the unfavorable opinions of their relatives and coworkers against psychiatric nurses (Lopez Lopez et al., 2019). According to research findings, mental nursing has long struggled with poor standing. Additionally, the issue of associative stigma has been researched by several academics throughout the world (Waddell et al., 2020).

The fact that many individuals have preconceived notions about those who work with these clients may further contribute to the poor prestige of the PN profession, this thus diminishes their desire to work in mental wards (Yang et al., 2018). These attitudes may affect nurses behavior, leading them to vent their irritation on mental patients who are subsequently seen as less deserving of care and support and decreasing their motivation in working in psychiatric wards (Townsend & Morgan, 2017). The morale and interest of nurses in working in mental wards are both significantly impacted by unfavorable views toward PNs, according to some researches (Muir Cochrane et al., 2018; Townsend & Morgan, 2017).

Other articles found that psychiatric nurses were reluctant to tell their friends and family about their jobs out of concern about social stigmatization (Bilge & Palabiyik, 2017). Additionally, nurses morale is significantly impacted and they become intensely preoccupied with their profession as a result of significant others unfavorable views and beliefs regarding patients with psychiatric illnesses and PNs. PNs are disproportionately affected by these issues, although nurses in other hospitals may feel more positively about their jobs at the beginning (Barker, 2017).

Bladon suggested that MHNs first pinpoint their distinctive qualities before showcasing them to the public (Bladon, 2017) in order to lessen the associated stigma. The specific qualities of psychiatric nurses are that they utilize their understanding of addiction, mental disease, and mental health as the main topic that affects how they employ therapeutic relationships, holistic approaches, recovery, stigma reduction, and system change advocacy. The field improvement, training of additional maturity system might be built on these distinctive qualities (Yanchus et al., 2017).

The researcher believes that negative statements from peers, especially those who are new to work, may give an impression that affects the state of satisfaction of the nurse, who is hesitant to stay and provide care to this type of patient, people's words and beliefs in other hand, even if they are humorous, have a direct impact on nurses' feelings, and these feelings are exacerbated and repeated in their thinking and become their reality and thus are reflected in their behavior and love for their work. Also, sometimes exaggeration and excessive warnings by faculty members during studies, not giving a realistic picture of the psychiatric facility, and dispersing students' information and knowledge about the broad psychological curriculum and the many terms, also play a role in the lack of desire to work in these places.

Theme 3: Concern of Nurses:

The third major category in the current research was concerns of nurses. Participants said that their concern regarding patient abuse and their lack of experience with mental wards and patients considerably reduced their desire to work in such facilities. They, therefore, wanted to work in the hospitals where they are neither afraid nor anxious. Another study conducted in Iraq found that new PNs were uninterested in working in mental wards because they were afraid of unforeseen events and suffering from psychiatric problems (Jenny, 2018).

A different research found that PNs were afraid to visit mental wards and speak with patients (Hagen et al., 2017). Fear and stress are caused by patients aggression and irritability as well as nurses perceived inability in handling such patients (Sim et al., 2020). Participants in this research claimed that their greatest anxieties were related to patient assaults, whereas nurses on other wards generally fear making mistakes or hurting patients. Because they can think that people with psychiatric problems are

harmful in one way or another, nursing students also have a phobia of visiting psychiatric units, interventions are thus required to help pupils form favorable opinions about mental hospitals. Giving people the chance to participate in therapeutic encounters is one example of such an intervention (Oates et al., 2017).

Students should be exposed of MHNs through clinical experiences and theory studies in order to provide them with the information they need to make an informed decision about their final career choice (Hwang et al., 2018). Include service users in lectures as part of the curriculum to strengthen continuum beliefs, this is a model for a strategy to confront that concern.

The researcher tends to believe that the place contains patients who are sometimes physically strong and violent, which means that they may become victims of violence or serious injuries. Also, hesitation in confronting patients as a treatment method or isolation method may exacerbate the patient's condition while he is under the influence of the drug and his withdrawal symptoms, while there are nurses working with a community that appreciates their efforts and care, is another vital reason for nurses' dissatisfaction and suffering in these settings.

Theme 4: I Have Benefited from the Workplace:

Participants reported that despite the difficulty and tension in this ward, and some patients consume our energy and we return to our homes exhausted, there are benefits that we have gained including for the patients, as they are simple (most of them) and deserving of care, and for the nursing staff, as we learned that the world is not equal to tensions and all this Suffering, all moments of our lives must be exploited in positive ways, and the only solution is flexibility.

Study subjects reported that they seemed interested in working in mental wards because patients' suffering could be alleviated by continuing, fraternizing, and communicating with them. They are good when you get to know them and get close to them, so change the perception little by little, and we are responsible for them.

After some time, things started to alter gradually. As they were exposed to a range of patients and learned how to interact with them, they had the chance to get more active in patient care and gained some experience. The newcomers acknowledged that aiding people with mental illnesses gave them a feeling of comfort. They were hoping to expand their competence and establish a professional identity because of their increasing knowledge, experience, and interactions with patients. As a result, they received positive feedback from patients.

Once time had passed, participants felt that there was a shift in the situation. They were given the chance to be more active in patient care, got some experience by being exposed to a range of patients, and improved their ability to interact with patients as a result of this exposure. The new nurses discovered that providing assistance to individuals in the mental health field gave them a positive outlook on their jobs. They hoped that by increasing their knowledge, experience, and relationships with patients, they could improve their competence and obtain a professional identity. Patients gave them a positive impression as a result of their efforts to increase their knowledge, experience, and relationships with patients. They were under the impression that they might be of assistance, that they could cultivate positive relationships with patients, and that they could provide patients support.

The researcher's point of view on this transformation is that he becomes a nurse and is satisfied with his work in psychiatric departments or hospitals.
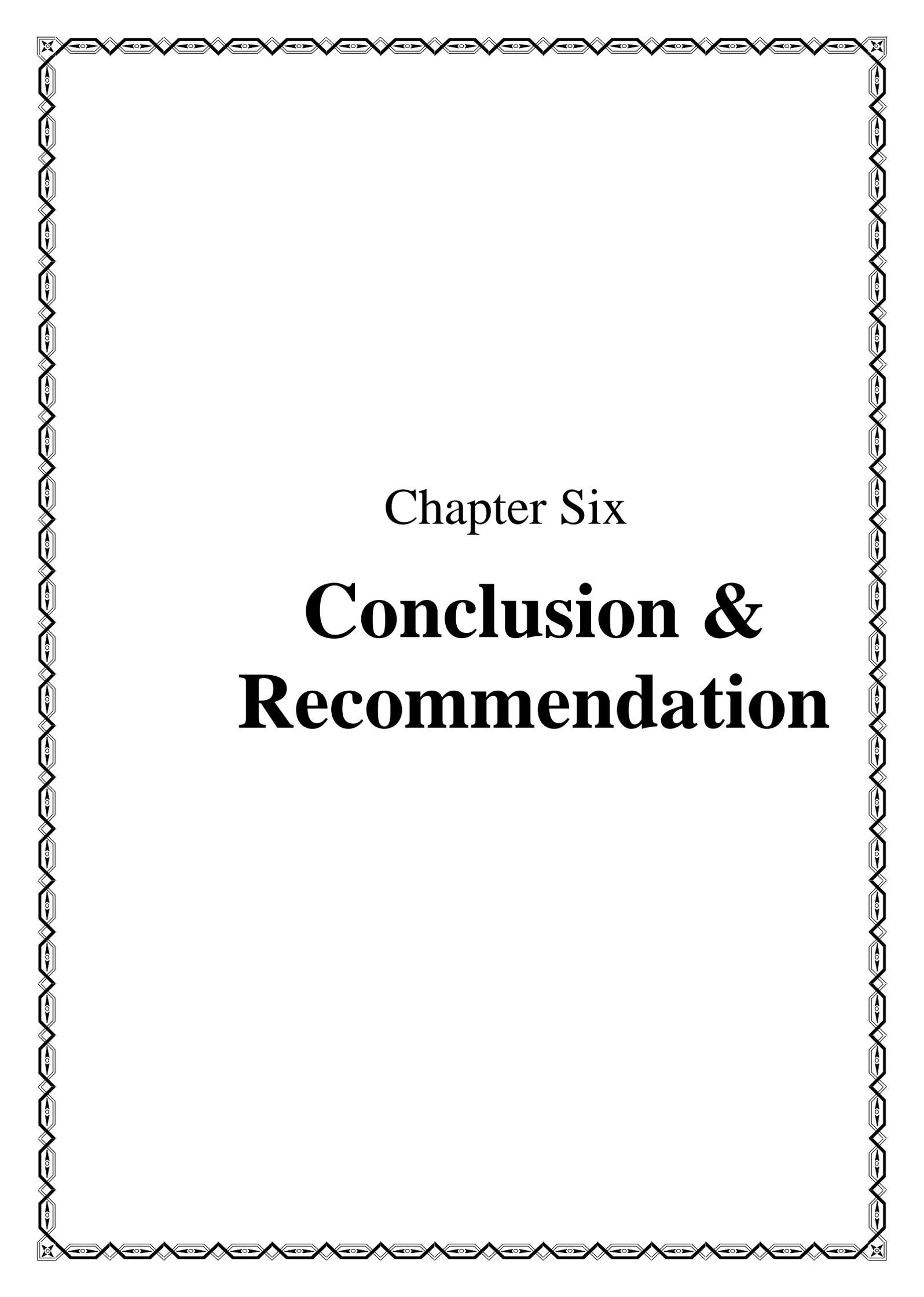
Chapter Six

Conclusion & Recommendation

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6.1. Conclusion:

1. Nurses' dissatisfaction highlights critical issues in the field.

2. Higher levels of stress were significantly associated with lower levels of job satisfaction, this conclusion indicates that while stress is a factor in their work, it may not be extreme.

3. 3 key themes related to DSS; I feel frustrated; a negative reputation for psychiatric nurses in the public; concerns of nurses; while one key theme, I have benefited from workplace related to professional satisfaction.

4. Findings related to "lived experience" may contribute to low satisfaction and high stress.

6.2. Recommendations:

1. Psychosocial supporting activities for professional psychiatric nurses are requested.

2. Intervention preventive planned psychosocial programs are needed.

3. Financial supports for the dissatisfied nurses are needed.

4. A cohort study to establish the causal relationship between job stresses and satisfaction should be conducted.

5. Health education interventions during pre-employment stage should be established.

6. Periodic screening during work for early detection and management of job stress and dissatisfaction among psychiatric nurses professionals should be performed as a secondary preventive tool.

7. Finally, allocating the specialty of mental health nursing during the period of study and intensive training in psychiatric hospitals and providing all types of support and training.
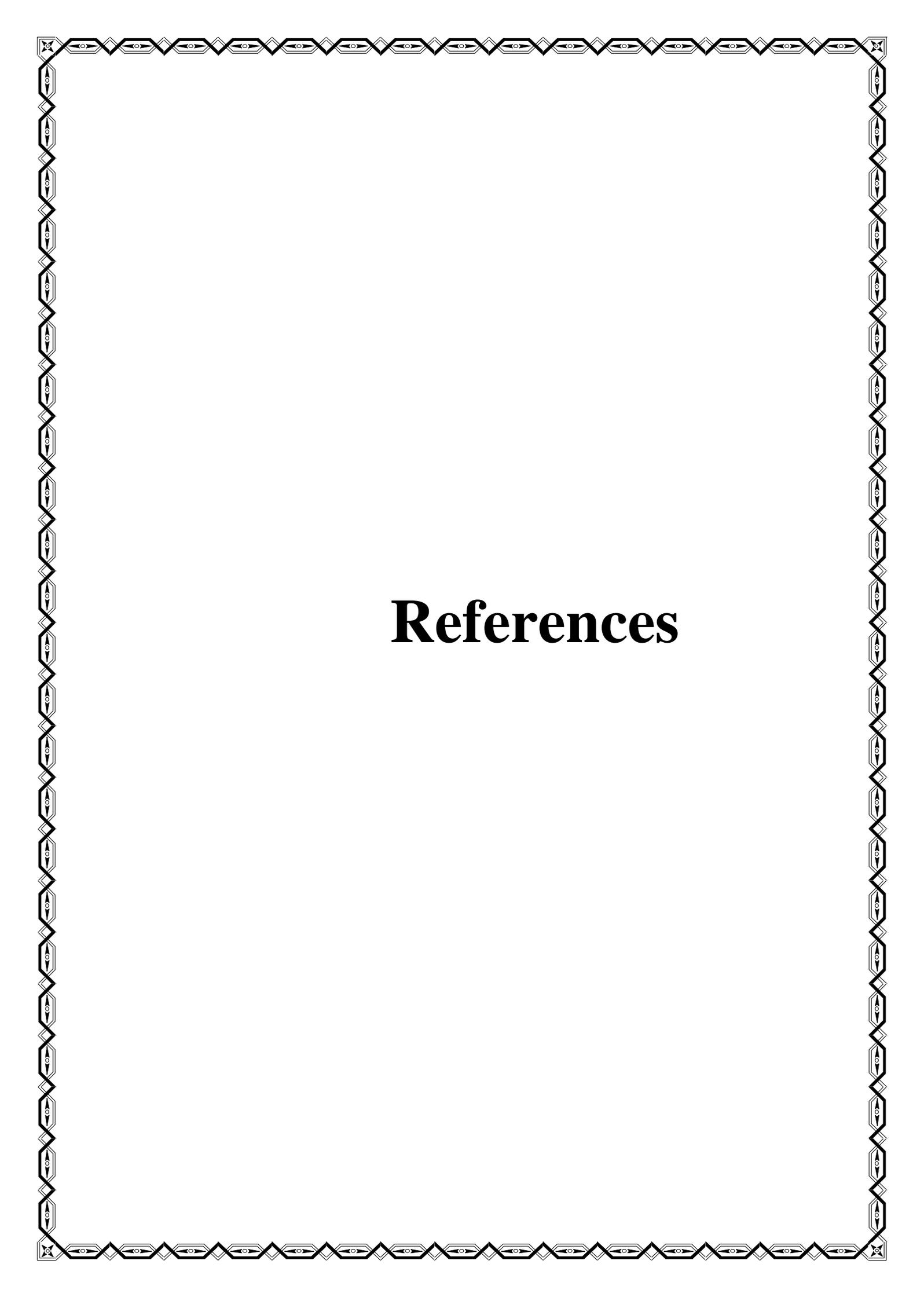
References

القرآن الكريم: الآيات (٨،٧، ٩) من سورة الغاشية.

Abdullah, M., & Abbas, I. (2015). Assessment of job stress for nurses in psychiatric hospitals at Baghdad city. *Kufa Journal for Nursing Sciences*, 5(1), 206–212.

Abella, J. (2022). Determinants of Nurses Job Satisfaction and Quality of Nursing Care among Nurses in Private Hospital Setting. *Journal of Patient Safety \& Quality Improvement*, 10(1), 25–33.

Akbari, M., Bagheri, A., Fathollahi, A., & Darvish, M. (2020). Job satisfaction among nurses in Iran: does gender matter? *Journal of Multidisciplinary Healthcare,* 71–78.

Aksom, H. (2021). Deinstitutionalization revisited. *International Journal of Organizational Analysis.*

Al Hilfi, T. K., Lafta, R., & Burnham, G. (2013). Health services in Iraq. The Lancet, 381(9870), 939–948.

Alabbad, S. (2021). Does Distributed Leadership Lead to Greater Teacher Job Satisfaction? An Examination of The Effects of Distributed Leadership on Secondary Teachers Job Satisfaction in the Eastern Province of Saudi Arabia.

Alamri, M. (2021). Perceived evidence-based practice competency among Saudi nurse managers. *Saudi Journal for Health Sciences*, 10(1), 55.

Al-Enezi, N., Chowdhury, R. I., Shah, M. A., & Al-Otabi, M. (2009). Job satisfaction of nurses with multicultural backgrounds: a questionnaire survey in Kuwait. *Applied Nursing Research*, 22(2), 94–100. https://doi.org/10.1016/j.apnr.2007.05.005

Alhasnawi, S., Sadik, S., Rasheed, M., Baban, A., Al-Alak, M. M., Othman, A. Y., Othman, Y., Ismet, N., Shawani, O., Murthy, S., Aljadiry, M., Chatterji, S., Al-Gasseer, N., Streel, E., Naidoo, N., Mahomoud Ali, M., Gruber, M. J., Petukhova, M., Sampson, N. A., … Iraq Mental Health Survey Study Group. (2009). The prevalence and correlates of DSM-IV disorders in the Iraq Mental Health Survey (IMHS). World Psychiatry : *Official Journal of the World Psychiatric Association(WPA)*,8(2),97–109. http://www.ncbi.nlm.nih.gov/pubmed

/19516934%0Ahttp://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=PMC2694515

Al-Hawdrawi, H. H., AL-Fayyadh, S., Diener, E., Bakey, S., Wright, V., & Alobaidi, W. (2017). The lived experience of iraqi nurses who live and work in communities impacted by war or terrorist threat. *Research Journal of Pharmacy and Technology*, 10(7), 2058–2062.

Aljuaid, H. H. (2022). The Relationship Between Extended Work Hours and Stress Among Nurses in Saudi Military Hospitals. *Barry University.*

Alkorashy, H., & Alanazi, M. (2023). Personal and Job-Related Factors Influencing the Work Engagement of Hospital Nurses: A Cross-Sectional Study from Saudi Arabia. *Healthcare,* 11(4), 572.

Almansour, H. (2017). The association between nationality, job satisfaction and intention to leave among nurses in Saudi Arabian government hospitals. *University of Southampton.*

Al-Mosawi, A. J. (2023). The second case of Bardet-Biedl syndrome from Iraq: An educational article and expert opinion. *Neurons and Neurological Disorders,* 2(1).

Al-Omari, H., Abu Khait, A., Al-Modallal, H., Al-Awabdeh, E., & Hamaideh, S. (2019). Workplace violence against nurses working in psychiatric hospitals in Jordan. *Archives of Psychiatric Nursing*, 33(5), 58–62. https://doi.org/10.1016/j.apnu.2019.08.002

Alqahatani, J. S., & Zeilani, R. S. (2019). Work related stress and job performance of scrub nurses in the operating room of selected governmental hospitals in Saudi Arabia. *Int J Novel Res Healthc Nurs,* 6, 139–155.

Amin, M. N., & Ahmad, M. (2021). A Study On Assessment Of Stress And Its Management In Hospital Employess.

Barbosa, G. C., & Papini, S. J. (2021). Satisfaction and burden in mental health professionals' performance. 25(3), 1–7.

Barker, P. (2003). The Tidal Model: Psychiatric colonization, recovery and the paradigm shift in mental health care. *International Journal of Mental Health Nursing,* 12(2), 96–102.

Barker, P. (2017). Psychiatric and mental health nursing: *The craft of caring. CRC Press.*

Barker, P., & Buchanan-Barker, P. (2010). The tidal model of mental health recovery and reclamation: *application in acute care settings. Issues in Mental Health Nursing,* 31(3), 171–180.

Bartholomew, T. T., Joy, E. E., Kang, E., & Brown, J. (2021). A choir or cacophony? Sample sizes and quality of conveying participants voices in phenomenological research. *Methodological Innovations,* 14(2), 201.

Bates, R., & Memel, J. G. (2021). Florence Nightingale and Responsibility for Healthcare in the Home. *European Journal for the History of Medicine and Health*, 1(aop), 1–26.

Baum, A., & Kagan, I. (2015). Job Satisfaction and Intent to Leave Among Psychiatric Nurses: Closed Versus Open Wards. *Archives of PsychiatricNursing*,29(4),213–216. https://doi.org/10.1016/j.apnu.2015 .03.004.

Bdair, I. A., & Alshloul, M. N. (2021). Job satisfaction among nurses in Saudi Arabia. *International Journal of Advances in Nursing Management,* 9(2), 204–210.

Bilge, A., & Palabiyik, O. (2017). The effect of short films about mental health and disorders on preventing stigmatization in nursing education. *Archives of Psychiatric Nursing*, 31(1), 88–92.

Bladon, H. (2017). Out of the shadows: de-medicalising mental health nursing.*MentalHealthPractice,*20(9),15–20. https://doi.org/10.7748/mhp.2017.e1187

Bolton, P. (2013). Mental health in Iraq: issues and challenges. *The Lancet*, 381(9870), 879–881.

Breland, N. K. (2019). Mental Health Nurses' Perceptions of Empowerment and Job Satisfaction: A Quantitative Perspective. *Faculty of Nursing University of Manitoba Winnipeg*.

Brigić, A., Hasanović, M., Pajević, I., Aljukić, N., Hamidović, J., & Jakovljević, M. (2021). Principles of Hippocratic Medicine from the Perspective of Modern Medicine. *Psychiatria Danubina*, 33(suppl 4), 1210–1217.

Butterfield, L. H. (2019). Letters of Benjamin Rush: Volume II: 1793-1813 (Vol. 2). *Princeton University Press.*

Buus, N., Clifford, B., Isobel, S., King, L., Wong, S., & McCloughen, A. (2020). Exploring the role of mental health nurses in a successful mental health system. Sydney: *Australian National Mental Health Commission.*

Campbell, L. A., Harmon, M. J., Joyce, B. L., & Little, S. H. (2020). Quad Council Coalition community/public health nursing competencies: Building consensus through collaboration. *Public Health Nursing,* 37(1), 96–112.

Charalambous, G., Xenikakis, N., Skitsou, A., Biskanaki, E., & Konstantakopoulou, O. (2018). Job Satisfaction of Mental Health Workers in Psych social Rehabilitation Centres in a Rural Area of Greece. *International Journal of Caring Sciences*, 11(3), 1438–1449. http://search.ebscohost.com/login.aspx?direct=true&db=c8h&AN=134112499&site=ehost-live

Chemali, Z., Ezzeddine, F. L., Gelaye, B., Dossett, M. L., Salameh, J., Bizri, M., Dubale, B., & Fricchione, G. (2019). Burnout among healthcare providers in the complex environment of the Middle East: a systematic review. *BMC Public Health*, 19(1), 1–21.

Chen, W.-C., Hwu, H.-G., Kung, S.-M., Chiu, H.-J., & Wang, J.-D. (2008). Prevalence and determinants of workplace violence of health care workers in a psychiatric hospital in Taiwan. *Journal of Occupational Health*, 50(3), 288–293.

Chiao, L.-H., Wu, C.-F., Tzeng, I., Teng, A.-N., Liao, R.-W., Yu, L. Y., Huang, C. M., Pan, W.-H., Chen, C.-Y., Su, T.-T., & others. (2021). Exploring factors influencing the retention of nurses in a religious hospital in Taiwan: a cross-sectional quantitative study. *BMC Nursing,* 20(1), 1–8.

Child, R. J., & Mentes, J. C. (2010). Aggression against women: The phenomenon of workplace aggression against nurses. *Issues in Mental Health Nursing,* 31(2), 89–95.

Clark, V. L. P., & Ivankova, N. V. (2015). Mixed methods research: A guide to the field (Vol. 3). *Sage publications.*

Coneo, A. M. C., Thompson, A. R., Parker, K., & Harrison, G. (2020). The outcome of a training programme (RESPECT) on staffs attitudes towards causes and management of aggression in a Regional Referral Hospital of northern Uganda. *Journal of Psychiatric and Mental Health Nursing*, 27(1), 25–40.

Creswell, J. W., & Clark, V. L. P. (2017). Designing and conducting mixed methods research. *Sage publications*.

Crocq, M.-A. (2022). A history of anxiety: from Hippocrates to DSM. *Dialogues in Clinical Neuroscience*.

Dal Bosco, E. B., Floriano, L. S. M., Rangel, A. G. S. S., Ribas, M. C., Cavalheiro, A. P. G., Silva, C. L. da, & Cabral, L. P. A. (2021). Coping in mental health during social isolation: *analysis in light of Hildegard Peplau. Revista Brasileira de Enfermagem*, 75.

Daniel, V., & Daniel, K. (2020). Perception of Nurses' Work in Psychiatric Clinic. *Clinical Medicine Insights*, 1(July 2020), 27–33. https://doi.org/10.52845/cmi/2020v1i1a5

De Simone, S., Planta, A., & Cicotto, G. (2018). The role of job satisfaction, work engagement, self-efficacy and agentic capacities on nurses' turnover intention and patient satisfaction. *Applied Nursing Research*, 39, 130–140.

DeCuir-Gunby, J. T., & Schutz, P. A. (2016). Developing a mixed methods proposal: *A practical guide for beginning researchers* (Vol. 5). Sage Publications.

Denise F. Polit, C. T. B. (2018). Essentials of nursing research : appraising evidence for nursing practice. In Wolters Kluwer (Ninth edit, Vol. 59). *Wolters Kluwer Health*. https://lccn.loc.gov/2016043994

Denzin, N. K. (2017). The research act: A theoretical introduction to sociological methods. Routledge.

Dexter, E., & Vitacco, M. J. (2020). Strategies for assessing and preventing inpatient violence in forensic hospitals: *A call for specificity. European Psychologist*.

Dey, M., & Jorm, A. F. (2017). Social determinants of mental health service utilization in Switzerland. *International Journal of Public Health,* 62(1), 85–93.

Dilks, S. "Tari." (2020). Making the Leap to Practice. Journal of the American *Psychiatric Nurses Association*, 26(1), 120–121.

Dondanville, K. A., Borah, E. V, Bottera, A. R., & Molino, A. T. (2018). Reducing stigma in PTSD treatment seeking among service members: Pilot intervention for military leaders. *Best Practices in Mental Health*, 14(1),15–26. https://www.ingentaconnect.com/content/follmer/bpmh/ 2018/00000014/00000001/art00004.

Dy, A., & Agwunobi, A. J. (2018). Intersectionality and mixed methods for social context in entrepreneurship. International Journal of Entrepreneurial Behavior & Research.

Dylla, F., Lee, J. H., Mossakowski, T., Schneider, T., Delden, A. Van, Ven, J. Van De, & Wolter, D. (2017). A survey of qualitative spatial and temporal calculi: *algebraic and computational properties. ACM Computing Surveys* (CSUR), 50(1), 1–39.

Eaton, J. (2019). Human rights-based approaches to mental health legislation and global mental health. *BJPsych International*, 16(2), 37–40.

Eiroa-Orosa, F. J. (2023). Citizenship as mental health. A study protocol for a randomised trial of awareness interventions for mental health professionals. *Journal of Public Mental Health*.

Eldal, K., Natvik, E., Veseth, M., Davidson, L., Skj lberg, se, Gytri, D., & Moltu, C. (2019). Being recognised as a whole person: A qualitative study of inpatient experience in mental health. *Issues in Mental Health Nursing,* 40(2), 88–96.

Elliason, E. K. (2019). Relationships among Occupational Stress, Social Relationships at the Workplace, and Psychological Wellbeing of Nurses and Midwives in the Catholic Health Service of the Western Region of Ghana. *Commitment,* 9, 10.

Faremi, F. A., Olatubi, M. I., Adeniyi, K. G., & Salau, O. R. (2019). Assessment of occupational related stress among nurses in two

selected hospitals in a city southwestern Nigeria. *International Journal of Africa Nursing Sciences,* 10, 68–73.

Fetters, M. D. (2019). The mixed methods research workbook: Activities for designing, implementing, and publishing projects (Vol. 7). Sage Publications.

Flaskerud, J. H. (2018). Stigma and psychiatric/mental health nursing. *Issues in Mental Health Nursing,* 39(2), 188–191.

Fleury, M.-J., Grenier, G., & Bamvita, J.-M. (2017). Job satisfaction among mental healthcare professionals: The respective contributions of professional characteristics, team attributes, team processes, and team emergent states. *SAGE Open Medicine,* 5, 205031211774522. https://doi.org/10.1177/2050312117745222

Fourie, W. J., McDonald, S., Connor, J., & Bartlett, S. (2005). The role of the registered nurse in an acute mental health inpatient setting in New Zealand: Perceptions versus reality. *International Journal of Mental Health Nursing*, 14(2), 134–141.

Gabrielsson, S., S venstedt, S., & Olsson, M. (2016). Taking personal responsibility: Nurses' and assistant nurses' experiences of good nursing practice in psychiatric inpatient care. *International Journal of Mental Health Nursing*, 25(5), 434–443.

Gabrielsson, S., Salberg, J., & Bckstrm, J. (2021). Zombies Wanted! Descriptions of Nurses in Psychiatric-Mental Health Care in Swedish Recruitment Advertisements. *Issues in Mental Health Nursing*, 42(10), 899–908.

Garcia, A. P. R. F., Freitas, M. I. P. de, Lamas, J. L. T., & Toledo, V. P. (2017). Nursing process in mental health: an integrative literature review. *Revista Brasileira de Enfermagem*, 70, 220–230.

Golbasi, Z., Kelleci, M., & Dogan, S. (2008). Relationships between coping strategies, individual characteristics and job satisfaction in a sample of hospital nurses: cross-sectional questionnaire survey. *International Journal of Nursing Studies*, 45(12), 1800–1806.

Gottlieb, L. N., Gottlieb, B., & Bitzas, V. (2021). Creating empowering conditions for nurses with workplace autonomy and agency: how healthcare leaders could be guided by strengths-based nursing and

healthcare leadership (SBNH-L). *Journal of Healthcare Leadership*, 169–181.

Gough, H. (2016). Hidden Talents: Mental Health Professionals Explore Their Lived Experiences of Mental Health Challenges in the Workplace: *An Interpretative Phenomenological Analysis. Candidate*: III(2), 2016.

Grant, A., Leigh Phippard, H., & Short, N. P. (2015). Re storying narrative identity: a dialogical study of mental health recovery and survival. *Journal of Psychiatric and Mental Health Nursing*, 22(4), 278–286.

Guest, G., Namey, E., & Chen, M. (2020). A simple method to assess and report thematic saturation in qualitative research. PloS One, 15(5), e0232076.

Hagen, J., Knizek, B. L., & Hjelmeland, H. (2017). Mental health nurses' experiences of caring for suicidal patients in psychiatric wards: an emotional endeavor. *Archives of Psychiatric Nursing,* 31(1), 31–37.

Hamad Al-Qahtani, A., Stirling, B., & Forgrave, D. (2020). The impact of job satisfaction on nurses work lives: *A literature review. QScience Connect,* 2020(1), 1.

Hamilton, A. B., & Finley, E. P. (2019). Qualitative methods in implementation research: an introduction. *Psychiatry Research*, 280, 112516.

Happell, B., Platania-Phung, C., Bocking, J., Scholz, B., Horgan, A., Manning, F., Doody, R., Hals, E., Granerud, A., & Lahti, M. (2018). Nursing students attitudes towards people diagnosed with mental illness and mental health nursing: *An international project from Europe and Australia. Issues in Mental Health Nursing,* 39(10), 829–839.

Hasan, A. A., Elsayed, S., & Tumah, H. (2018). Occupational stress, coping strategies, and psychological-related outcomes of nurses working in psychiatric hospitals. *Perspectives in Psychiatric Care,* 54(4), 514–522.

Hayes, B., Douglas, C., & Bonner, A. (2015). Work environment, job satisfaction, stress and burnout among haemodialysis nurses. *Journal of Nursing Management*, 23(5), 588–598.

He, J., & Zhu, Y. (2021). Experience of Workplace Violence among Psychiatric Nurses: *A descriptive literature review. Thesis.* https://www.diva-portal.org/smash/get/diva2:1580666/FULLTEXT01. pdf

Holmberg, C. (2019). Conducting Mixed-Methods Research in the Mental Health Care Setting: A Study Exploring Job Satisfaction Among Nursing Personnel. Conducting Mixed-Methods Research in the Mental Health Care Setting: A Study Exploring Job Satisfaction Among Nursing Personnel. https://doi.org/10.4135/9781526479921

Holmberg, C., Caro, J., & Sobis, I. (2018). Job satisfaction among Swedish mental health nursing personnel: Revisiting the two-factor theory. *International Journal of Mental Health Nursing*, 27(2), 581–592.

Hosseinabadi, M. B., Etemadinezhad, S., Ahmadi, O., Gholinia, H., Galeshi, M., & Samaei, S. E. (2018). Evaluating the relationship between job stress and job satisfaction among female hospital nurses in Babol: An application of structural equation modeling. *Health Promotion Perspectives*, 8(2), 102.

Hwang, B., Choi, H., Kim, S., Kim, S., Ko, H., & Kim, J. (2018). Facilitating student learning with critical reflective journaling in psychiatric mental health nursing clinical education: A qualitative study. *Nurse Education Today,* 69, 159–164.

Iliopoulou, K. K., & While, A. E. (2010). Professional autonomy and job satisfaction: survey of critical care nurses in mainland Greece. *Journal of Advanced Nursing,* 66(11), 2520–2531.

Iskander, J. K., & Crosby, A. E. (2021). Implementing the national suicide prevention strategy: Time for action to flatten the curve. *Preventive Medicine,* 152, 106734.

Issa, I. A., & Mohammed, Q. Q. (2021). Work-related stress of Nurses working in General and Psychiatric Wards at Teaching Hospitals in Baghdad City: Comparative Study. *Nveo-Natural Volatiles & Essential Oils Journal*/ NVEO, 8968–8981.

Jang, S. J., Son, Y. J., & Lee, H. (2022). Prevalence, associated factors and adverse outcomes of workplace violence towards nurses in psychiatric settings: A systematic review. *International Journal of Mental Health Nursing,* 31(3), 450–468.

Jansen, T.-L., Hem, M. H., Dambolt, L. J., & Hanssen, I. (2020). Moral distress in acute psychiatric nursing: Multifaceted dilemmas and demands. *Nursing Ethics,* 27(5), 1315–1326.

Jiang, F., Zhou, H., Rakofsky, J., Hu, L., Liu, T., Wu, S., Liu, H., Liu, Y., & Tang, Y. (2019). Intention to leave and associated factors among psychiatric nurses in China: a nationwide cross-sectional study. *International Journal of Nursing Studies*, 94, 159–165.

Johnson, W. G., Butler, R., Harootunian, G., Wilson, B., & Linan, M. (2016). Registered nurses: The curious case of a persistent shortage. *Journal of Nursing Scholarship*, 48(4), 387–396.

Johnston, I., Price, O., McPherson, P., Armitage, C. J., Brooks, H., Bee, P., Lovell, K., & Brooks, C. P. (2022). De-escalation of conflict in forensic mental health inpatient settings: a Theoretical Domains Framework-informed qualitative investigation of staff and patient perspectives. *BMC Psychology*, 10(1), 1–17.

Joiner, T. E., Buchman-Schmitt, J. M., Chu, C., & Hom, M. A. (2017). A sociobiological extension of the interpersonal theory of suicide.

Joubert, P. D., & Bhagwan, R. (2018). An empirical study of the challenging roles of psychiatric nurses at in-patient psychiatric facilities and its implications for nursing education. *International Journal of Africa Nursing Sciences*, 9, 49–56.

Jourdain, G., & Chnevert, D. (2010). Job demandsresources, burnout and intention to leave the nursing profession: A questionnaire survey. *International Journal of Nursing Studies,* 47(6), 709–722.

Kagwe, J., Jones, S., & Johnson, S. L. (2019). Factors related to intention to leave and job satisfaction among registered nurses at a large psychiatric hospital. *Issues in Mental Health Nursing,* 40(9), 754–759.

Kallmeyer, L., & Maier, W. (2013). Data-driven parsing using probabilistic linear context-free rewriting systems. Computational Linguistics, 39(1), 87-119.

Keisu, N. M. (2023). The nurse's experience of the caring relationship within round-the-clock psychiatric care: *A general review of the literature.*

Kekeya, J. (2021). Qualitative case study research design: The commonalities and differences between collective, intrinsic and instrumental case studies. *Contemporary PNG Studies*, 36, 28–37.

Khait, A. A., Hamaideh, S. H., Aldalaykeh, M., ALhamdan, A., & Lazenby, M. (2022). Psychiatric nurses' experiences and the emotional and psychological sequelae after being psychologically or physically assaulted in psychiatric units: A phenomenological study. *Archives of Psychiatric Nursing,* 40, 115–123.

Khankeh, H., Khorasani-Zavareh, D., Hoseini, S.-A., Khodai-Ardekandi, M.-R., Ekman, S.-L., Bohm, K., Nakhaie, M., Ranjbar, M., & Castrn, M. (2014). The journey between ideal and real: Experiences of beginners psychiatric nurses. *Iranian Journal of Nursing and Midwifery Research*, 19(4), 396.

Kibunja, B. K., Musembi, H. M., Kimani, R. W., & Gatimu, S. M. (2021). Prevalence and Effect of Workplace Violence against Emergency Nurses at a Tertiary Hospital in Kenya: A Cross-Sectional Study. Safety and Health at Work, 12(2), 249–254. https://doi.org/10.1016/j.shaw.2021.01.005

Kim, Y., Oh, Y., Lee, E., & Kim, S.-J. (2022). Impact of nurse, physician collaboration, moral distress, and professional autonomy on job satisfaction among nurses acting as physician assistants. International *Journal of Environmental Research and Public Health,* 19(2), 661.

Konstantinos, N. (2008). Factors influencing stress and job satisfaction of nurses working in psychiatric units: a research review. *Health Science Journal,* 2(4), 0.

Konttila, J., Pesonen, H. M., & Kyng s, H. (2018). Violence committed against nursing staff by patients in psychiatric outpatient settings. *International Journal of Mental Health Nursing,* 27(6), 1592–1605.

Kouchek, M., Mohammadi, R., & Asghari, A. (2022). Relationship between Occupational Stress and Quality of Life in Intensive Care Unit Nurses in Selected Naval Hospitals. *Journal of Marine Medicine*, 4(4), 223–230.

Kozier, B. (2014). Fundamentals of nursing: concepts, process and practice. *pearson education*.

Kumar, R. (2020). Essentials of Psychiatry and Mental Health Nursing. *Elsevier India*.

Kunst, E. L., Mitchell, M., & Johnston, A. N. B. (2017). Using simulation to improve the capability of undergraduate nursing students in mental health care. *Nurse Education Today*, 50, 29–35.

Lakeman, R., & Hurley, J. (2021). What mental health nurses have to say about themselves: A discourse analysis. *International Journal of Mental Health Nursing,* 30(1), 126–135.

Lakeman, R., & Molloy, L. (2018). Rise of the zombie institution, the failure of mental health nursing leadership, and mental health nursing as a zombie category. *International Journal of Mental Health Nursing,* 27(3), 1009–1014.

Larkin, T. J. (2017). The Lived Experience of Graduates Who Studied Nursing in the Context of a Nursing Academic-Practice Partnership.

Lasebikan, O. A., Ede, O., Lasebikan, N. N., Anyaehie, U. E., Oguzie, G. C., & Chukwujindu, E. D. (2020). Job satisfaction among health professionals in a federal tertiary hospital in Nigeria. *Nigerian Journal of Clinical Practice,* 23(3), 371–375.

Lee, J.-H., Hwang, J., & Lee, K.-S. (2019). Job satisfaction and job-related stress among nurses: The moderating effect of mindfulness. *Work*, 62(1), 87–95.

Lee, S. E., & Scott, L. D. (2018). Hospital nurses work environment characteristics and patient safety outcomes: A literature review. *Western Journal of Nursing Research,* 40(1), 121–145.

Lemon, L. L., & Hayes, J. (2020). Enhancing trustworthiness of qualitative findings: Using Leximancer for qualitative data analysis triangulation. *The Qualitative Report,* 25(3), 604–614.

Liu, J., Gan, Y., Jiang, H., Li, L., Dwyer, R., Lu, K., Yan, S., Sampson, O., Xu, H., & Wang, C. (2019). Prevalence of workplace violence against healthcare workers: a systematic review and meta-analysis. *Occupational and Environmental Medicine,* 76(12), 927–937.

Loan, L. (2020). The influence of organizational commitment on employees job performance: The mediating role of job satisfaction. *Management Science Letters,* 10(14), 3307–3312.

Lopez Lopez, I. M. a, G mez Urquiza, J. L., Ca adas, G. R. l, De la Fuente, E. I., Albend n Garc a, L., & Ca adas De la Fuente, G. A. (2019). Prevalence of burnout in mental health nurses and related factors: a systematic review and meta-analysis. *International Journal of Mental Health Nursing,* 28(5), 1035–1044.

MacKinney, C. (2021). Characteristics and Challenges of Rural Ambulance Agencies--A Brief Review and Policy Considerations.

Maguire, J. (2021). Mechanisms of Psychiatric Comorbidities in Epilepsy. In Psychiatric and Behavioral Aspects of Epilepsy: Current Perspectives and Mechanisms (pp. 107–144). Springer.

Mahoney, D. E., & Green, A. L. (2020). Psychosurgery: history of the neurosurgical management of psychiatric disorders. *World Neurosurgery*, 137, 327–334.

Majerus, B. (2019). A chemical revolution as seen from below: the discovery of neuroleptics in 1950s Paris. *Social History of Medicine*, 32(2), 395–413.

Maquibar, A., Rom n, scar, Fraile-Berm dez, A. B., & Estalella, I. (2022). Achievements and challenges in baccalaureate student nurses' preparation for evidence-based nursing practice: A mixed methods study. *Journal of Professional Nursing,* 40, 89–95.

McAllister, S., & McCrae, N. (2017). The therapeutic role of mental health nurses in psychiatric intensive care: A mixed-methods investigation in an inner-city mental health service. *Journal of Psychiatric and Mental Health Nursing*, 24(7), 491–502.

McConlogue, L. (2014). The lived experience of nursing students during their psychiatric nursing education: Does it influence view of psychiatric nursing as a career choice? Lived Experience of Nursing

Students During Their Psychiatric Nursing Education: Does It Influenceview of Psychiatric Nursing As a Career Choice?, 103 p-NaN.

McCrudden, M. T., Marchand, G., & Schutz, P. A. (2021). Joint displays for mixed methods research in psychology. *Methods in Psychology*, 5, 100067.

Middleton, J., Cunsolo, A., Jones-Bitton, A., Wright, C. J., & Harper, S. L. (2020). Indigenous mental health in a changing climate: a systematic scoping review of the global literature. *Environmental Research Letters*, 15(5), 53001.

Mohamed, E. H., & Kareem, Ali Juboori, K. A.-. (2010). Job Satisfaction Among Nurses' in Baghdad Psychiatric Hospitals. *Journal of the College of Basic Education*, 64.

Molin, J., Lindgren, B. M., Graneheim, U. H. llgren, & Ringnr, A. (2018). Time Together: A nursing intervention in psychiatric inpatient care: Feasibility and effects. *International Journal of Mental Health Nursing*, 27(6), 1698–1708.

Moreno-Poyato, A. R., Montes -Curto, P., Delgado-Hito, P., Su rez-Prez, R., Ace a-Dom nguez, R., Carreras-Salvador, R., Leyva-Moral, J. M., Lluch-Canut, T., & Rold n-Merino, J. F. (2016). The therapeutic relationship in inpatient psychiatric care: A narrative review of the perspective of nurses and patients. *Archives of Psychiatric Nursing,* 30(6), 782–787.

Muathen, S. H. (2022). Stress Factors and Coping Mechanisms in Health Social Workers' Workplaces: an Exploratory Study in Saudi Arabian Western Provence Hospitals.

Muir Cochrane, E., O'Kane, D., & Oster, C. (2018). Fear and blame in mental health nurses accounts of restrictive practices: Implications for the elimination of seclusion and restraint. *International Journal of Mental Health Nursing,* 27(5), 1511–1521.

Nagel, E. (2020). Methodological issues in psychoanalytic theory. In Psychoanalysis Scientific Method and Philosophy (pp. 38–56). Routledge.

Nasurdin, A. M., Tan, C. L., & Khan, S. N. (2020). The impact of social support on nurses motivation: a cross-sectional study in Malaysia. *Asia Pacific Journal of Public Health,* 32(8), 430–435.

Natan, M. Ben, Drori, T., & Hochman, O. (2015). Associative stigma related to psychiatric nursing within the nursing profession. *Archives of Psychiatric Nursing*, 29(6), 388–392.

Nelson, J. W., Hozak, M. A., Albu, A., & Thiel, L. (2015). Nurse job satisfaction research: *A literature review*, 2006--2011.

Niu, S.-F., Kuo, S.-F., Tsai, H.-T., Kao, C.-C., Traynor, V., & Chou, K.-R. (2019). Prevalence of workplace violent episodes experienced by nurses in acute psychiatric settings. *PLOS ONE*, 14(1), e0211183. https://doi.org/10.1371/journal.pone.0211183

Noble, H., & Heale, R. (2019). Triangulation in research, with examples. In Evidence-based nursing (Vol. 22, Issue 3, pp. 67–68). *Royal College of Nursing.*

Nugteren, W., van der Zalm, Y., Hafsteinsd ttir, T. ra B., van der Venne, C., Kool, N., & van Meijel, B. (2016). Experiences of patients in acute and closed psychiatric wards: A systematic review. *Perspectives in Psychiatric Care.*

Oates, J., Drey, N., & Jones, J. (2017). Your experiences were your tools. How personal experience of mental health problems informs mental health nursing practice. *Journal of Psychiatric and Mental Health Nursing,* 24(7), 471–479.

Obaid, H. M. (2021). Attitudes and Experiences of Nurses Toward Working in Emergency Departments at Babylon Teaching Hospitals. *Dissertation.*

Ong, H. L., Seow, E., Chua, B. Y., Xie, H., Wang, J., Lau, Y. W., Chong, S. A., & Subramaniam, M. (2017). Why is psychiatric nursing not the preferred option for nursing students: A cross-sectional study examining pre-nursing and nursing school factors. *Nurse Education Today,* 52, 95–102.

Organization, W. H. (2014). Process of translation and adaptation of instruments.Http://Www.Who. Int/Substance_abuse/Research_tools/ Translation/En/.

Organization, W. H. (2021). *WHO Policy on disability*.

Otaghi, M., Azadi, A., Sayehmiri, K., & Nikeghbal, N. (2023). Relationship between Mental Health, Life Satisfaction, and Job Satisfaction of Nurses. *Romanian Journal of Military Medicine,* 126(2), 185–191. https://doi.org/10.55453/rjmm.2023.126.2.9

Parse, R. R. (2015). Rosemarie Rizzo Parses humanbecoming paradigm. *Nursing Theories and Nursing Practice*, 263–277.

Payne, A., Koen, L., Niehaus, D. J. H. H., Smit, I.-M. M., Sciences, H., Town, C., & Koen, L. (2020). Burnout and job satisfaction of nursing staff in a South African acute mental health setting. *South African JournalofPsychiatry*,26(1),1–6. https://doi.org/10.4102/sajpsychiatry. v26i0.1454

Pekurinen, V., Willman, L., Virtanen, M., Kivimäki, M., Vahtera, J., & Välimäki, M. (2017). Patient aggression and the wellbeing of nurses: a cross-sectional survey study in psychiatric and non-psychiatric settings. *International Journal of Environmental Research and Public Health,* 14(10), 1245.

Penconek, T., Tate, K., Bernardes, A., Lee, S., Micaroni, S. P. M., Balsanelli, A. P., de Moura, A. A., & Cummings, G. G. (2021). Determinants of nurse manager job satisfaction: A systematic review. *International Journal of Nursing Studies,* 118, 103906.

Piat, M., Seida, K., & Padgett, D. (2019). Choice and personal recovery for people with serious mental illness living in supported housing. *Journal of Mental Health.*

Pietilä, P. (2019). Embrace the inevitable: a paradigm shift in history of psychiatry during the Decade of the Brain.

Polit, D. F., & Beck, C. T. (2014). Qualitative Research. In Essentials of Nursing Research: Appraising Evidence for Nursing Practice. 8th ed (pp. 265–300). *Wolters Kluwer Health, Philadelphia*.

Pollard, C. L., & Jakubec, S. L. (2022). Varcarolis's Canadian Psychiatric Mental Health Nursing-E-Book. Elsevier Health Sciences.

Qattan, A. (2017). The Effect of Work-Related Stress and Burnout on Nursing Performance and Job Satisfaction: a Study of Hospitals in

Saudi Arabia. September, 1–207. http://etheses.whiterose.ac.uk/20208/

Qi, W., Sheng, M., & Shi, Z. (2021). Professional identity and its work related factors among psychiatric nurses: A cross sectional study. Japan *Journal of Nursing Science*, 18(1), e12380.

Rabiu-Akewusola, T. (2021). Job satisfaction, work environment, job stress, and professional identity among psychiatric nurses. Dissertation Abstracts International: Section B: The Sciences and Engineering, 82(7-B),No-Specified. http://ovidsp.ovid.com/ovidweb.cgi?T=JS& PAGE=reference&D=psyc17&NEWS=N&AN=2021-27920-051

Rahmani, N., Mohammadi, E., & Fallahi-Khoshknab, M. (2021). Nurses' experiences of the causes of their lack of interest in working in psychiatric wards: a qualitative study. *BMC Nursing,* 20(1), 1–8. https://doi.org/10.1186/s12912-021-00766-1

Razokhi, A. H., Taha, I. K., Taib, N. I., Sadik, S., & Al Gasseer, N. (2006). Mental health of Iraqi children. *The Lancet,* 368(9538), 838–839.

Rispler, C., & Luria, G. (2021). Employee experience and perceptions of an organizational road-safety intervention--A mixed-methods study. *Safety Science,* 134, 105089.

Roczniewska, M., & Bakker, A. B. (2021). Burnout and self regulation failure: A diary study of self undermining and job crafting among nurses. *Journal of Advanced Nursing,* 77(8), 3424–3435.

Saber, D. A. (2014). Frontline registered nurse job satisfaction and predictors over three decades: A meta-analysis from 1980 to 2009. *Nursing Outlook*, 62(6), 402–414.

Sadik, S., & Al-Jadiry, A.-M. (2006). Mental health services in Iraq: past, present and future. *International Psychiatry,* 3(4), 11–13. https://doi.org/10.1192/S1749367600004951

Sadik, S., Bradley, M., Al-Hasoon, S., & Jenkins, R. (2010). Public perception of mental health in Iraq. *International Journal of Mental Health Systems*, 4(1), 1–11.

Saeed, M., & Al, H. (2014). Organisational Culture, Leadership Behaviour And Job Satisfaction Among Primary Health Care Professionals In Saudi Arabia: A Mixed-Methods Study. November.

Salberg, J. (2022). Towards evidence-based nursing in psychiatric inpatient care: Attitudes and experiences among patients and staff. *Acta Universitatis Upsaliensis.*

Salberg, J., B ckstr m, J., R ing, M., & Ster, C. (2019). Ways of understanding nursing in psychiatric inpatient care A phenomenographic study. *Journal of Nursing Management,* 27(8), 1826–1834.

Salzmann-Erikson, M. (2017). Using participatory action research to develop a working model that enhances psychiatric nurses professionalism: The architecture of stability. Administration and Policy in Mental Health and Mental Health Services Research, 44(6), 888–903.

Samari, E., Seow, E., Chua, B. Y., Ong, H. L., Lau, Y. W., Mahendran, R., Verma, S. K., Xie, H., Wang, J., & Chong, S. A. (2019). Attitudes towards psychiatry amongst medical and nursing students in Singapore. *BMC Medical Education,* 19(1), 1–9.

Sasso, L., Bagnasco, A., Catania, G., Zanini, M., Aleo, G., Watson, R., & Group, R. I. T. W. (2019). Push and pull factors of nurses' intention to leave. *Journal of Nursing Management,* 27(5), 946–954.

Scheydt, S., & Hegeds, A. (2021). Tasks and activities of Advanced Practice Nurses in the psychiatric and mental health care context: A systematic review and thematic analysis. *International Journal of Nursing Studies*, 118, 103759.

Schmalz, X., Porshnev, A., & Marinus, E. (2017). Two distinct parsing stages in nonword reading aloud: Evidence from Russian. Quarterly *Journal of Experimental Psychology,* 70(12), 2548–2559.

Schmid, M., Michaud, L., Bovio, N., & Guseva Canu, I. (2020). Prevalence of somatic and psychiatric morbidity across occupations in Switzerland and its correlation with suicide mortality: results from the Swiss National Cohort (1990--2014). *BMC Psychiatry,* 20(1), 1–13.

Sedlacek, B. J. (2017). Developing Psychiatric Nursing Competencies on an In-patient Hospital-based Psychiatric Unit. *Andrews University.*

Sharma, N., & Gupta, V. (2021). Therapeutic Communication.

Shea, L., & Frisch, N. (2016). Wilbers Integral Theory and Dosseys theory of integral nursing: An examination of two integral approaches in nursing scholarship. *Journal of Holistic Nursing,* 34(3), 244–252.

Siddiqui, T. (2020). Examining the Relationship between Employee Burnout and the Incidence of Seclusion/Restraint on a Psychiatric Inpatient Adult Unit. *The Chicago School of Professional Psychology.*

Sim, I. O., Ahn, K. M., & Hwang, E. J. (2020). Experiences of psychiatric nurses who care for patients with physical and psychological violence: A phenomenological study. *International Journal of Environmental Research and Public Health,* 17(14), 5159.

Singh, P., Bhardwaj, P., Sharma, S. K., & Agrawal, A. K. (2022). Psychological stress and job satisfaction in middle management executives: a test of job demand control support model. *International Journal of Human Factors and Ergonomics,* 9(4), 372–388.

Singhai, M., Dani, S., Hyde, A., & Patel, R. (2016). Job satisfaction: a review. Res. J. Manag. Sci, 5, 66–68.

Smith, M., & Parker, M. (2015). Choosing, Evaluating, and Implementing Nursing Theories for Practice. In Nursing Theories and Nursing Practice 4th Ed. (pp. 23–34). http://elib.fk.uwks.ac.id/asset/archieve/e-book /KEPERAWATAN/*Nursing Theories and Nursing Practice*.pdf

Smolander, N., Isokoski, A., & Kokko, R. (2021). Ethical Considerations and Evidence-Based practice. DigiNurse Model: A New Approach to Digital Coaching for Nursing Students.

Sobekwa, Zintle C, & Arunachallam, S. (2015). Experiences of nurses caring for mental health care users in an acute admission unit at a psychiatric hospital in the Western Cape Province. *Curationis,* 38(2), 1–9.

Sobekwa, Zintle Charles. (2012). Experiences of nurses caring for mental health care users in an acute admission unit at a psychiatric hospital. November.

Staudt, M. D., Herring, E. Z., Gao, K., Miller, J. P., & Sweet, J. A. (2019). Evolution in the treatment of psychiatric disorders: from psychosurgery to psychopharmacology to neuromodulation. *Frontiers in Neuroscience, 13, 108.*

Stevenson, K. N., Jack, S. M., O Mara, L., & LeGris, J. (2015). Registered nurses experiences of patient violence on acute care psychiatric inpatient units: an interpretive descriptive study. *BMC Nursing,* 14(1), 1–13.

Strickler, J., & Farmer, T. (2019). Dorothea Dix: Crusader for patients with mental illness. *Nursing2021,* 49(1), 49–51.

Stuart, G. W. (2014). Principles and practice of psychiatric nursing-e-book. *Elsevier Health Sciences.*

Sugiarti, E., Finatariani, E., & Rahman, Y. T. (2021). Earning Cultural Values as A Strategic Step to Improve Employee Performance. *Scientific Journal Of Reflection*: Economic, Accounting, Management and Business, 4(1), 221–230.

Takabayashi, A. (2017). Surviving the Lunacy Act of 1890: English psychiatrists and professional development during the early twentieth century. *Medical History,* 61(2), 246–269.

Tane, E. (2019). Burnout and Compassion in Acute Mental Health Wards. PQDT - Global, June, 263. https://search.proquest.com/dissertations-theses/burnout-compassion-acute-mental-health-wards/docview/247 1762519/se-2?accountid=39706%0Ahttps://eprints.lancs.ac.uk/id/eprint/136068/

Tashakkori, A., & Teddlie, C. (2021). Sage handbook of mixed methods in social & behavioral research. *SAGE publications*.

Thomas, B. J., Khalil, T., & AlDarwashi, R. J. (2022). Do Occupational Stress Affect Employee Performance? The Case of Middle East Organizations. *Eurasian Journal of Business and Management,* 10(4), 222–238.

Tice, M. M. (2021). Comparing student nurse experiences with developing psychiatric mental health nursing competencies in hospital and nursing homes: A mixed methods study. Dissertation Abstracts International: Section B: The Sciences and Engineering, 82(4-B), No Pagination Specified. https://ezproxy.flinders.edu.au/login?url=http:// ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=f ulltext&D=psyc17&AN=2020-86254-181%0Ahttp://flinders-primo. hosted.exlibrisgroup.com/openurl/61FUL/FUL_SERVICES_PAGE? sid=OVID:psycdb&id=doi:&issn=0419-4217

Tourangeau, A. E., McGillis Hall, L., Doran, D. M., & Petch, T. (2006). Measurement of nurse job satisfaction using the McCloskey/Mueller satisfaction scale. *Nursing Research,* 55(2), 128–136. https://doi.org/10.1097/00006199-200603000-00008

Townsend, M. C., & Morgan, K. I. (2017). Psychiatric mental health nursing: Concepts of care in evidence-based practice. *FA Davis.*

Traverse, M., Chong, J., & Sutherland, J. L. (2022). Nursing Student Experiences with the Mental Health Population: A Scoping Review of Qualitative and Quantitative Evidence. *Issues in Mental Health Nursing,* 43(6), 568–577.

Urheim, R., Palmstierna, T., Rypdal, K., Gjestad, R., Senneseth, M., & Mykletun, A. (2020). Violence rate dropped during a shift to individualized patient-oriented care in a high security forensic psychiatric ward. *BMC Psychiatry,* 20(1), 1–10.

Van Dam, A. (2021). A clinical perspective on burnout: diagnosis, classification, and treatment of clinical burnout. *European Journal of Work and Organizational Psychology*, 30(5), 732–741.

Vezmar, M., Colovic, O., Meskovic, D., Paunovic, M., & Dukanac, V. (2021). The importance of sociodemographic characteristics of psychotherapy patients in institutional conditions on the Balkan territory. *International Journal of Social Psychiatry,* 67(1), 15–21.

Waddell, C., Graham, J. M., Pachkowski, K., & Friesen, H. (2020). Battling associative stigma in psychiatric nursing. Issues in Mental Health Nursing, 41(8), 684–690.

Wafa'a, F., Alhurani, J., Alhalal, E., Al-Dwaikat, T. N., & Al-Faouri, I. (2020). Nursing empowerment: how job performance is affected by a structurally empowered work environment. JONA: *The Journal of Nursing Administration*, 50(12), 635–641.

Walton, J. B., Plano Clark, V. L., Foote, L. A., & Johnson, C. C. (2020). Navigating intersecting roads in a mixed methods case study: a dissertation journey. *Journal of Mixed Methods Research,* 14(4), 436–455.

Waltz, L. A., Muñoz, L., Weber Johnson, H., & Rodriguez, T. (2020). Exploring job satisfaction and workplace engagement in millennial nurses. *Journal of Nursing Management,* 28(3), 673–681.

Wanat, M., Hoste, M., Gobat, N., Anastasaki, M., B hmer, F., Chlabicz, S., Colliers, A., Farrell, K., Karkana, M.-N., & Kinsman, J. (2021). Transformation of primary care during the COVID-19 pandemic: experiences of healthcare professionals in eight European countries. *British Journal of General Practice,* 71(709), e634–e642.

Wang, Y., Lin, Y., Chen, J., Wang, C., Hu, R., & Wu, Y. (2020). Effects of Internet-based psycho-educational interventions on mental health and quality of life among cancer patients: a systematic review and meta-analysis. *Supportive Care in Cancer,* 28(6), 2541–2552.

Weber, A., & Jaekel-Reinhard, A. (2000). Burnout syndrome: a disease of modern societies? *Occupational Medicine*, 50(7).

Wildemuth, B. M. (2016). Applications of social research methods to questions in information and library science. Abc-Clio.

Williams, H. L., Costley, T., Bellury, L. M., & Moobed, J. (2018). Do health promotion behaviors affect levels of job satisfaction and job stress for nurses in an acute care hospital? JONA: *The Journal of Nursing Administration,* 48(6), 342–348.

Williamson, D., & Harris, C. (2019). Talent management and unions: The impact of the New Zealand hotel workers union on talent management in hotels (1950-1995). *International Journal of Contemporary Hospitality Management.*

Wong, W. K., & Bressington, D. T. (2022). Nurses' attitudes towards the use of physical restraint in psychiatric care: A systematic review of

qualitative and quantitative studies. *Journal of Psychiatric and Mental Health Nursing*, 29(5), 659–675.

Xiao, H., Carney, D. M., Youn, S. J., Janis, R. A., Castonguay, L. G., Hayes, J. A., & Locke, B. D. (2017). Are we in crisis? National mental health and treatment trends in college counseling centers. *Psychological Services,* 14(4), 407.

Yaden, D. B., Yaden, M. E., & Griffiths, R. R. (2021). Psychedelics in psychiatry keeping the renaissance from going off the rails. *JAMA Psychiatry,* 78(5), 469–470.

Yanchus, N. J., Periard, D., & Osatuke, K. (2017). Further examination of predictors of turnover intention among mental health professionals. Journal of Psychiatric and Mental Health Nursing, 24(1), 41–56.

Yang, J., Tang, S., & Zhou, W. (2018). Effect of mindfulness-based stress reduction therapy on work stress and mental health of psychiatric nurses. *Psychiatria Danubina,* 30(2), 189–196.

Yeh, W.-Y., Chiu, W.-C., Chen, R.-Y., Hu, P.-Y., & Tsai, D.-M. (2019). A preliminary evaluation of psychological stress amongst workers in Taiwan: a cross-sectional survey. *International Journal of Mental Health Systems*, 13(1), 1–17.

Younis, M. S., & Khunda, D. (2020). Maha Sulaiman Younis: A personal history of psychiatry in Iraq through war and conflict. *Global Psychiatry.*

Zaccagnini, M., & Pechacek, J. M. (2019). The doctor of nursing practice essentials: A new model for advanced practice nursing. *Jones \& Bartlett Learning.*

Zaki, R. A. (2016). Job Stress and Self- Efficacy among Psychiatric Nursing Working in Mental Health Hospitals at Cairo , Egypt. *Journal of Education and Practice,* 7(20), 103–113.

Zarea, K., Fereidooni-Moghadam, M., Baraz, S., & Tahery, N. (2018). Challenges encountered by nurses working in acute psychiatric wards: A qualitative study in Iran. *Issues in Mental Health Nursing*, 39(3), 244–250.

Zhang, Y.-P., Liu, W.-H., Yan, Y.-T., Porr, C., Zhang, Y., & Wei, H.-H. (2019). Psychometric testing of the evidence-based practice nursing

leadership scale and the work environment scale after cross-cultural adaptation in mainland China. *Evaluation & the Health Professions*, 42(3), 328–343.

Zheng, Z., Gangaram, P., Xie, H., Chua, S., Ong, S. B. C., & Koh, S. E. (2017). Job satisfaction and resilience in psychiatric nurses: A study at the Institute of Mental Health, Singapore. *International Journal of Mental Health Nursing,* 26(6), 612–619.

Zhou, H., Jiang, F., Rakofsky, J., Hu, L., Liu, T., Wu, S., Liu, H., Liu, Y., & Tang, Y. lang. (2019). Job satisfaction and associated factors among psychiatric nurses in tertiary psychiatric hospitals: Results from a nationwide cross-sectional study. *Journal of Advanced Nursing*, 75(12), 3619–3630. https://doi.org/10.1111/jan.14202
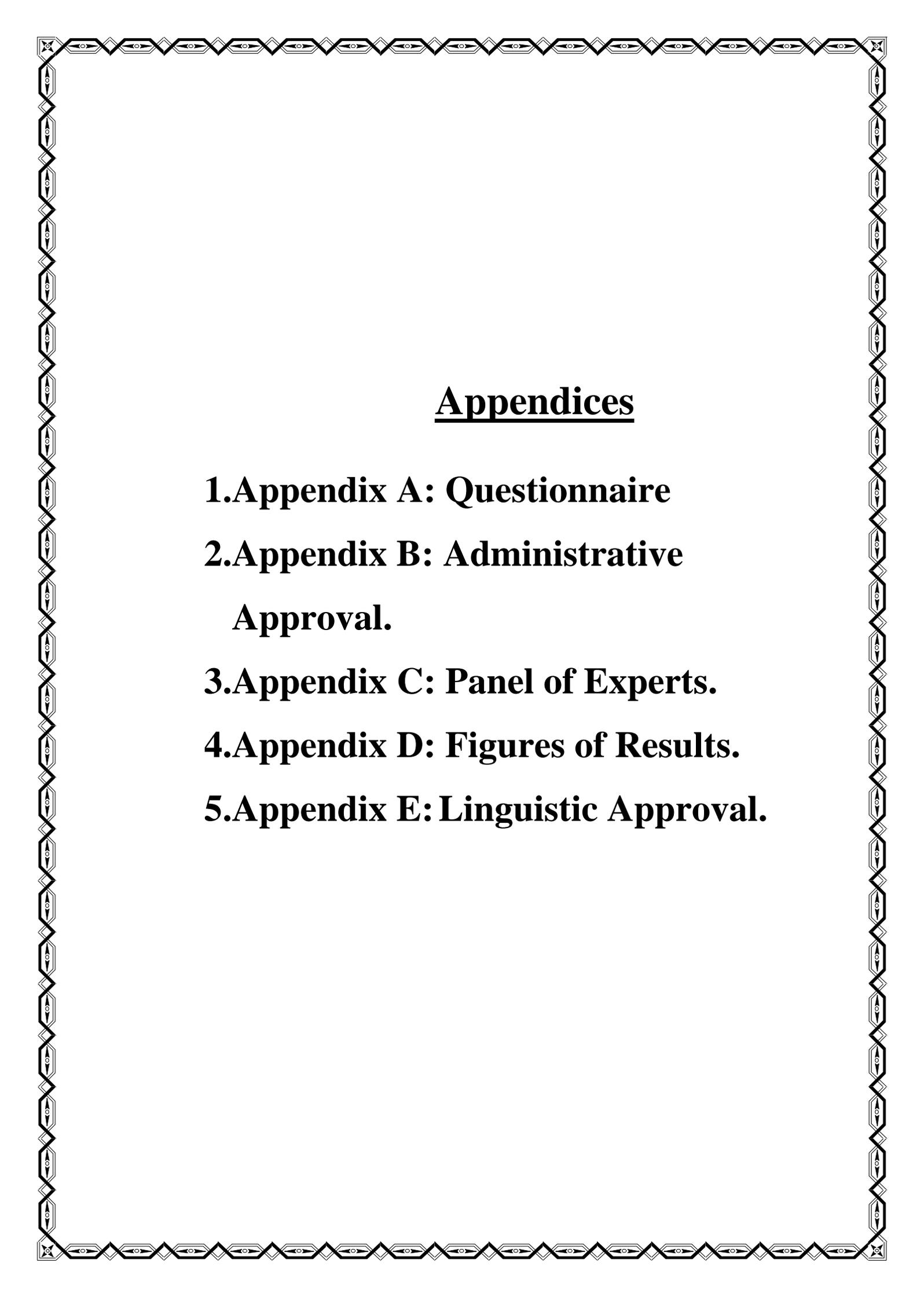
Appendices

1. Appendix A: Questionnaire
2. Appendix B: Administrative
   Approval.
3. Appendix C: Panel of Experts.
4. Appendix D: Figures of Results.
5. Appendix E: Linguistic Approval.

((استبانة الخبراء والمحكمين))

حضرة/الأستاذ الدكتور/ة.. المحترم/ة

تحية طيبة...

نظرا لما تتمتعون به من مكانة علمية وعملية مرموقة نضع بين ايديكم الكريمة استمارة الاستبيان المرفقة طيا والخاصة بأطروحة الدكتوراه الموسومة:

"Exploring the Lived Experience and the Professional Satisfaction of Nurses Working in Psychiatric Hospitals: A mixed methods study"

" استكشاف التجربة المعاشة والرضا المهني للممرضين العاملين في مستشفيات الطب النفسي: دراسة النهج المختلط"

راجين مراجعتها وتقويمها وابداء ملاحظاتكم القيمة بخصوص الاستمارة بالنسختين العربية والإنكليزية مع فائق الشكر والتقدير.

اسم الخبير: ....

اللقب العلمي: ....

الشهادة: ....

مكان العمل: ....

عدد سنوات الخبرة: ....

التوقيع: ....

الباحث
فراس كناوي حمود/طالب دكتوراه
جامعة بابل/كلية التمريض
٢٠٢٢-٢٠٢٣

استبيان الدراسة (دراسة تعتمد الطريقة المختلطة)

زميلي/تي العزيز/ة أنتم مدعوون للمشاركة في دراسة بحثية:

أولا ـ جانب الدراسة النوعي

عنوان الدراسة:

"استكشاف التجربة المعاشة والرضا المهني للممرضين والممرضات العاملين في مستشفيات الصحة النفسية: دراسة تعتمد طريقة البحث المختلطة"

دعوة للمشاركة:

الزملاء الأعزاء انتم مدعوون للمشاركة في دراسة بحثية عن استكشاف التجربة المعاشة للممرض/ة في المستشفيات النفسية والتي يجريها فراس كناوي حمود العبودي طالب دكتوراه في كلية التمريض في جامعة بابل. يحتوي نموذج الموافقة هذا على معلومات حول الدراسة التي سيراجعها الباحث معك. ستتاح لك الفرصة لطرح الأسئلة والإجابة عليها. عندما يتم الرد على جميع أسئلتك ، سيُطلب منك التوقيع على نموذج الموافقة هذا إذا وافقت على المشاركة في الدراسة.

الغرض من الدراسة:

الغرض من الدراسة هو استكشاف التجربة المعاشة للممرضين و للممرضات النفسيين وقياس رضاهم المهني. لن تحتوي محاضر المقابلة على أي معلومات تعريفية للحفاظ على خصوصية المشاركين.

إجراءات:

ستستمر مشاركتك في هذه الدراسة لمدة ٣٠ـ٦٠ دقيقة تقريبًا ، وتكون إجراءات الدراسة على النحو التالي:

▪ سيُطلب منك مقابلة شخصية لمرة واحدة مع الباحث تستغرق ما بين ٣٠ـ٦٠ دقيقة. سيتم إجراء المقابلة في الوقت والمكان المناسبين لك ، مع تحديد مكان المقابلة في مكان عام أو محدد. سيتم تسجيل المقابلة بالصوت.

▪ أثناء المقابلة ، سيتم سؤالك عن مسؤوليات وظيفتك وممارستك المهنية كممرض/ة نفسية. يمكنك تخطي أو رفض الإجابة على أي سؤال ويمكنك إيقاف المقابلة في أي وقت.

الفوائد:

لا توجد فوائد مباشرة لك ، ومع ذلك ، ستساعد هذه الدراسة في فهم التجارب المعاشة لممرض/ة الصحة النفسية.

المخاطرة: قد تصاب بالتعب أو قد تكون لديك بعض الذكريات غير السارة عند الإجابة على الأسئلة. في حالة حدوث ذلك ، يمكنك تخطي أو رفض الإجابة عن أي أسئلة ، أو إيقاف الاستبيان في أي وقت.

التكلفة: لا توجد تكلفة عليك.

البدائل: مشاركتكم طوعية تماما. البديل الخاص بك هو عدم المشاركة.

السرية:

لن تتضمن سجلات البحث أي معلومات تسمح لنا بالتعرف عليك. سيتم الاحتفاظ بالاستبيانات المكتملة في خزانة ملفات مقفلة في: كلية التمريض بجامعة بابل ، سيتم تدمير الملفات المسجلة صوتيًا بمجرد اكتمال النسخ والتحقق من صحة المعلومات. الباحث ومجلس المراجعة المؤسسية في جامعة بابل هما الطرفان الوحيدان اللذان سيسمح لهما بالاطلاع على البيانات ، باستثناء ما قد يقتضيه القانون. إذا تم نشر تقرير عن هذه الدراسة ، أو تم عرض النتائج في مؤتمر متخصص ، فسيتم ذكر نتائج المجموعة فقط. سيتم الاحتفاظ بجميع بيانات الدراسة لمدة ثلاث سنوات على الأقل ثم يتم إتلافها. ستكون نتائج البحث متاحة عند الطلب عند اكتمال الدراسة.

الانسحاب:

المشاركة في هذه الدراسة طوعية. يمكنك الانسحاب من الدراسة (إنهاء) في أي وقت دون عقوبة ، ويمكنك رفض الإجابة على أي أسئلة لا تشعر بالارتياح تجاهها.

حقوق الخاضعين في الدراسة:

إذا كان لديك أي أسئلة حول الدراسة ، يمكنك التواصل مع فراس كناوي حمود العبودي عبر الهاتف على الرقم ٠٧٨٠١٥١٠٧٣٣ أو عبر البريد الإلكتروني: firas.abd.nurh21@student.uobabylon.edu.iq

ملحق صوت / شريط فيديو لنموذج الموافقة

لقد وافقت بالفعل على المشاركة في دراسة بحثية بعنوان: **"استكشاف التجربة المعاشة والرضا المهني للممرضين والممرضات العاملين في مستشفيات الصحة النفسية: دراسة تعتمد طريقة البحث المختلطة"** قد يقوم بها فراس كناوي حمود باحث يطلب إذنك للسماح بتسجيل صوتي (صوتي) كجزء من تلك الدراسة البحثية. لا يتعين عليك الموافقة على التسجيل من أجل المشاركة في الجزء الرئيسي من الدراسة. سيتم استخدام التسجيل الصوتي لتسجيل ردودك أثناء المقابلة ، والتي سيتم بعد ذلك نسخها وتحليلها.

لن يحتوي التسجيل الصوتي واستجاباتك المكتوبة للمقابلة على أي معلومات تربطك باسمك أو رقم هاتفك أو أي معلومات اتصال أخرى قدمتها. سيتم تخزين التسجيل الصوتي على جهاز كمبيوتر محمي بكلمة مرور. بمجرد نسخ المقابلة والتحقق من دقتها ، سيتم مسح التسجيل الصوتي. سيتم تخزين المقابلة المكتوبة على جهاز كمبيوتر منفصل محمي بكلمة مرور وسيتم مسحها بعد ثلاث سنوات من الانتهاء من الدراسة البحثية.

توقيعك على هذا النموذج يمنح المحقق المذكور أعلاه الإذن بتسجيل صوتك كما هو موضح أعلاه أثناء المشاركة في الدراسة المشار إليها أعلاه. لن يستخدم المحقق التسجيل الصوتي لأي سبب آخر غير ذلك / تلك المنصوص عليها في نموذج الموافقة دون إذن كتابي منك.

١ . موافقة المشارك:

لقد قرأت هذا النموذج بالكامل ، أو تمت قراءته لي ، وأعتقد أنني أفهم ما تمت مناقشته. تمت الإجابة على جميع أسئلتي حول هذا النموذج أو هذه الدراسة.

اسم المشارك: -- --------------------------

توقيع المشارك: --------------------------------------- التاريخ: - -------------

الجزء الأول: البيانات السكانية

١. **العمر:** ٢١-٣٠ ☐ ٣١-٤٠ ☐ ٤١-٥٠ ☐ ٥١ واكثر ☐

٢. **الجنس:** ذكر ☐ انثى ☐

٣. **الحالة الاجتماعية:** اعزب/باكر ☐ متزوج/ة ☐ منفصل/ة ☐

٤. **مستوى التعليم:** دبلوم او اقل ☐ بكالوريا ☐ ماجستير ☐ دكتوراه ☐

٥. عنوانك الوظيفي: ممرض ماهر ☐ ممرض فني ☐ ممرض جامعي ☐

٦. حالة العمل: دوام صباحي ☐ دوام مسائي ☐

٧. هل تحمل شهادة تمريض بالصحة النفسية؟ نعم ☐ كلا ☐

٨. عدد سنوات خدمتك كممرض نفسي:١-٥ ☐ ٦-١٠ ☐ ١١-١٥ ☐ ١٦ فاكثر ☐

٩. عدد سنوات خدمتك كممرض/ة : ١-٥ ☐ ٦-١٠ ☐ ١١-١٥ ☐ ١٦ فاكثر ☐

١٠. كم سنة عملت في هذه المستشفى؟:١-٥ ☐ ٦-١٠ ☐ ١١-١٥ ☐ ١٦ فاكثر ☐

١١. كم عدد المرضى الذين تقدم لهم الخدمات في اليوم؟ اقل من ١٠ ☐ ١١-٢٠ ☐ ٢١-٣٠ ☐

٣١ واكثر ☐

١٢. اسم المستشفى: الرشاد ☐ ابن رشد ☐ مدينة الطب ☐

١٣. من هم المرضى الذين تقدم لهم خدمات: طوارئ ☐ مقيدين ☐ ردهات ☐

الجزء الثاني دليل المقابلة(الجانب النوعي):

١. ما الذي دفعك للعمل في مستشفى للأمراض النفسية؟
٢. ماهو شعورك بالعمل في مستشفى للامراض النفسية؟
٣. أخبرني كيف يبدو العمل في مستشفى للأمراض النفسية؟
٤. . أخبرني كيف تتعامل مع الأشخاص الذين تعمل معهم؟- المرضى- طاقم العمل- الإدارة- الأطباء- أقارب المرضى- المجتمع.
٥. أخبرني عن يوم عادي واخر صعب؟
٦. - حدثني عن تجربتك مع المرضى النفسيين هل تعتقد الاختلاط معهم ممرض ؟
٧. أخبرني ما هي المهارات المهمة لممرض/ة نفسي/ة وهل انت راض بالعمل في هذه المستشفى ؟
٨. . ماذا تريد أن تخبرني أيضًا؟

الجزء الثالث استبيان الرضا المهني للممرضين/ات:زملائي / زميلاتي الأعزاء ما مدى رضاك عن الجوانب التالية من وظيفتك الحالية؟ ترتبط عناصر الاستطلاع التالية بالرضا المهني للممرضين /للممرضات. لا توجد اجابات صحيحة أو خاطئة. الرجاء اختيار أفضل إجابة تطابق إجابتك عن طريق وضع دائرة في العمود على الرقم. ١ = غير راضٍ جدا ، ٢ = غير راضٍ ، ٣ = **محايد** ، ٤ = راضٍ ، ٥ = راضٍ جدًا. الرجاء اختيار إحدى النقاط الخمس ووضع اشارة حول اختيارك.

ت	البيان	راض جدا ٥	راض٤	محايد٣	غير راض٢	غير راض جدا ١
١.	الراتب	راض جدا	راض	محايد	غير راض	غير راض جدا
٢.	الاجازات السنوية	راض جدا	راض	محايد	غير راض	غير راض جدا
٣.	مميزات أخرى مثل مواصلة الدراسة	راض جدا	راض	محايد	غير راض	غير راض جدا

غير راض جدا	غير راض	محايد	راض	راض جدا		
					ساعات العمل	٤.
					جدولة ساعات عملك	٥.
					إمكانية القيام بدوام موحد	٦.
					الامكانية بجعلك تعمل باجزاء من فترات العمل	٧.
					عطلات نهاية الأسبوع بكل الشهر	٨.
					إمكانية تجميع عطلات الأسبوع والاستفادة منها	٩.
					التعويض عن العمل خلال عطلة نهاية الأسبوع	١٠
					وقت إجازة الأمومة / الإجازات الطويلة	١١
					خدمة رعاية الأطفال	١٢
					رئيسك المباشر	١٣
					زملائك في العمل	١٤
					الفئات الفنية والمهنية الذين يعملون معك	١٥
					الية تقديم الخدمة بالمستشفى (فريق عمل، الية تنفيذها)	١٦
					فرص للتواصل الاجتماعي مع زملائك خلال اوقات العمل	١٧
					فرص للتواصل الاجتماعي مع زملائك خارج اوقات العمل	١٨
					إمكانية التعامل بمهنية مع التخصصات الأخرى	١٩
					إمكانية التعليم المستمر (البرامج والدورات الخارجية)	٢٠

٢١	فرص الانتماء إلى اللجان الإدارية والهيئات المؤسسية	راض جدا	راض	محايد	غير راض	غير راض جدا
٢٢	التحكم في كل ما يدور في مجال عملك	راض جدا	راض	محايد	غير راض	غير راض جدا
٢٣	إمكانية الترقية الوظيفية	راض جدا	راض	محايد	غير راض	غير راض جدا
٢٤	اطراء/ثناء رئيسك المباشر بتادية عملك	راض جدا	راض	محايد	غير راض	غير راض جدا
٢٥	اطراء/ثناء زملائك بتادية عملك	راض جدا	راض	محايد	غير راض	غير راض جدا
٢٦	الثناء والتشجيع لك اثناء ادائك العمل والتغذية الراجعة بذلك	راض جدا	راض	محايد	غير راض	غير راض جدا
٢٧	فرصة المشاركة في الأبحاث	راض جدا	راض	محايد	غير راض	غير راض جدا
٢٨	إمكانية كتابة الأبحاث والنشر	راض جدا	راض	محايد	غير راض	غير راض جدا
٢٩	مدى مسؤولياتك في العمل	راض جدا	راض	محايد	غير راض	غير راض جدا
٣٠	التحكم في ظروف العمل	راض جدا	راض	محايد	غير راض	غير راض جدا
٣١	مدى مشاركتك في اتخاذ القرار في المستشفى	راض جدا	راض	محايد	غير راض	غير راض جدا

ت	البيان	التصنيف
١.	المكافآت الخارجية	1-3 (3)
٢.	الجدولة في العمل	4-9 (6)
٣.	التوازن بين الأسرة والعمل	10-12 (3)
٤.	زملاء العمل	13-14 (2)
٥.	فرص التفاعل	15-18 (4)
٦.	الفرص المهنية	19-22 (4)
٧.	الوعي بالتقدير	23-26 (4)
٨.	التحكم والمسؤوليات	27-31 (5)

الجزء الرابع استبيان الاجهاد المهني للممرضين/ات:

زملائي / زميلاتي الأعزاء ما مدى الإجهاد المرتبط بالعمل ، يرجى تحديد مستوى تكرار الحدوث (وفقًا لعملك التمريضي) مع العبارات المقدمة؟ترتبط عناصر الاستطلاع التالية. لا توجد اجابات صحيحة أو خاطئة. الرجاء اختيار أفضل إجابة تطابق إجابتك عن طريق وضع دائرة في العمود

على الرقم. ١ = ابدا ، ٢ = نادرا ، ٣ = احيانا ، ٤ = غالبا ، ٥ = دائما.الرجاء اختيار إحدى النقاط الخمس ووضع اشارة حول اختيارك. ستساعدنا إجاباتك على الأسئلة أدناه في تحديد ظروف العمل لدينا الآن ، وتمكننا من مراقبة التحسينات المستقبلية. لكي نقارن الوضع الحالي مع المواقف الماضية أو المستقبلية ، من المهم أن تعكس ردود عملك في الأشهر الستة الماضية.

#	#	#	#	#	البيان	ت
دائما	غالبا	احيانا	نادرا	ابدا	انا ادرك ما يتوقع مني في العمل	١.
دائما	غالبا	احيانا	نادرا	ابدا	استطيع ان اقرر متى يمكنني اخذ قسطا من الراحة	٢.
ابدا	نادرا	احيانا	غالبا	دائما	تتطلب مجموعات العمل المختلفة اشياء من الصعب الجمع فيما بينها	٣.
دائما	غالبا	احيانا	نادرا	ابدا	انا اعرف كيفية انجاز عملي	٤.
ابدا	نادرا	احيانا	غالبا	دائما	انا اتعرض للتحرش الشخصي على شكل كلمات او سلوك سئ	٥.
ابدا	نادرا	احيانا	غالبا	دائما	لدي بعض الاعمال الغير منجزة	٦.
دائما	غالبا	احيانا	نادرا	ابدا	يساعدني زملائي اذا كان العمل صعبا	٧.
دائما	غالبا	احيانا	نادرا	ابدا	احصل على بعض التوجيهات الداعمة في العمل الذي اقوم به	٨.
ابدا	نادرا	احيانا	غالبا	دائما	يجب ان اعمل بشكل مكثف	٩.
دائما	غالبا	احيانا	نادرا	ابدا	يمكنني القول انني سريع في عملي	١٠.
دائما	غالبا	احيانا	نادرا	ابدا	ادرك مهامي ومسؤولياتي	١١.
ابدا	نادرا	احيانا	غالبا	دائما	اهمل بعض المهام بسبب العمل الكثير الذي لدي	١٢.
دائما	غالبا	احيانا	نادرا	ابدا	ادرك اهداف القسم الذي اعمل به	١٣.
ابدا	نادرا	احيانا	غالبا	دائما	يوجد احتكاك وتوتر بين زملاء العمل	١٤.
دائما	غالبا	احيانا	نادرا	ابدا	لدي الخيار في تحديد الكيفية التي انجز بها عملي	١٥.
ابدا	نادرا	احيانا	غالبا	دائما	ليس لدي القدرة ان اخذ اجازة كافية	١٦.
دائما	غالبا	احيانا	نادرا	ابدا	ادرك كيف يتناسب عملي بالهدف الكلي للمنظمة	١٧.
ابدا	نادرا	احيانا	غالبا	دائما	اشعر بضغط بسبب العمل لفترات طويلة	١٨.
دائما	غالبا	احيانا	نادرا	ابدا	لدي الخيار في تحديد العمل المطلوب	١٩.
ابدا	نادرا	احيانا	غالبا	دائما	يجب ان اعمل بشكل سريع	٢٠.
ابدا	نادرا	احيانا	غالبا	دائما	انا اتعرض للتسلط في العمل	٢١.
ابدا	نادرا	احيانا	غالبا	دائما	لدي ضغوط زمنية غير واقعية	٢٢.
دائما	غالبا	احيانا	نادرا	ابدا	استطيع ان اعتمد على مديري المباشر لمساعدتي في مشاكل العمل	٢٣.
دائما	غالبا	احيانا	نادرا	ابدا	أحصل على المساعدة والدعم الذي أحتاجه من الزملاء	٢٤.
دائما	غالبا	احيانا	نادرا	ابدا	لدي بعض الملاحظات عن طريقة عملي	٢٥.
دائما	غالبا	احيانا	نادرا	ابدا	لدي فرص كافية لاسال الاداريين عن التغيير في العمل	٢٦.
دائما	غالبا	احيانا	نادرا	ابدا	أحظى بالاحترام في العمل من قبل زملائي	٢٧.

دائما	غالبا	احيانا	نادرا	ابدا	يستشار كادر العمل دائمًا حول التغيير في العمل	٢٨.
دائما	غالبا	احيانا	نادرا	ابدا	استطيع التحدث مع مديري مباشرة حول اي شيء يقلقني في العمل	٢٩.
دائما	غالبا	احيانا	نادرا	ابدا	اوقات عملي فيها مرونة	٣٠.
دائما	غالبا	احيانا	نادرا	ابدا	يستمع زملائي إلى مشاكلي في العمل	٣١.
دائما	غالبا	احيانا	نادرا	ابدا	عند إجراء التغييرات في العمل ، ادرك كيف سنعمل هذه التغييرات عمليا	٣٢.
دائما	غالبا	احيانا	نادرا	ابدا	أشعر بالدعم لاحتياجاتي العاطفية في العمل	٣٣.
ابدا	نادرا	احيانا	غالبا	دائما	العلاقات في العمل متصنعة	٣٤.
دائما	غالبا	احيانا	نادرا	ابدا	يشجعني مديري المباشر على العمل	٣٥.

شكرا لكم لاستكمال الاستبيان

**يقسم الى ٧ خصائص فرعية: الاحتياجات (٢٢,٢٠,١٨,١٦,١٢,٩,٦,٣)
السيطرة(١٥، ٢,١٠، ١٩,٢٥,٣٠) دعم الإدارة(٣٥,٣٣,٢٩,٢٣,٨) دعم
الاقران(٣١,٢٧,٢٤,٧) العلاقات(٥,١٤، ٢١,٣٤) الدور(١,٤,١١,١٣,١٧)
التغيير(٢٦,٢٨,٣٢).**

3,5,6,9,12,14,16,18,20,21,22,34 – ve

And the rest + ve

Part One: Demographic Data
1. Age: ....
2. Gender: ....
3. Marital Status:
4. Education level: Diploma or less, baccalaureate, master, doctorate
5. Your job title
6. Work status: morning shift, evening shift
7. Do you hold a mental health nursing certificate? yes   no
8. The number of years you have served as a psychiatric nurse
9. The number of years you have served as a nurse
10. How many years have you worked in this hospital?
11. How many patients are served per day?
12. Who are the patients for whom services are provided (emergency, reception, lobbies, operations, registered)

The second part of the interview guide (qualitative aspect):
1. What motivates you to work in a psychiatric hospital?
2. How do you feel working in a psychiatric hospital?
3. Tell me what it's like to work in a psychiatric hospital?

4. Tell me, how do you deal with the people you work with? - Patients - staff - management - doctors - relatives of patients - society.
5. Tell me about a normal day and a difficult one?
6. Tell me about your experience with psychiatric patients. Do you think mixing with them is co-morbid?
7. Tell me what are the important skills of a psychiatric nurse and are you satisfied with working at this hospital?
8. What else do you want to tell me?

Part three Professional satisfaction questionnaire:

How satisfied are you with the following aspects of your current job? The following survey items are related to nurses' professional satisfaction. There are no right or wrong answers. Please choose the answer that best matches your response by placing a circle in the column to the number. 1 = Very dissatisfied, 2 = Moderately dissatisfied, 3= Neither Satisfied nor dissatisfied, 4 = Moderately Satisfied, 5 = Very Satisfied.

Please choose one of the five points and circle your choice

No	Statement	Very Satisfied	Satisfied	Neither Satisfied nor dissatisfied	dissatisfied	Very dissatisfied
1.	Salary	5	4	3	2	1
2.	Annual leave	5	4	3	2	1
3.	Benefits package (insurance, retirement)	5	4	3	2	1
4.	Hours that you work	5	4	3	2	1
5.	Flexibility in scheduling your own hours	5	4	3	2	1
6.	Opportunity to work straight days	5	4	3	2	1
7.	Weekends off per	5	4	3	2	1

	month					
8.	Flexibility in scheduling your weekends off	5	4	3	2	1
9.	Compensation for working weekends	5	4	3	2	1
10.	Opportunity for part-time work	5	4	3	2	1
11.	Maternity leave time/long vacations	5	4	3	2	1
12.	Child care facilities	5	4	3	2	1
13.	Your nursing peers	5	4	3	2	1
14	The physicians you work with	5	4	3	2	1
15	The delivery of care method used on your unit (e.g. functional, primary, team)	5	4	3	2	1
16	Opportunities for social contact at work	5	4	3	2	1
17	Opportunities for social contact with your colleagues after work	5	4	3	2	1
18	Opportunities to interact professionall	5	4	3	2	1

	y with other disciplines					
19	Opportunities to postgraduate study	5	4	3	2	1
20	Opportunities to belong to department and institutional committees	5	4	3	2	1
21	Opportunities to participate in nursing research	5	4	3	2	1
22	Opportunities to write and publish	5	4	3	2	1
23	Your immediate supervisor	5	4	3	2	1
24	Recognition for your work from superiors	5	4	3	2	1
25	Recognition of your work from peers	5	4	3	2	1
26	Amount of encouragement and positive feedback	5	4	3	2	1
27	Control over what goes on in your work setting	5	4	3	2	1
28	Opportunities for career advancement	5	4	3	2	1
29	Your amount of responsibility	5	4	3	2	1

30	your control over work conditions	5	4	3	2	1
31	Your participation in organizational decision – making	5	4	3	2	1

Subscale items

No	Statement	Items
1.	**Extrinsic rewards**	**1-3 (3)**
2.	**Scheduling**	**4-9 (6)**
3.	**Balance of family & work**	**10-12 (3)**
4.	**Co-workers**	**13-14 (2)**
5.	**Interacting opportunities**	**15-18 (4)**
6.	**Professional opportunities**	**19-22 (4)**
7.	**Praise recognition**	**23-26 (4)**
8.	**Control & responsibilities**	**27-31 (5)**

The fourth part work-related stress, kindly state the frequency level of occurrence (according to your nursing work)with the statements given.:

No.	Statement	Never	Seldom	Sometimes	Often	Always
1.	I am clear what is expected of me at work.	1	2	3	4	5
2.	I can decide when to take a break.	1	2	3	4	5
3.	Different groups at work demand things from me that are hard to combine.	5	4	3	2	1
4	I know how to go	1	2	3	4	5

	about getting my job done.					
5	I am subject to personal harassment in the form of unkind words or behavior.	5	4	3	2	1
6	I have unachievable deadlines.	5	4	3	2	1
7	If work gets difficult, my colleagues will help me.	1	2	3	4	5
8	I am given supportive feedback on the work I do.	1	2	3	4	5
9	I have to work very intensively.	5	4	3	2	1
10	I have a say in my own work speed.	1	2	3	4	5
11	I am clear what my duties and responsibilities are.	1	2	3	4	5
12	I have to neglect some tasks because I have too much to do.	5	4	3	2	1
13	I am clear about the goals and objectives for my department.	1	2	3	4	5
14	There is friction or anger between colleagues.	5	4	3	2	1
15	I have a choice in deciding how I do my work.	1	2	3	4	5
16	I am unable to take sufficient breaks.	5	4	3	2	1
17	I understand how my work fits into the overall aim of the organization.	1	2	3	4	5
18	I am pressured to work long hours	5	4	3	2	1
19	I have a choice in deciding what I do at work.	1	2	3	4	5

20	I have to work very fast.	5	4	3	2	1
21	I am subject to bullying at work.	5	4	3	2	1
22	I have unrealistic time pressures.	5	4	3	2	1
23	I can rely on my line manager to help me out with a work problem.	1	2	3	4	5
24	I get help and support I need from colleagues.	1	2	3	4	5
25	I have some say over the way I work.	1	2	3	4	5
26	I have sufficient opportunities to question managers about change at work.	1	2	3	4	5
27	I receive the respect at work I deserve from my colleagues.	1	2	3	4	5
28	Staff are always consulted about change at work.	1	2	3	4	5
29	I can talk to my line manager about something that has upset or annoyed me about work.	1	2	3	4	5
30	My working time can be flexible.	1	2	3	4	5
31	My colleagues are willing to listen to my work-related problems.	1	2	3	4	5
32	When changes are made at work, I am clear how they will work out in practice.	1	2	3	4	5
33	I am supported through emotionally demanding work.	1	2	3	4	5
34	Relationships at work are strained.	5	4	3	2	1

35	My line manager encourages me at work.	1	2	3	4	5

3,5,6,9,12,14,16,18,20,21,22,34 – ve

And the rest + ve

Research Ethics Committee

لجنة اخلاقيات البحث العلمي

Issue No:

Date: / /2022

Approval Letter

- -

To,

Firas Kanawy Hmod Abd Al-aboudy

The Research Ethics committee at the **University of Babylon, College of Nursing** has reviewed and discussed your application to conduct the research study entitled **"Exploring the Lived Experience and the Professional Satisfaction of Nurses Working in Psychiatric Hospitals: A mixed methods study"**

The Following documents have been reviewed and approved:

1. Research protocol
2. Research instrument/s
3. Participant informed consent

Committee Decision,

The committee approves the study to be conducted in the presented form. The Research Ethics committee expects to be informed about any changes occurring during the study, any revision in the protocol and participant informed consent.
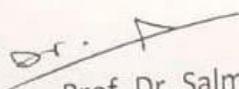
Prof. Dr. Salma K. Jehad
Chair Committee
College of Nursing
Research Ethical Committee
5 /7 /2022
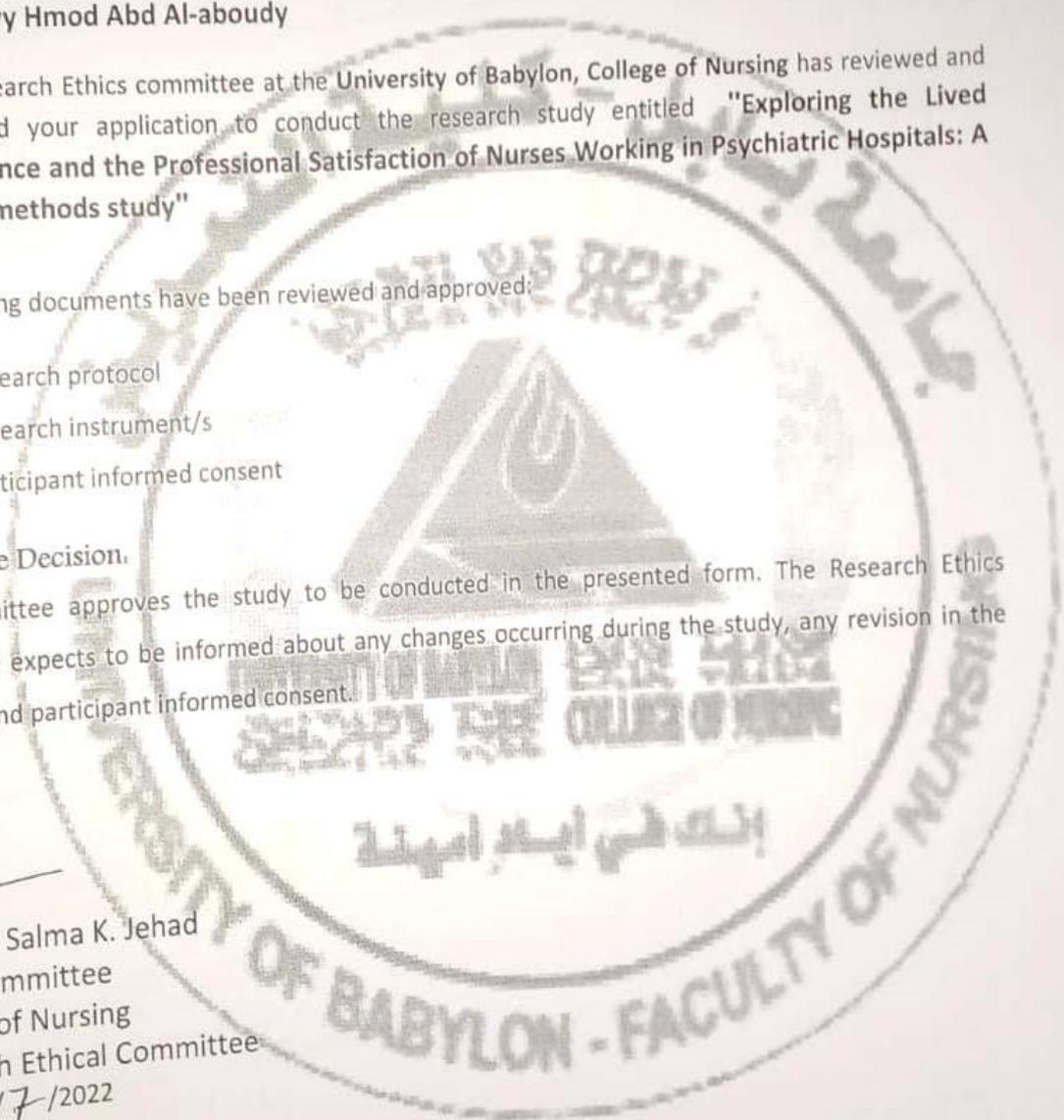
السيدة المعاون العلمي المحترمة

السيد رئيس فرع تمريض الصحة النفسية المحترمة

اللجنة العلمية والاخلاقيات البحث العلمي المحترمون

م/ اخلاقيات البحث

برجى التفضل بالموافقة على عرض موضوع (الدكتوراه) على اللجنة العلمية واخلاقيات البحث العلمي عن موضوع رسالتي الموس
باللغة العربية ("استكشاف التجربة المعاشة والرضا المهني للممرضين والممرضات العاملين في مستشفيات الص
النفسية: دراسة تعتمد طريقة البحث المختلطة").

واللغة الإنكليزية

Exploring the Lived Experience and the Professional Satisfaction of Nurses working in psychiatric
ispitals: A mixed methods study").

مع التقدير

اسم المشرف : أ.د. حسن علوان بيعي   توقيعه

اسم الطالب : فراس كنـاوي حمود عبد السـعبـودي   توقيعه

رئيس الفرع و توقيعه   د.

المعاون العلمي أ.م.د. سهاد محمد خاسم

لاحظة: ترفق جميع الاستمارات الخاصة بلجنة اخلاقيات البحث مع الطلب. (Ethical form 1, Ethical form2, Ethical Form3)

**Ministry of Higher Education
and Scientific Research**

وزارة التعليم العالي والبحث العلمي

**University of Babylon
College of Nursing**

جامعة بابل
كلية التمريض

العدد : ٢٣٩٩

التاريخ : ٧ / ٧ / ٢٠٢٢

Ref. No. :

Date :

الى /دائرة صحة بغداد / الرصافة
دائرة صحة بغداد / الكرخ
مستشفى الرشاد /بغداد
مستشفى ابن الرشد / بغداد
مدينة الطب / بغداد
مستشفى الكاظمية التعليمي / بغداد
مستشفى اليرموك / بغداد

م/ تسهيل مهمة

تحية طيبة :

يطيب لنا حسن التواصل معكم ويرجى تفضلكم بتسهيل مهمة طالب الدكتوراه
(فراس كناوي حمود عبد) لغرض جمع عينة دراسة الدكتوراه والخاصة بالبحث الموسوم :

(استكشاف التجربة المعاشة والرضا المهني للممرضين والممرضات العاملين في مستشفيات الصحة
النفسية :دراسة تعتمد على طريقة البحث المختلطة) .

(exploring the lived experience and the professional satisfaction of nurses working in
psychiatric hospitals a mixed methods study).

... مع الاحترام ...

المرفقات //
• بروتوكول.
• استبانة

أ.م . د. نهاد محمد قاسم الدوري
معاون العميد للشؤون العلمية والدراسات العليا
٢٠٢٢ / ٧ / ٧

نسخة ٧/١٧

STARS

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Republic Of IRAQ

Ministry Of Health

MEDICAL City

جمهورية العراق
وزارة الصحة / البيئة
دائرة مدينة الطب التعليمية
مركز التدريب والتنمية البشرية

MEDICAL CITY

عـدد : ٢٩٦٢

التاريخ : ٥ / لـ / ٢٠٢٢

جيشنا وحشدنا سـور الـوطن

(لأجل عراق اخضر مستدام.....سنعمل معا لترشيد استهلاك الطاقة الكهربائية والمحافظة على البيئة من التلوث)

الى / جامعـة بابل / كلية التمريض / لجنة الدراسات العليا

م / تسهيـل مهمـة

تحية طيبة ....

اشــارة الى كتابكم ذي العــدد ٢٣٩٩ في ٢٠٢٢/٧/٧ نود اعلامكم بانـــه لا مانع لــدى دائرتنا (م. بغداد التعليمي) من تسهيل مهمة طالب الدكتوراه (فراس كناوي حمود عيد) لغرض انجاز متطلبات بحثـه بعنوان (استكشاف التجربة المعاشة والرضا المهني للممرضيين والممرضات العاملين في مستشفيات الصحة النفسية : دراسة تعتمد على طريقة البحث المختلط) .

للتفضـــل بالاطـــلاع .. مـع الاحتـــرام .

الدكتور الاستشاري
ء . حسن محمد عباس
مدير عام دائرة مدينة الطب
٢٠٢٢/٧/٤

المركز التدريب والتنمية البشرية
Training and Development Center
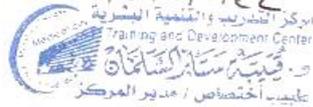
نسخة منه الى/
- مركز التدريب والتنمية البشرية.....مع الاوليات .
- م. بغداد التعليمي كتابكم ٥٩٠٤ في ٢٠٢٢/٧/٢٤ لاتخاذ مايلزم ..... مع التقدير.

ســارة ٧/٢٤

جمهــــورية العـــراق

محــافظـة بغـــداد

دائرة صحة بغداد / الرصافة

م. الرشاد التدريبي

القسم/ ادارة الموارد البشريه

العدد/

التاريخ / ٢٥ / ٧ / 2022

Baghdad Governorate
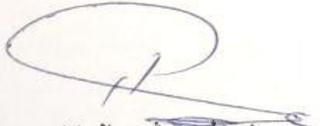
الى //دائرة صحة بغداد/الرصافة

جامعة بابل/كلية التمريض

م/تسهيل مهمه

تحية طيبة .....

استنادا الى كتابكم المرقم للعدد 2399 بتاريخ 2022/7/7 حول تسهيل مهمـــــة في اجراء البحث لطالب الدكتوراه(فراس كناوي حمود عبد) في مستشفانا نود اعلامــكم بانه لامانع لدينا في اجراء عينة دراسية الخاصة بالبحث مع الالتزام بالتعليمات الخاصة بمستشفانا(خصوصية مستشفانا).

للتفضل بالاطلاع ....مع التقدير

د.علي رشيد الركابي

مدير المستشفى

2022\7\ 25

نسخه منه الى//

دائرة صحة بغداد/الرصافة للتفضل بالاطلاع مع التقدير

-مسؤول قسم التمريض للتفضل بالاطلاع

م.المدير_القسم الفني مع الاوليات-الحفظ اللامركزي

فرح طالب

د أميرة سعودية
متصل الآن

🔒 الرسائل والمكالمات مشفرة تماماً بين الطرفين، فلا يستطيع أحد خارج هذه الدردشة، ولا حتى شركة واتساب نفسها، قراءتها أو الاستماع إليها. انقر لمعرفة المزيد.

سلام عليكم دكتورة ورحمة الله وبركاته

انا طالب دكتوراه من العراق جامعة بابل كلية التمريض
ارغب بالحصول على تصريح استبيان دراستكم حول تأثير الاجهاد والارهاق المرتبطين بالعمل على أداء التمريض والرضا الوظيفي كون دراستي مشابهه حول الرضا الوظيفي والتجارب المعاشة للممرضين العاملين في المراكز النفسية وكون المنطقة واحدة ودراستكم شامله وممتعه لذلك اتمنى الحصول عليها باقرب فرصة ممكنه

وتقبلوا خالص سلامي ووفقكم الله لمافيه الصلاح والرضا

فراس العبودي
العراق جامعة بابل كلية التمريض
١١:٤٠ م ✓✓

أنت
سلام عليكم دكتورة ورحمة الله وبركاته

انا طالب دكتوراه من العراق جامعة بابل كلية التمريض...

وعليكم السلام ورحمة الله وبركاته بإذن الله يادكتور سيتم ارسال النسخه لحضرتكم وبالتوفيق يارب
١١:٤٣ م

🙏

تسلمين دكتورة ١١:٤٣ م ✓✓

كتابة رسالة

د أميرة سعودية
متصل الآن

Nursing Walfere Survey.pdf

١٩ صفحة ، PDF ، ٥٠٧ ك.ب،

١١:٠١ م

د أميرة سعودية
Nursing Walfere Survey.pdf • ١٩ صفحة

I'm not sure which one was the last copy

١١:٠٢ م

Any one it's okay

١١:٠٣ م

You can check the tools that I used and try to see

١١:٠٣ م

That's good dr.

١١:٠٤ م

Thank you so much

١١:٠٤ م

Ministry of Higher Education and Scientific Research

University of Babylon
College of Nursing

وزارة التعليم العالي والبحث العلمي

جَامِعَةُ بَابِل
كليّة التَّمريض
لجنة الدراسات العليا

Ref. No. :
Date:

العدد : ٢٣٩٩
التاريخ : ٧ / ٧ / ٢٠٢٢

الى /دائرة صحة بغداد / الرصافة
دائرة صحة بغداد / الكرخ
مستشفى الرشاد /بغداد
مستشفى ابن الرشد / بغداد
مدينة الطب / بغداد
مستشفى الكاظمية التعليمي / بغداد
مستشفى اليرموك / بغداد

م/ تسهيل مهمة

تحية طيبة :

يطيب لنا حسن التواصل معكم ويرجى تفضلكم بتسهيل مهمة طالب الدكتوراه
(فراس كناوي حمود عبد) لغرض جمع عينة دراسة الدكتوراه والخاصة بالبحث الموسوم :

(استكشاف التجربة المعاشة والرضا المهني للممرضين والممرضات العاملين في مستشفيات الصحة
النفسية :دراسة تعتمد على طريقة البحث المختلطة) .

(exploring the lived experience and the professional satisfaction of nurses working in
psychiatric hospitals a mixed methods study).

... مع الاحترام ...

المرافقات //
• بروتوكول .
• استبانة

أ.م . د. نهاد محمد قاسم الدوري
معاون العميد للشؤون العلمية والدراسات العليا
٢٠٢٢ / ٧ / ٧

*بنسة ٧/١٧

صورة عنه الى //
• مكتب السيد العميد للتفضل بالاطلاع مع الاحترام .
• لجنة الدراسات العليا
• الصادرة .

E-mail:nursing@uobabylon.edu.iq

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العدد : ٢٩٩٢
التاريخ : ٧ / ٧ / ٢٠٢٢

Ref. No. :
Date: /   /

الى /دائرة صحة بغداد / الرصافة
دائرة صحة بغداد / الكرخ
مستشفى الرشاد /بغداد
مستشفى ابن الرشد / بغداد
مدينة الطب / بغداد
مستشفى الكاظمية التعليمي / بغداد
مستشفى اليرموك / بغداد

م/ تسهيل مهمة

تحية طيبة :

يطيب لنا حسن التواصل معكم ويرجى تفضلكم بتسهيل مهمة طالب الدكتوراه
(فراس كناوي حمود عبد) لغرض جمع عينة دراسة الدكتوراه والخاصة بالبحث الموسوم :
(استكشاف التجربة المعاشة والرضا المهني للممرضين والممرضات العاملين في مستشفيات الصحة
النفسية :دراسة تعتمد على طريقة البحث المختلطة) .

(exploring the lived experience and the professional satisfaction of nurses working in
psychiatric hospitals a mixed methods study).

... مع الاحترام ...

المرافقات //
• بروتوكول
• استبانة

أ.م. د. نهاد محمد قاسم الدوري
معاون العميد للشؤون العلمية والدراسات العليا
/ ٧ / ٢٠٢٢

بسمة ٧/١٧

صورة عنه الى //
• مكتب السيد العميد للتفضل بالاطلاع مع الاحترام .
• لجنة الدراسات العليا
• الصادرة .

E-mail:nursing@uobabylon.edu.iq

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المكتب   009647711632208

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| الاختصاص الدقيق	مكان العمل	سنوات الخبرة	اللقب	اسم الخبير	ت
تمريض الصحة النفسية والعقلية	جامعة بابل / كلية التمريض	45	أستاذ	د. سجاء هاشم محمد	١.
تمريض الصحة النفسية	جامعة بابل / كلية التمريض	45	أستاذ	د. عبد المهدي عبد الرضا حسن	٢.
اللغة الإنكليزية	جامعة الكوفة / كلية اللغات والترجمة	45	أستاذ	د. أحمد شاكر الكلابي	٣.
تمريض صحة المجتمع	كلية الطوسي الجامعة /قسم التمريض	45	أستاذ	د. كافي محمد ناصر	٤.
تمريض صحة المجتمع	جامعة بابل / كلية التمريض	36	أستاذ	د. سلمى كاظم جهاد	٥.
طب صحة المجتمع	جامعة الكوفة / كلية الطب	35	استاذ	د. عبد الكريم عبدالله محمود	٦.
الطب النفسي والعصبي	جامعة القادسية / كلية الطب	34	أستاذ	د. علي عبيد الحمزاوي	٧.
تمريض صحة المجتمع	جامعة الكوفة / كلية التمريض	30	أستاذ	د. فاطمة وناس خضير	٨.
تمريض الصحة النفسية	جامعة كربلاء/كلية التمريض	30	استاذ	د. علي كريم خضير	٩.
الطب النفسي والعصبي	جامعة الكوفة/كلية الطب	21	استاذ	د. عرفات حسين الدجيلي	١٠
الطب النفسي والعصبي	مستشفى الديوانية التعليمي	23	طبيب استشاري اختصاص	د. محمد عبد الحسن السرحان	١١
علم النفس	كلية الكوت الجامعة/ قسم التمريض	37	أستاذ مساعد	د. معن حميد ابراهيم	١٢
تمريض الصحة النفسية والعقلية	جامعة الكوفة / كلية التمريض	16	أستاذ مساعد	د. حيدر علي حمزة الحدراوي	١٣
طب مجتمع	جامعة جابر بن حيان/كلية الطب	16	أستاذ مساعد	د. حيدر جهام عبد الفاضل	١٤
تمريض الصحة النفسية والعقلية	جامعة الكوفة / كلية التمريض	14	أستاذ مساعد	د. حسام مطشر زان	١٥
تمريض الصحة النفسية والعقلية	جامعة بغداد / كلية التمريض	13	أستاذ مساعد	د. حسن علي حسين	١٦
تمريض الصحة النفسية والعقلية	جامعة بغداد / كلية التمريض	15	أستاذ مساعد	د. قحطان قاسم محمد	١٧
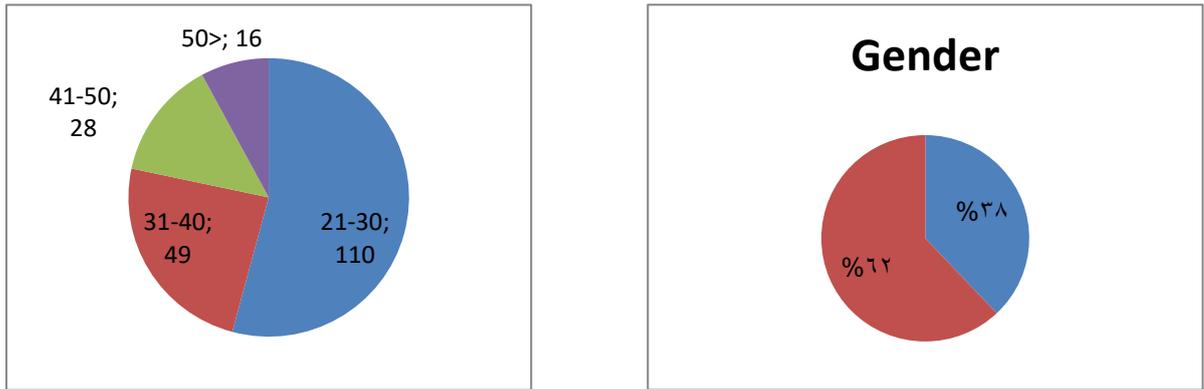
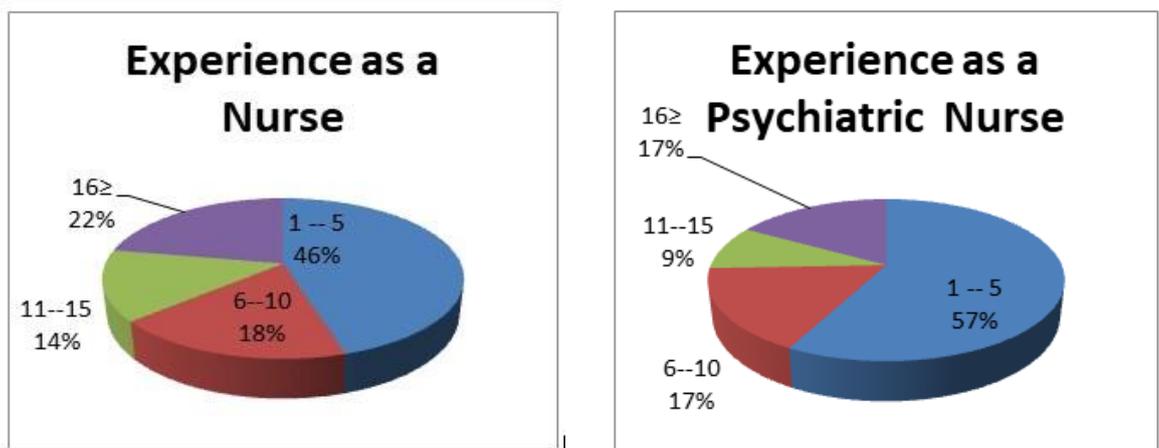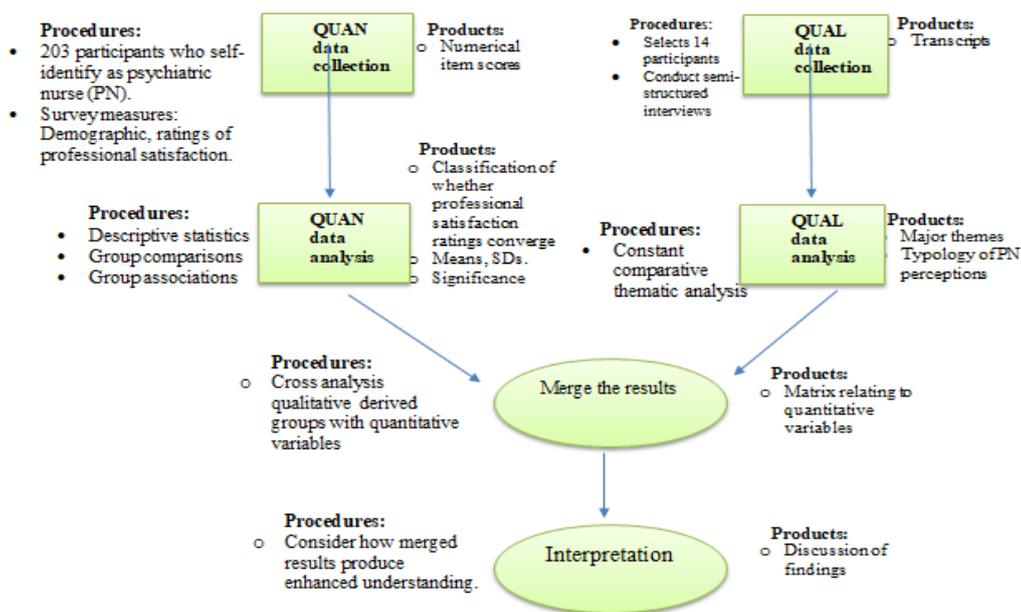Figure (4-4) Distribution of the (age and gender) of study sample

Figure (4-5) Distribution of study sample regarding their working in hospital and psychiatric department.

Ministry of Higher Education and Scientific Research
University of Babylon
College of Basic Education

وزارة التعليم العالي والبحث العلمي
جامعة بابل
كلية التربية الاساسية

No.:

العدد / ١٥٦٢
التاريخ ٢٠٢٢ / ٦ / ١٢

العدد : ٨٩٨٩
التاريخ: ١١ / ٦ / ٢٠٢٢

الى /جامعة بابل/كلية التمريض

م/ تقويم لغوي

نهديكم اطيب التحيات ...

كتابكم ذو العدد ٢١٦٢ في ٤/ ٦/ ٢٠٢٣ نعيد اليكم اطروحة الدكتوراه للطالب (فراس كناوي حمود عبد) الموسومة بـ ((الستكشاف التجربة المعاشة والرضا المهني للممرضين والممرضات العاملين في مستشفيات الصحة النفسية: دراسة تعتمد طريقة البحث المختلطة)) بعد تقويمها لغوياً واسلوبياً من قبل (م. اصال هاني حمزة) وهي صالحه للمناقشة بعد الاخذ بالملاحظات المثبتة على متنها.

... مع الاحترام...

المرفقات //

- اطروحة الدكتوراه
- اقرار المقوم اللغوي

أ.د. فراس سليم حياوي
معاون العميد للشؤون العلمية
٢٠٢٣/٦/١١

نسخة منه الى //

- مكتب السيد العميد المحترم ...للتفضل بالاطلاع مع الاحترام.
- م.اصال هاني حمزة.. للعلم لطفاً.
- الشؤون العلمية
- الصادرة

نادية

العراق - بابل - جامعة بابل
بدالة الجامعة ٠٠٩٦٤٧٢٣٠٠٣٥٧٤٤
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مكتب العميد ١١٨٤
المعاون العلمي ١١٨٨
المعاون الاداري ١١٨٩

وطني ٠٧٢٣٠٠٣٥٧٤٤
امنية ٠٧٦٠١٢٨٨٥٦٦

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الخلاصة:

من المؤكد أن الممرضين يشاركون في منع السلوك التخريبي والسيطرة عليه، ومن المرجح أن يقعوا ضحايا لسلوكيات غير متوقعة من قبل المرضى النفسيين. كانت أهداف هذه الدراسة هي تقييم الرضا الوظيفي وعلاقته بضغوط العمل بين ممرضي الطب النفسي في مستشفيات الأمراض النفسية المحددة في بغداد، العراق، وكذلك التحقيق في تجاربهم المعاشة في هذه الاماكن.

تم تصميم الدراسة نهج بحثي مختلط، النوعي والكمي. بدأت الدراسة في الفترة من ١٢ ديسمبر ٢٠٢١ إلى ٢٤ مايو ٢٠٢٣ وتم إجراؤها في ثلاث مستشفيات للأمراض النفسية في محافظة بغداد بالعراق (الرشاد وابن رشد والوحدة النفسية في مدينة الطب). تم اختيار عينة غير احتمالية هادفة مكونة من ٢٣٠ ممرضة. أكمل مائتان وثلاثة الاستبيانات بالكامل عن طريق الإدارة الذاتية، مما أدى إلى معدل استجابة قدره ٨٨,٢٪. أربعة عشر منهم عينة من الجانب البحثي النوعي. كانت استمارة الاستبيان مكونة من أربعة أقسام، الجزء الأول كان يتعلق بالبيانات الديموغرافية، والقسمان الثاني والثالث جزء كمي، بينما الجزء الرابع كان نوعياً.

أظهرت النتائج أن الإناث كانت هي السائدة لمجموع المشاركين. وقد وجدت الدراسة أن المستويات المنخفضة من الرضا عن العمل ترتبط ارتباطًا وثيقًا بمستويات أعلى من التوتر. وكانت المتغيرات مثل (العمر، الحالة الاجتماعية، والحالة العملية) ذات دلالة إحصائية مع التوتر والرضا الوظيفي المرتبط بالعمل. تم تحديد ثلاثة مواضيع باعتبارها السبب الجذري لعدم رضا المشاركين عن وظائفهم في المستشفيات العقلية، بينما كان أحد المواضيع يتعلق بالرضا المهني.

في الختام أظهرت هذه الدراسة أن مستويات كل من الرضا الوظيفي والضغوط كانت متوسطة بين الممرضين العاملين في المستشفيات النفسية العراقية، كما وجد وجود علاقة ارتباط بين انخفاض مستويات الرضا الوظيفي وارتفاع مستويات التوتر.

وأوصت الدراسة بأن تعزيز الوعي الذاتي للممرضين العاملين في مستشفيات ووحدات الطب النفسي في مكان العمل وسلوكهم يعزز الرضا الوظيفي ويقلل من ضغوط العمل.

استكشاف التجربة المعاشة والرضا المهني للممرضين العاملين في مستشفيات الطب النفسي: دراسة النهج المختلط

أطروحة مقدمه من قبل

فراس كناوي حمود عبد العبودي

الى

مجلـس كلية التمريـض/ جامعه بابل ـ جزء من متطلبات نيل درجة الدكتوراه ـ فلسفة في التمريض

بإشراف
الأستاذ الدكتور
حسن علوان بيعي