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**Ministry of Higher Education**  
**and Scientific Research**  
**University of Babylon**  
**College of Nursing**

**Job-related stress and Job satisfaction among  
Nurses working at psychiatric and general teaching  
hospitals: A comparative study**

Dissertation Submitted

By

*Sajad Abood Salman*

To

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**In Partial Fulfillment of the Requirements for the Degree of**  
**Philosophy Doctorate in Nursing**

**Supervised by**

**Professor. Dr. Saja Hashim Mohammed**

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بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

لَقَدْ خَلَقْنَا الْاِنْسَانَ فِيْ كَبَدٍ

سورة البلد

الاية ( ٤ )

"صدق الله العلي العظيم"

## *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 my brothers, sisters, to my uncles and aunts, and to all my friends and loved ones.*

*To the one who was patient and endured the trouble with me and supported me in everything my wife.*

*To those whose eyes I see optimism and happiness in their laughter, my days have blossomed with your presence.....  
(My children, Fatima, Dhuha and Mohammed).*

*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.*

*SAYED AL-JSBOURY*

## Committee Certification

We, the members of the dissertation certification committee, certify that we have reviewed the dissertation entitled **(Job-related stress and Job satisfaction among Nurses working at psychiatric and general teaching hospitals: A comparative study)**. Submitted by **Sajad Abood Salman**, 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 Sciences with an estimate of ( ).

Signature  
Prof. Dr. Hasan Alwan Baiee  
Member  
/ / 2023

Signature  
Prof. Dr. Nuhad Mohammed Kassim  
Member  
/ / 2023

Signature  
Assist. Prof.  
Dr. Hasan Ali Hussein  
Member  
/ / 2023

Signature  
Assist. Prof.  
Dr. Kawther Salman Dawood  
Member  
/ / 2023

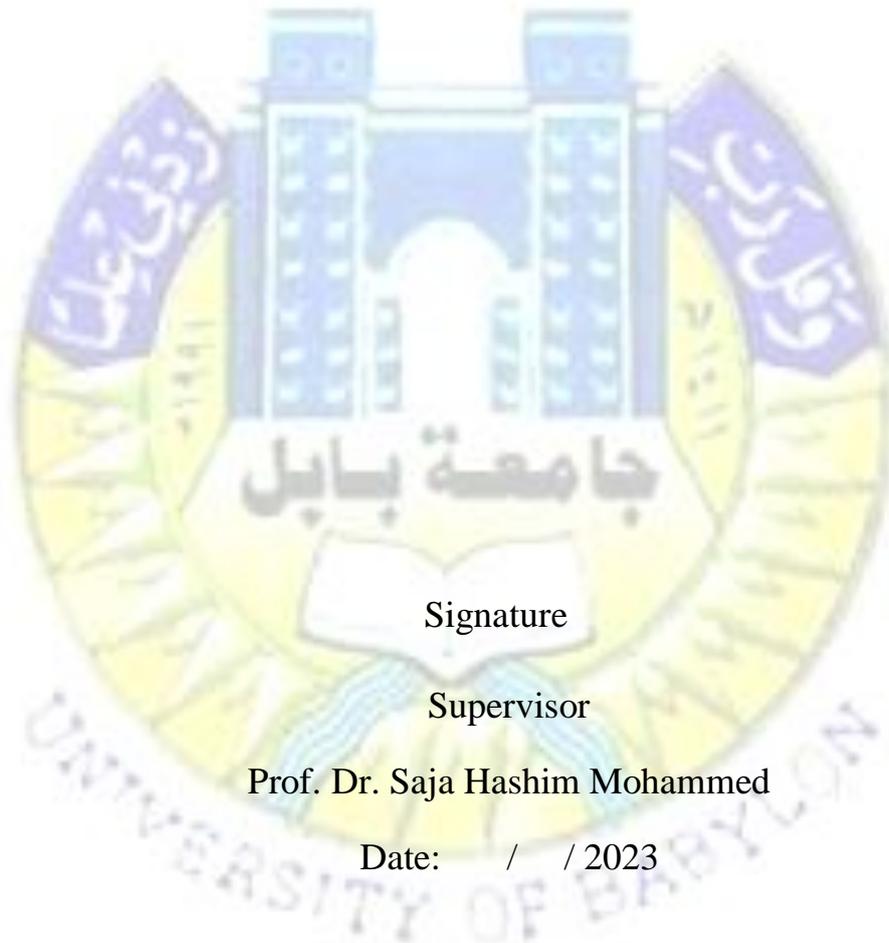
Signature  
Prof. Dr. Salma Kadhum Jihad  
Chairman  
/ / 2023

Approved by the council of the College of Nursing

Signature  
Prof. Dr. Amean A. Yasir  
Dean of the College of Nursing, University of Babylon  
/ / 2023

## Supervisor certification

This is to certify that the dissertation entitled (**Job-related stress and Job satisfaction among Nurses working at psychiatric and general teaching hospitals: A comparative study**), submitted by **Sajad Abood Salman**, to the University of Babylon, College of Nursing in partial fulfillment of the requirements for the Degree of Doctorate of Philosophy in Nursing Sciences. The dissertation work was carried out by the student under my supervision and guidance.



Signature

Supervisor

Prof. Dr. Saja Hashim Mohammed

Date: / / 2023

Signature

Prof. Dr. Amean A. Yasir

Head of Psychiatric and Mental Health Nursing Department

College of Nursing/ University of Babylon

Date / / 2023

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## Abstract

**Background:** The nature of the nurse's work environment makes them face numerous challenges and experience considerable stress, such as working long hours, problems with medical staffs, struggles among colleagues, and problems with job shifts, which are more likely to cause job-related stress and burnout. Nurses' physical and mental health have been shown to deteriorate due to stress. Negative effects on job satisfaction, mental health, and physical health have been linked to nurses' exposure to the stress induced by both the physical and psychological risks of nursing.

**Objectives of the study:** The study aim to compare between nurses working at psychiatric hospitals and nurses working at general hospitals related to job-related stress and satisfaction.

**Materials and Method:** A descriptive cross-sectional design was utilized in this quantitative research to assess job-related stress and satisfaction among nurses working at psychiatric and general teaching hospitals: a comparative study between October 21th, 2021, and June 24th, 2023, the study was conducted.

A non-probability purposive sample of (110) nurse from AL-Rashaad Psychiatric Hospital in Baghdad governorate and (163) nurses from AL-Imam AL-Sadeq Hospital in Babylon governorate. Two separated scales ( job satisfaction scale -28 items and job-related stress scale-51 items)used in this study.

**Results:** The findings of the study indicate that majority of the nurses working at psychiatric hospital (80%) were unsatisfied, while vast majority of the nurses working at general hospital (90.8%) were satisfied. However, more than half of the nurses working at psychiatric hospital (62.7%) experienced moderate levels of job stress, While (50.3%) of nurses working at general hospital experienced low level of job stress.

### III

**Conclusions and Recommendations:** The nurses working at psychiatric hospital suffer from job stress more than the nurses working at general hospital. There is a moderate level (negative correlation) between the job stress and job satisfaction. The study recommended that nurses, especially those who work in psychiatric hospitals need to participate in training programs including coping strategies, stress management, and relaxation techniques to reduce job stress. This leads to increasing or keeping their skill set, which promotes their job satisfaction and decreases stress levels on the job.

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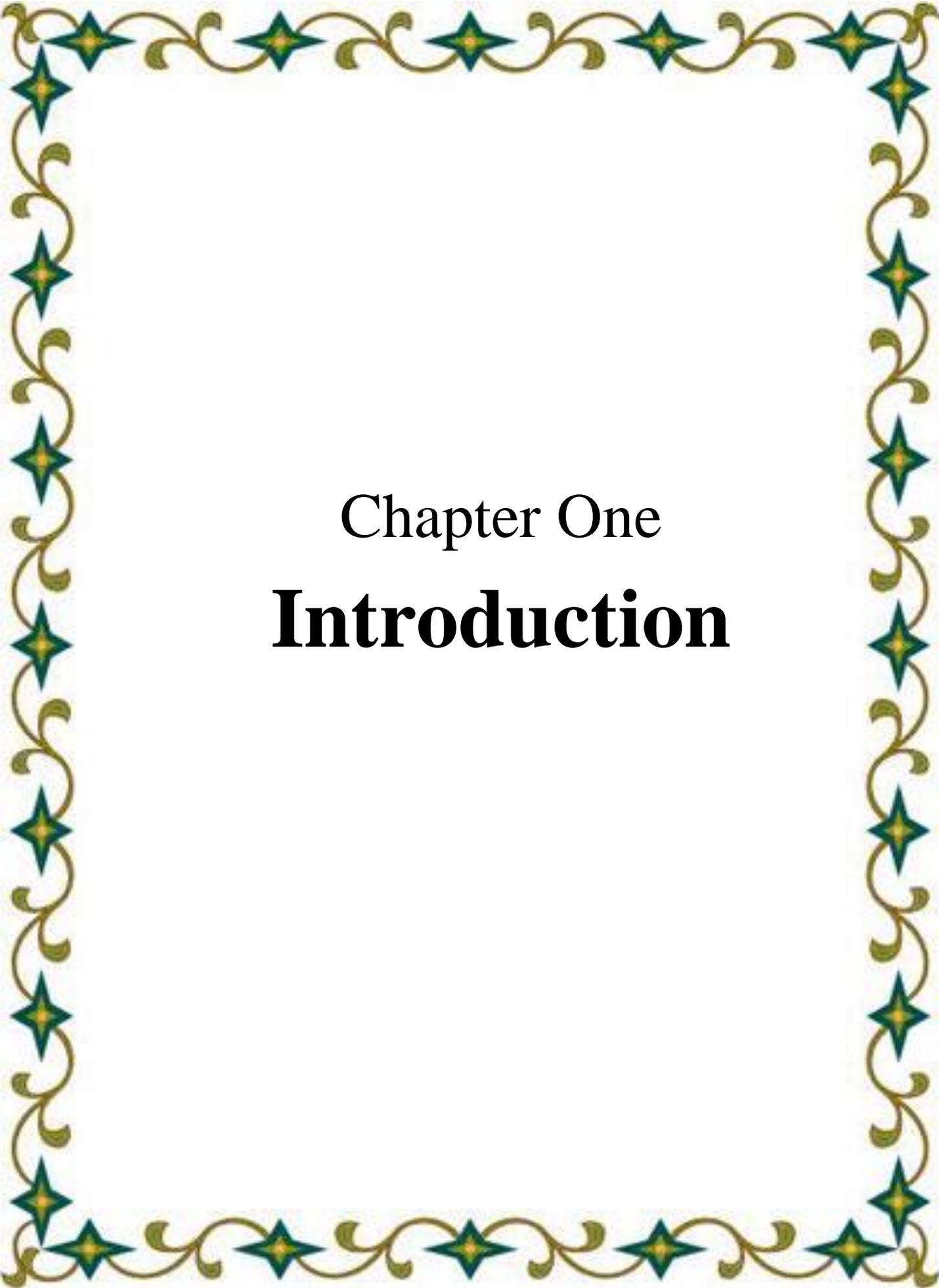
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### List of Abbreviations and Symbols

Abbreviations	Meaning
%	Percentage
ACTH	Adrenocorticotrophic hormone
AMSN	Academy of Medical-Surgical Nurses
ANA	American Nurses Association

ANOVA	Analysis of Variance
ANS	Autonomic Nervous System
Ass	Assessment
BP	Blood Pressure
CRH	Corticotrophin Releasing Hormone
D.f.	Degree of Freedom
ENSS	Expanded Nursing Stress Scale
EPI	Epinephrine
F	Frequencies
JSS	Job Satisfaction Scale
H0	Null Hypothesis
H1	Alternative Hypothesis
HPA	Hypothalamus-Pituitary-Adrenal
HR	Heart Rate
H.S	Highly Significant
HSE	Health and Safety Executive
ICU	Intensive Care Unit
GAS	General adaptation syndrome
M	Mean
n	Sample
No	Number
NE	Norepinephrine
N.S	Non-Significant
NSS	Nursing Stress Scale
ONs	Oncology Nurses
PMHNs	Psychiatric Mental Health Nurses
PNE	Psych neuroendocrine
PNJSS	Psychiatric Nurse Job Stress Scale
PSS	Perceived -Stress Scale
P. value	Probability value
RR	Respiratory Rate

RN	Registered Nurse
RN-BC	Registered Nurse- Baccalaureate
RN-PMH	Registered nurse–psychiatric mental health
S	Significant
SNS	Sympathetic Nervous System
SPSS	Statistical Package for Social Science
SD	Standard Deviation
SE	Standard Error
UK	United Kingdom
WHO	World Health Organization



Chapter One

**Introduction**

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## Chapter One

### **Introduction:**

Work has been a common human practice since the beginning of civilization. It is the secret behind social progress. Work is a virtue and a necessity; the individual must rely on his work to ensure his well-being (Gorny, 2018).

Work provides the individual with the ability to be independent, develop, and, most importantly, find meaning in life. Attaining life satisfaction is a worldwide ambition. A factor in emotions affecting level of satisfaction in life is way of working ( Assiry *et al.*, 2022).

Work is an inseparable part of life. Through work, individuals can fulfill a significant role of their needs. Today, human work is a value in itself; in addition to personal development, it provides satisfaction and professional fulfillment, and it can also be a source of frustration and dissatisfaction. However necessary, human activity resulting from the sense of duty, and it is intended to create socially relevant spiritual and tangible values ( Gorny, 2018).

The nature of work is changing rapidly in almost every profession. It is generally agreed that the field of healthcare is more stressful than other fields, and that nursing is one of the most demanding and stressful occupations in the world (Sidra, 2020).

The nature of the nurse's work environment makes nurses face numerous challenges and experience considerable stress, such as working long hours, problems with medical teams, struggles among

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colleagues, and problems with job shifts, which are more likely to cause occupational stress and burnout (Samaei *et al.*, 2017).

When it comes to the efficacy and efficiency of businesses and organizations, job satisfaction may be seen as one of the major influencing factors. As a matter of fact, the new management paradigm, which stresses that workers should be handled and viewed mainly as human individuals with their own goals, requirements, and personal aspirations, is a great indication of the significance of job satisfaction in modern businesses. When analyzing employee satisfaction at work, the logic is that a satisfied worker is a happy worker, and a happy worker is a successful worker (Aziri, 2011).

Individuals feelings about their employment, both positively and negatively, are called "job satisfaction. Satisfaction is a typical metric along a continuum from a positive situation to a negative one, and it is described as the appropriateness of one's employment. According to psychologists' strategies, overall job satisfaction is the degree to which an employee is content with his or her employment overall and in all respects. A job's overall satisfaction may be gauged by looking at how satisfied people are with various aspects of their jobs, such as their supervision, pay, responsibilities, and colleagues (Ibadi & Hamedon, 2020).

Nurses play a crucial role in safeguarding the health and wellbeing of their patients. It's generally agreed that nursing is one of the most stressful jobs out there; several researches have recognized it as the most stressful profession (Masa'Deh, 2017 & Baker, 2020).

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Nurses face aggression and psychological violence from patients and their families. They are exposed to violence and assaults, as happens sometimes in psychiatric hospitals. Nursing at a mental hospitals is a highly stressful profession because of the unpredictable nature of patient behavior, which may include acts of hostility and violence. The work environment for psychiatric nurses is fraught with potential sources of stress. (Riklikien *et al.*, 2015; Dawood *et al.*, 2017).

Nurses of other specialties, they are also exposed to infectious diseases, pollution, stressful work settings, and a variety of sorts of physical and emotional abuse. Some of the challenges that nurses face include a lack of encouragement and guidance from superiors and colleagues, poor communication with doctors and other healthcare providers, limited opportunities to carry out their duties, inadequate training, and a lack of experience. These are among the stress factors that affect nursing work and good performance (Riklikien *et al.*, 2015).

Stress considered as a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being. The term (stress) is commonly used to refer to the mental state that occurs as a result of being exposed to, or at risk of being exposed to, stressors may be anything that causes a someone to feel stressed, whether it is an obvious physical danger in the job or a covert psychosocial risk tied to the sense of stress(Viegas, 2015)

Nurses' physical and mental health have been shown to deteriorate due to stress. Negative effects on job satisfaction, mental health, and physical health have been linked to nurses' exposure to the stress induced

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by both the physical and psychological risks of nursing. There is an evidence that stress has far-reaching effects on healthcare organizations, not just individual nurses (Sidra, 2020).

If these aspects in mental health nursing are better understood, maybe methods might be developed to ameliorate the working circumstances of these nurses, which in turn would improve the quality of nursing care provided (Konstantinos & Christina, 2016).

Moreover, Burnout due to stress has been notarized among healthcare employees, involving nurses, and is considered one of the potential dangers happening among workers. This is because high stress levels lead to negative work environments, which in turn lead to dissatisfaction and burnout. The term burnout refers to the emotional tiredness, distancing, and lack of motivation and excitement to work and accomplish that some nurses experience in their profession. Nurses have been reported to be particularly vulnerable to burnout within the healthcare workforce. Furthermore, research shows that nurse burnout negatively impacts both patient care quality and patient satisfaction. Nurses' inefficiencies, as well as their commitment to their jobs and the quality of care they provide, are impacted by burnout and poor work satisfaction ( Mohite, 2014).

It's well acknowledged that nurses' high levels of stress have a negative impact on their ability to accomplish their jobs, which in turn has indirect effect on patient care (Gulavani & Shinde, 2014).

Extra stress aspects such as stress at home, conflict within work, insufficient personnel, inadequate cooperation, lack of training, and

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weak supervision exacerbate the negative effects of chronic stress. It is known that job stress causes nurses emotional exhaustion and results in negative feelings towards their patients (Shinde & Anjum, 2012).

The health and level of satisfaction of the nurses engaged are affected by stress, which in turn affects patient care. According to the nursing specialization, a variety of stressors have been found via nursing research (Rita *et al.*, 2013).

Psychiatric nursing is often seen as a stressful field where few people find satisfaction in their work. Employee burnout and dissatisfaction may result from being under constant stress at work. Mental and psychiatric health nurses play a crucial role in the treatment of psychiatric patients in a therapeutic setting as part of a larger multidisciplinary team (Konstantinos & Christina, 2016).

There is a great deal of empirical evidence that psychiatric nurses are relatively susceptible to stress in the workplace, which reduces subjective well-being (Lukose, 2015).

Some studies suggest that mental health nurses are more susceptible than other nurses to job-related stressors or burnout due to the particular challenges they confront on the job (Sidra, 2020).

It is critical to get an understanding of job satisfaction because of its stated impact on the physical and mental wellbeing of employees and its possible impact on work performance and behaviors. Therefore, work satisfaction is not a singular entity but rather the result of a complex web of interconnections among many factors such as duties, rewards, and opportunities for growth and development. Several strategies exist for

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healthcare organizations to promote employee satisfaction at work, most of which center on catering to the needs of both the personal and collective interests of current and future employees. Passion for one's work like this contributes to better patient care (Assiry, *et al.*, 2022).

Job satisfaction is the positive and negative feelings of the direction of the job providing the workers with the physical, psychological, and, social benefits compared to what this worker expects, which will have a significant impact on the level of work performance and productivity of work( Ibadi & Hamedon, 2020).

The importance of job satisfaction particularly emerges if one has in mind the numerous negative sequels of job dissatisfaction such as disloyalty, absenteeism, accidents, and other negative outcomes. There are three key factors that contribute to job satisfaction. First, human values should be the compass by which organizations operate. Organizations using this philosophy will treat their employees with dignity and justice. An evaluation of work satisfaction in certain situations may be a reliable predictor of productivity. Employees who report high levels of satisfaction with their work may be healthy emotionally and mentally. Second, the behavior of employees related to their level of satisfaction with their job will impact the functioning and productivity of the organization's work. It follows that satisfied workers are productive workers and that unsatisfied workers are unproductive when they are not happy with their work. Third, satisfaction at work may be a barometer of activities inside an organization. To describe the varying levels of work satisfaction across organizational units and to

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determine which units would benefit most from changes that would increase performance, job satisfaction evaluations are used (Aziri, 2011).

## **1.2. Importance of the Study**

The nursing profession is by far the largest of the health care specialists' staffs. Nurses deal with both healthy individuals and those who fall into high-risk categories. Nurses' ability to help patients, patient groups, and the public depends on their education, working conditions, freedom to make decisions, opportunities to affect change, and overall job and career satisfaction (Riklikien, 2015).

Individual and group performance suffer when people are stressed. At the individual level, it has a negative effect on nurses' levels of work satisfaction, well-being, and health; at the organizational level, it causes an increase in turnover and absenteeism. Because of this, healthcare efficiency and quality suffer in the long run ( Baker, 2020).

Stress at work, the causes of stress, the health and happiness of workers, and the major impacts of work stress on productivity in various occupations have all been extensively studied for over 50 years. According to studies conducted on the topic, when nurses are unable to handle the pressure they face on the job, they become less committed to their work, They provide substandard care to their patients, and make more errors. Burnout in nurses is caused by a number of factors, including an inability to strike a healthy balance between their desire to give high-quality care and the demands of their work environment (Khamisa et al., 2016; Maharaj & Lees, 2019).

Stress is determined as a major cause of 80% of all occupational injuries and 40% of the financial burden in the workplace, according to the American Institute of Stress. Nursing is known as a stressful job since it is associated with complex job demands and needs, and high expectations, excessive responsibility, and minimal authority have been identified as the main stressors (Babapour *et al.*, 2022).

According to a poll by an American life insurance firm, about half (46%) of the working population feels excessive stress at work. From 1982 to 1991, the number of people disabled by stress rose from 6 percent to 13 percent. One in three U.S. workers has quit because of stress. Recent studies suggest that 50% to 60 % of all lost working days are related to professional stress ((Sahraian *et al.*, 2013 and Milutinovic *et al.*, 2012).

When stress is extreme and long-lasting, it may have a detrimental impact on health and cause a variety of mental and physical disorders. Nurses have negative outcomes as a result of work-related stress that lowers their job satisfaction (AbuRuz, 2014).

Job satisfaction has been linked to an increase in self-confidence, better physical, mental, and social health, clearer lines of communication, and less psychological stress. Nurses' levels of work satisfaction are affected by factors like job dimensions, business policies, and personality traits (Chien *et al.*, 2013).

When nurses aren't able to handle the demands of their jobs, they experience a variant level of stress and, ultimately, discontent on the job.

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Previous studies found a positive relationship between staff performance and work satisfaction (Mohammadi, 2016).

Previous research has shown that stress has a far greater impact on nurses' levels of work satisfaction. Nurses are already under a great deal of stress due to their already heavy job and the added difficulty of caring for critically ill patients. To lessen the negative effects on nurses, researchers should examine the relationship between nurses' work stress and their level of satisfaction on the job (Ghazi & Dhafer, 2020).

Nurses will benefit immensely from this research since they will be able to adopt measures to reduce the stress they feel on the job. The results of this research will aid hospital managements in identifying sources of stress and appreciating the value of job satisfaction in the workplace hospital administrators would greatly benefit from identifying locations where nurses experience high levels of stress and putting in place particular strategies to reduce that stress level. As well as identifying the difference between work stress and job satisfaction among nurses in psychiatric hospitals and general hospitals so that we can know which one suffers more in nursing work.

It is very essential to determine the magnitude of the problem and study the factors responsible for it. This will help streamline stress management programs towards a specific focus, ensuring these nurses remain healthy and free of stress. This will lead to better delivery and better quality of health services for the entire population.

**1.3. Statement of the Study:**

The researcher hypothesized in this study that there is a correlation between nurses' levels of job satisfaction and the stress they experience on the job. Nurses suffer greater stress in accordance to other professional groups due to dealing with patients and the need to withhold negative feelings. This may reduce their job satisfaction, which is reflected in their performance in providing nursing care. Therefore, this study aimed to identify the factors causing job stress and job dissatisfaction among nurses working in psychiatric hospitals and nurses working in general hospitals and to identify the difference between them according to the variables of the study. Identification of the factors associated with the stress, in order to be able to provide recommendations useful in decreasing job stress and raising job satisfaction among Iraq's nursing staff.

**1.4. Hypothesis:**

- H0: There are no significant differences between nurses working at psychiatric hospitals and nurses working at general hospitals related to job-related stress and job satisfaction.
- H1: There are significant differences between nurses working at psychiatric hospitals and nurses working at general hospitals regarding to job stress and job satisfaction.

**1.5. Objectives of the Study:**

1. To assess the socio-demographic characteristics of the studied sample
2. To assess the level of job stress and job satisfaction among nurses

working at psychiatric hospitals.

3. To determine job stress and job satisfaction among nurses working at general hospitals.

4. To determine the differences between nurses working at psychiatric hospitals and nurses working at general hospitals related to job satisfaction

and job-related stress.

5. To find out the correlation between job-related stress and job satisfaction.

6. To find out the association between job-related stress and job satisfaction

with socio-demographic characteristics.

## **1.6. Definition of Terms**

### **1.6.1. Job-related Stress**

#### **Theoretical Definition**

Job-related stress can be defined as the psychological tension or strain that arises from both employees and organizational stressors in the workplace related to the demands of the job (Finney *et al.*, 2013).

**Operational Definition**

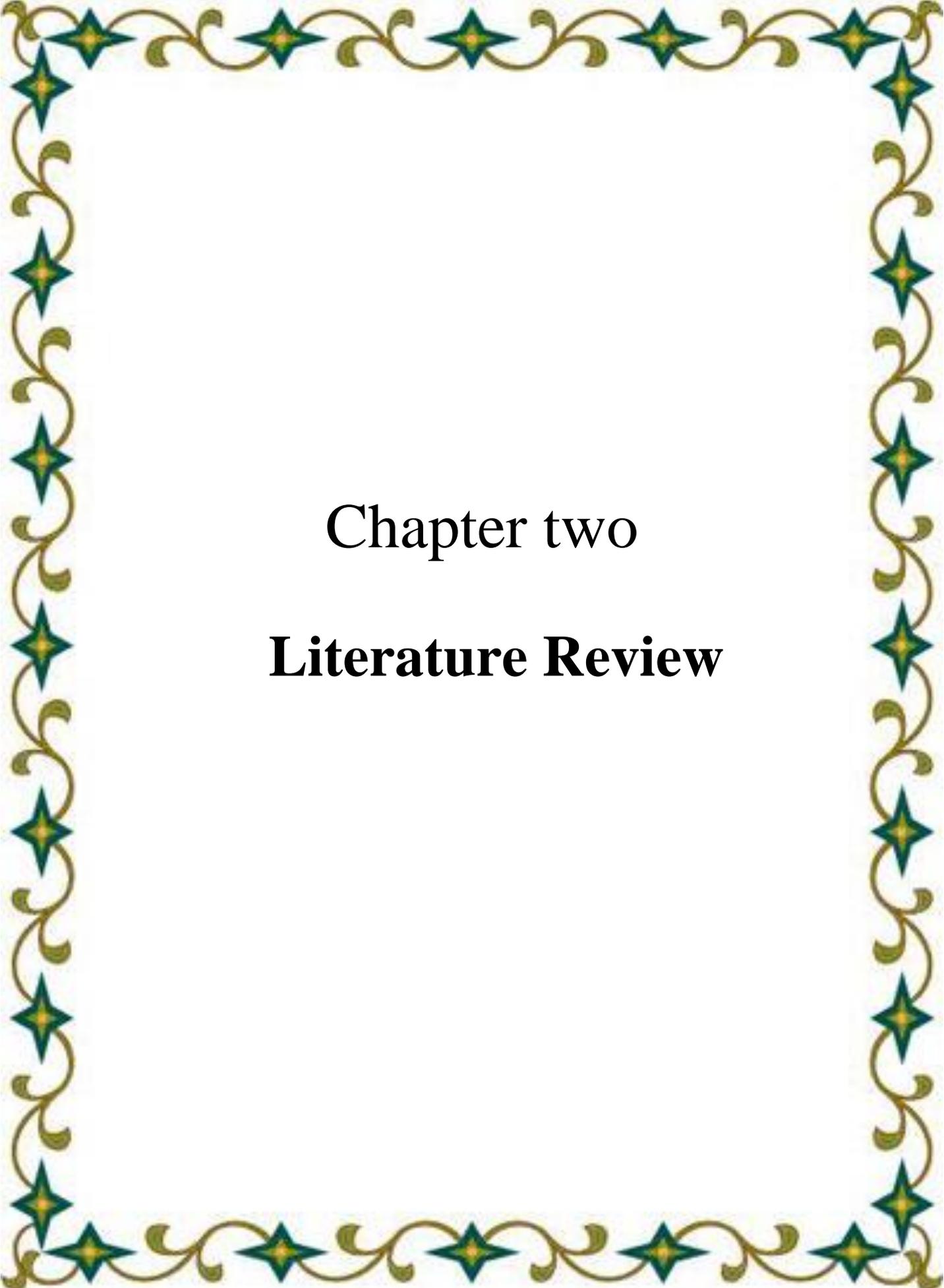
Job-related stress can be defined as the sum of behavioral, emotional, and physiological responses that occur to the individual when dealing with perceived threats and challenges in his work environment.

**1.6.2. Job Satisfaction****Theoretical Definition**

Job satisfaction is defined as the appropriateness of a job and is a standard parameter along a continuum from a positive situation to negative (Naz, 2015).

**Operational Definition**

Job satisfaction can be defined as the level of satisfaction that the individual feels about his work, and it may relate to his feelings towards his work as a whole or towards some aspects of his work.



Chapter two

**Literature Review**

## 2. Review of literature

### Part one :

#### 1. Stress concept

Hans Selye, who evolved the theory of stress, first utilized stress. Selye defined stress as any reaction of an organism to a set task, including but not limited to the human response. He called the causes of stress stressors. (Riklikienė *et al.*, 2015; Mohite *et al.*, 2014).

According to Selye's General Adaptation Theory, the body's reaction to stress is bio physiological. A syndrome of bodily responses develops when a person is exposed to a stressor. In a comprehensive view of the individual, the idea of stress is also seen as active. In most cases, people experience a mix of the physical, mental, emotional, and spiritual aspects of the stress reaction. The same holds true for stress, which may be caused by either internal or external factors. Experiencing some stress in order to get things done is natural and even helpful; this positive kind of stress is called "eustress." Extreme, chronic, and recurrent stress is known as "distress," and it may have detrimental effects on one's health and well-being, including the development of physical and mental illnesses ( Mohite *et al.*, 2014).

Stress emanates from perceptions of harm, threat, or challenge in a person's environment. It is a negative psychological and physiological condition that derives from a combination of forces internal and external to the individual that tax a person's coping ability (Smollan, 2015).

Stress occurs when perceived demands exceed individuals' coping abilities; stress happens as a result of interaction between the external and internal components, involving the perception of the individual and taking into consideration the ongoing relationship between the individual and the environment (Masa'Deh *et al.*, 2017).

One's life might be negatively impacted by stress if there is a strain or danger to the organism's physical or spiritual limits. Stress is described as an internal sign that threatens the individual's balance in a physical, social, or psychological environment by the authors cited, Gray-Toft and Anderson. Long-term stress disrupts the body's natural equilibrium, leading to physical, mental, and social problems( Mert *et al.*, 2021).

### **1.1.Types of stressors**

Stressors occur in numerous ways and categories. They might be characterized as physical, physiologic, or psychosocial. Physical stressors involve cold, warmth, and chemical factors. Physiologic stressors involve pain and tiredness. Psychosocial stressors involve fear (e.g., fear of an unsuccessful examination, job loss, or waiting for the result of a diagnostic test) (Itzhaki *et al.*, 2015).

Stressors may happen as natural life turns which require some alteration, such as the transition from childhood into adulthood, marriage, or birth. Stressors have also been categorized as day-to-day defeats or frustrations, large complex events involving great groups, and stressors that happen less repeatedly and include fewer people(Masa'Deh *et al.*, 2017).

Common everyday sources of stress include things like being late for work, having computer problems, and arguing with a loved one or a flat mate. The impact of these experiences is different. A rainfall experienced while on vacation at the beach, for instance, is more likely to be perceived negatively than it would be under other circumstances. The cumulative effect of these everyday problems over time has been demonstrated to have a higher influence on health than major life events. They may cause physiological issues such as hypertension and heart palpitations(Schonfeld *et al.*, 2016).

Major stressors influence larger groups of individuals, families, and occasionally even whole countries. These include historical events such as terrorist attacks and wars, seen either firsthand in the war zone or via live news broadcasts. Changes in population, the economy, and technology are also stressors. It's not only the kind of change that might be stressful but also the speed at which it happens. Stressors concerning relatively infrequent situations that directly affect people have been studied extensively. The impact of life events such as death, birth, military service, marriage, divorce, and retirement all fall under this category. Included in this category are the psychosocial squeezes that people go through throughout the stages of their life cycle. Longer-lasting chronic stresses may include having a handicap that won't go away or caring for a developmentally disabled child or elderly person who needs constant attention( Hinkle, & Cheever, 2014).

## **1.2. Stress as a Source of Illness**

The theoretical approach that identifies stress as a stimulus has been a primary focus of psychosocial research on the relationship between life

events and disease. Constant stress has been linked to an increased risk of illness, according to studies (Gallo *et al.*, 2014).

Typical life events are given numerical values, known as life-change units, using scales devised by Holmes and Rahe (1967). Theoretically, by tallying up the number of recent events and deriving a total score, one can predict the likelihood of illness. This is because the items in the scales reflect events that require a change in a person's life pattern, and stress is viewed as an accumulation of changes in one's life that require psychological adaptation. Distress is a normal reaction to changes in one's physical and mental wellbeing, in everyday functioning, in social support, and in the presence or absence of important persons(Boland *et al.*, 2015).

Anxiety levels rise when a person is worried about being unable to do the things they like, being alone, having sensory changes, having money issues, dying, or being disabled. Discomfort of a severe kind might result from the loss of one's role or sense of purpose in life. Any of these specified variables, in addition to countless other stipulations or requirements, are possible to cause ineffectual coping, and a lack of effectual coping skills is overwhelmingly a source of extra distress for the individual. The development of a stress-related disease is a common response to prolonged or relentless suffering( Hinkle & Cheever, 2014).

### **1.3. Responses to Stress**

#### **1.3.1. Psychological Responses to Stress :**

After identifying a stressor, an individual will respond, either consciously or unconsciously, in an effort to alleviate the stress. The word (mediation) is used to describe this step. Concepts like cognitive

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assessment and coping are highlighted as key stress mediators in a theory developed by Lazarus (1991). An individual's internal and external resources, among other antecedent elements, might have an impact on their appraisal and coping (Itzhaki *et al.*, 2015).

### **Appraisal of the Stressful Event**

Cognitive evaluation is the process of evaluating an occurrence in terms of the stakes involved (primary appraisal) and potential solutions (secondary appraisal). What an individual sees as being at stake is affected by their personal objectives, commitments, or stimulations. There are a number of factors that play a role, including the significance of the event, the degree to which it clashes with the individual's interests and aspirations, and whether the situation threatens the individual's feelings of strength and ego identity. and whether the situation threatens the person's own sense of power and ego identity. The primary appraisal results in the situation being determined as to whether or not it is stressful. What can be done to improve the situation is assessed in a secondary appraisal. New knowledge may lead to a reappraisal or a shift in perspective ( McEwan *et al.*, 2021).

Primary appraisal, secondary appraisal, and reappraisal may all happen at the same time. The appraisal process is not necessarily sequential. Emotional growth is influenced by the appraisal process. Harm or loss appraisals are accompanied by negative feelings like fear and rage, whereas challenges are accompanied by positive emotions like excitement and pride. Besides the subjective component or feeling that escorts a certain emotion, each emotion also includes a tendency to behave in a particular way. For instance, unready students may view an unexpected quiz as threatening. It's possible they'll experience negative

feelings like fear, wrath, and resentment and act out in aggressive ways as a result (Itzhaki *et al.*, 2015).

### **1.3.2. Physiological Response to Stress :**

The physiologic response to a stressor, whether it is physical, psychological, or psychosocial, is a protective and adaptive mechanism to maintain the body's homeostatic balance. When a stress response occurs, it activates a series of neurologic and hormonal processes within the brain and body systems. The duration and intensity of the stress can cause both short- and long-term effects (Hinkle & Cheever, 2014).

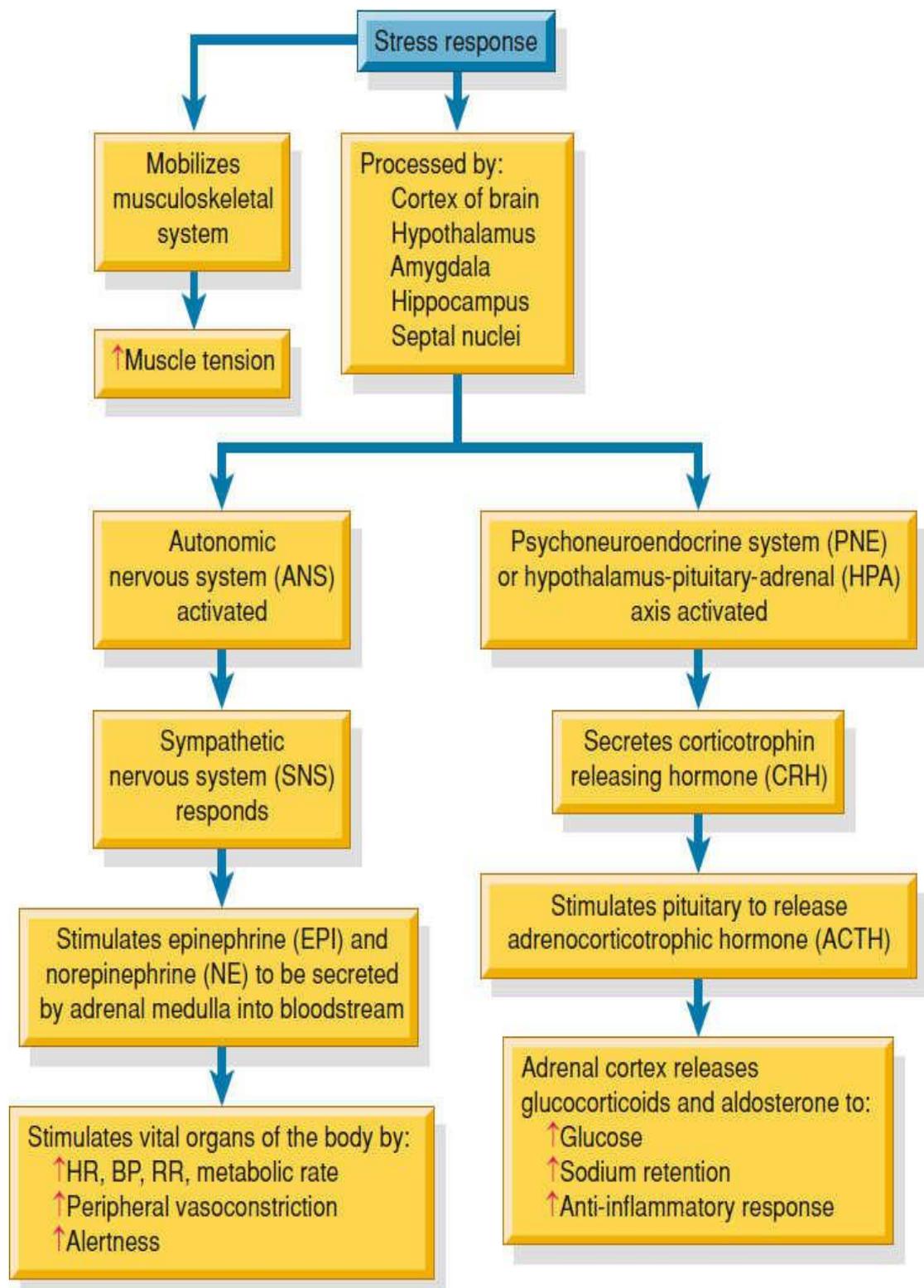


Figure (2-1) The physiologic response to stress(Hinkle & Cheever, 2014).

#### **1.4. Stress and Adaptation :**

The term stress refers to how the body reacts physiologically to any external factor which is evaluated as a danger to the individual's condition of dynamic balance or equilibrium. It's possible that the individual may feel unable to meet the demands of the changes that have occurred. The change or stimulus that arouses this condition is the stressor. An individual evaluates and copes with these changing situations. The intended result is adaptation or adjustment to the change, which restores the individual to a state of balance and equips them to take on new challenges. This is the process of adjusting to the stressor, which includes both physiological and psychological adaptations. Studying responses at the cellular, tissue, and organ levels is feasible because stress and adaptation may occur at several levels in a system. Subcellular components and subsystems of the whole body are the main concerns of biologists. Behavioral scientists, which include many nurse researchers, examine stress and adaptation at the individual, family, group, and societal levels, with a particular emphasis on how a group's organizational features are modified to meet the demands of the physical and social environment in which the group exists. In any system, the desired objectives of adaptation are survival, growth, and propagation (Townsend, 2013).

The nature of the nurses duty and their work environment makes nurses to face numerous challenges and experience considerable stress, such as working for long times, , problems of medical teams, working with teams in same job environment, ,struggles among colleagues, problems with job shifts, which more likely to cause occupational stress and burnout (samaei et al.,2017).

The ability of nurses to successfully deal with the requirements and stress of their work-setting is significantly influenced by the nurses traits of emotional intelligence, which are recognizing one's own skills and emotional abilities, uniqueness, and behaviors (Nwankwo, et al.,2013).

Psychological and behavioral efforts that people employ to reduce master, tolerate, or decrease stressful events are related to the strategies that individuals use to cope with stressful events. Two general adapting strategies have been illustrated; problem-solving strategies are attempts to make something effective to alleviate stressful circumstances. The second are emotion-centered coping strategies, which include efforts to regulate the emotional consequences of stressful events ( Hrefish & AL-Hadrawi, 2020).

In addition to individual concepts of homeostasis, stress, adaptation, and health problems associated with maladaptation, the concept of family is also important. Nurses can intervene with both individuals and families to reduce stress and its health-related effects. The family (a group whose members are linked by mutual caring, collective responsibilities, and fidelity) plays a central role in the patient's life and is a main part of the context of their life. It is inside families that people grow, are nurtured, gain a sense of self, develop beliefs and values about life, and advance through life's developmental phases. Families are also the initial source for socialisation and teaching about health and disease ( Hinkle & Cheever, 2014).

## **2. Job-related Stress concept**

Job stress refers to an extension of general stress: the nature of job stress is different from general stress in that job stress is specifically a

result of work settings. According to the WHO Expert Committee (1985), it is the second most common work-related health problem after back pain and musculoskeletal problems. Work-related diseases are defined as a "wide spectrum of diseases of multifactorial etiology, which are partly associated with profession or working conditions. Well-known physical, chemical, and ergonomic elements may not be the only ones contributing to the development of such illnesses (Wu *et al.*, 2018).

Indirect processes, such as psychological factors and persistent professional stress, may also play a significant role. When the needs of the workplace exceed the resources available to employees, the result is occupational stress. It's not limited to any certain job or kind of worker. Professional stress can also be defined as a pattern of emotional, cognitive, behavioral and physiological reactions to adverse and harmful aspects of work content, work organization and the working environment (Milutinović *et al.*, 2012).

Nursing is considered a hard job and their work stresses can have negative effects on health and quality of life, Job stress is an interactive situation between the job situation and the working person in that job, which leads to changes in the individual's psychological and physiological status and affects normal performance. Job-related stress can damage a person's physical and mental health and ultimately have a negative effect on job productivity by increasing stress levels ( Babapour *et al.*, 2022).

### **2.1. Possible Sources of Job Stress:**

Many researchers have tried to classify the different sources of job stress, which can be summarized in four dimensions:

### **1.Organizational Structure:**

The organizational structure of institutions is one of the most important sources of job stress especially when it has a high degree of centralization in decision-making and the weakness of the various channels of communication within the organization, as well as weak opportunities for development and promotion, and this in general increases the possibility of individuals suffering job stress see that administrative procedures within the institution may not be good and a waste of time, and the capabilities of Work may always suffer from material shortages, lack of devices and equipment, and the lack of good and specific plans as well, may lead to an individual feeling stressed (Al-Shuwaiki, & Alaa Najeh, 2020).

### **2.Work Environment**

Just as environmental instability affects the design of an organization's structure, it affects the level of stress that affects workers in the organization, and these environmental factors include the following: firstly, technological change, which is one of the factors that can cause stress, because modern innovations can introduce innovations, skills, and experiences in a very short time through computers, robots, and similar technological innovations that have entered work, as they all may cause a threat to many people because of their lack of knowledge in the way they are used and cause stress at work. Secondly, the general economic situation, fluctuation in the financial situation, whether it is up or down, can cause an increase in anxiety in jobs, and when a recession is apparent, this leads to the emergence of disorganized behavioral patterns and trends. Stress also occurs when the economy is thriving,

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when a business official thinks about the opportunities that he can benefit from it and worry about making the right decisions .Third, the change in social conditions, which is represented in the emergence of phenomena that conflict with rules and laws and systems enacted by societies and tendencies of bias or fanaticism among people, which creates a situation of frustration for the individual because it impedes him in reaching his goals (Robbins *et al.*, 2007).

### **3. Organizational Policies:**

It is one of the most important sources of job stress, researchers in the field of organizational behavior focused their studies on this source where job stress differs from one institution to another, depending on several reasons, including the size of the institution and its climate, the prevailing policies and strategies used in the organization of work and the multiplicity of positions that constitute a source for the stress that individuals are exposed to within the institution include the nature of work and its requirements, the person's role within the organization, physical conditions at work, salary and rewards, responsibility towards others and professional development (Al-Shuwaiki, & Alaa Najeh, 2020).

### **4. Social Relationships:**

Teams and groups at work have an impact on employee behavior, good relationships and interaction with colleagues, subordinates and superiors are crucial aspects of organizational life as they help individuals achieve individual and organizational goals. If these relationships are poor, they can become sources of job stress. sources of stress are multiplied by the multiplicity of environments and the peoples

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that the individual deals with, to include: (family, work, and society) (Al-Shuwaiki, & Alaa Najeh, 2020).

## **2.2. Job-related Stress Indicators:**

### **2.2.1. Psychological Indicators:**

**Depression:** Is one of the psychological indications that help to identify an employee with workplace stress. It is characterized by feeling sadness, losing interest in work, and problems concentrating and remembering details.

**Anxiety:** Is considered as a psychological indication, which is usually a normal and healthy reaction in workplace. However, individuals with stress regularly feel disproportionate levels of anxiety, it could develop to a medical illness. Moreover, anxiety can cause other mental health diagnosis, which in turn lead to excessive worry, apprehension, fear and nervousness.

**Discouragement:** Discouraged professionals feel hopeless about their future and have the sense that the work stress they experience is will not diminished.

**Irritability:** Is a trait of getting annoyed easily and unable to understand others' emotions or their point of view.

**Pessimism:** Pessimistic professionals usually put more focus on the negative side of the situations in their workplace instead of the positive aspects (Hrefish & AL-Hadrawi, 2020).

### **2.2.2. Behavioral Indicators:**

The behavioral indicators include a rise in sick days or nonattendance time, violence behaviors, reduced creativity and initiation, a drop in the performance at workplace, poor interpersonal relationships,

irritability and mood swings, impatience and lower tolerance of frustration, disinterest and preference of being alone at work (Better Health Channel, 2018).

### **2.2.3. Physical Indicators:**

Physical indicators of stress may include increased incidence of coronary heart disease, certain types of cancer, migraine, stomach ulcers, fever and asthma and skin rash (Masa'Deh *et al.*, 2017).

### **2.3. Importance of Job Stress:**

The importance of job stress is evident in that it is a basic and real way to explain the behavior of individuals in the organization they work whether positively or negatively, which affects the achievements and commitments and productivity in order to know the negative or positive effects resulting from it at the individual level and the organization. It is also considered the basis of the organizational base in the availability of an appropriate and healthy work environment. Individuals who are under high job stress are more prone to occupational accidents and this calls for the need to reduce stress related to occupational injuries. (Kiani *et al.*, 2012)

Stress is one of the most important topics that are difficult to avoid, stress has become the buzzword and has attracted people's attention in all aspects of life. In fact, no one is immune from stress from the time of birth until death, as the individual is exposed to various stressful situations, and the talk about stress has become widespread and has become a phenomenon in Western companies because it is financially costly for business, because it affects both the employee's health and the goals of the institution (Al-Shuwaiki, & Alaa Najeh, 2020).

## **2.4. Job Stress Theories**

Everyone experiences stress at some point, and learning to adapt and cope well is essential. The stress theories provide nurses with a framework for thinking about how stress affects people and how they react to stressful circumstances. When a person is able to effectively adjust to stress, this results in equilibrium; when they are unable to do so, this results in disequilibrium. Physical or mental illness may develop as a consequence of the disequilibrium. What's crucial to keep in mind about stress theories is that stress manifests in various ways for different people (Azem *et al.*, 2019).

### **2.4.1. Physiological Theory of Stress**

It is led by Canadian physician Hans Selye, who worked on developing Canon's work when he searched for a new sex hormone (femininity and masculinity). Seeley began his studies first at McGill University and later at the Institute of Experimental Therapy and Surgery at the University of Montreal. Seeley's work was based on defining the physiological terms associated with the body's reactions to stress. This work led him to discover that the glands that secrete adrenaline are the first responders to stress. As a result, the view has shifted to thinking about stress as not just a matter of the mind but rather as the body's chemical reaction to daily events (Townsend, 2013).

The general adaptation syndrome (GAS) was first postulated by Hans Selye, a pioneer in the study of stress. The physiologic reactions to stress may be understood by reference to the GAS because of Selye's definition of stress as wear and tear on the body. Selye also noticed that patients suffering from multiple diseases show a lot of similar

psychological responses. This observation prompted him to conduct more subsequent studies on animals and humans, through which he concluded that there is a chain response to stress that can be predicted, which he called general symptoms of adaptation ( McEwan *et al.*, 2021)

**2.4.1.1. General Adaptation Syndrome :** The general adaptation syndrome (GAS), a concept developed by Hans Selye, consists of three stages: alarm stage, resistance stage, and exhaustion stage. The alarm phase characterized by production of catecholamines and the initiation of the adrenocorticotrophic hormone (ACTH)-adrenal cortical response, which together initiate the sympathetic flight or fight reaction. Defensive, anti-inflammatory, alarm response is still temporary. People enter the second stage of resistance because being constantly on edge is fatal. Adaptation to the harmful stressor takes place during the resistance phase, although cortisol levels remain elevated. Exhaustion, the third stage, happens if the stressor is present for an extended period of time (Townsend, 2013).

### **1.Reaction Alarm Stage**

At this stage , the body's defense mechanisms are mobilized and the flight or fight reaction is triggered, causing a disequilibrium in the body. It represents the initial actual response of the body to a state of stress, which generally takes the form of the interaction of chemical compounds in the human body and appears in nerve tension, high blood pressure, increased breathing rate, and other symptoms. According to Selye, this stage expresses the first reactions of the body. any external aggression. It is a call to mobilize all the defense forces of the body. And whenever the

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state of stress increases, the individual moves to a next stage (Lipp *et al.*, 2019).

## **2. Resistance Stage**

At this stage, the defensive reactions multiply, and the body's defense responses are the opposite of its response in the previous stage. In the reaction alarm stage, the cells of the cortex secrete their hormonal contents into the blood, but the opposite occurs in this stage, as the secreted contents are deposited from the cortex. During the reaction alarm stage, the weight decreases slightly. At this stage, the body regains its known weight and the blood knows its normal flow, and in the event that the organism loses its strength, it enters a final stage, which is the stage of exhaustion (Hinkle, & Cheever, 2014).

**3. Exhaustion Stage :** This stage occurs when there is a prolonged exposure to the stressor to which the body has become adjusted. The adaptive energy is depleted, and the individual can no longer draw from the resources for adaptation described in the first two stages. Diseases of adaptation (e.g., headaches, mental disorders, coronary artery disease, ulcers, colitis) may occur. Without intervention for reversal, exhaustion and even death ensues (Townsend, 2013).

**2.4.1.2. Local Adaptation Syndrome :** Selye thinks that there is also a local adaptation syndrome. The inflammatory response and tissue healing processes at the injured location are components of this condition. Small, superficial wounds, like contact dermatitis, may trigger the local adaptation syndrome. When there is significant local damage, the GAS is also triggered. According to Selye, stress is the generic reaction to any kind of stressor, whether physiological, psychological, or socio-

emotional. Different individuals react differently to stresses, and this is because of the wide variety of conditioning elements in each person's environment. The degree to which different individuals can handle stress depends on their conditioning. Diseases of adaptation, such as high blood pressure and migraines, may afflict some persons while having no effect on others (Hinkle & Cheever, 2014).

#### **2.4.1.2. Cognitive Psychology Theory and Stress**

Cognitive approach explains psychological phenomena by how the individual develops and his perception of these phenomena, and Buck confirms that human behavior is determined by the way the individual perceives reality and the surroundings. Among the theories, we have the Lazarus theory, as this theory considers stress as a result of the dynamic interaction between the individual and the environment (Azem *et al.*, 2019).

Relationships between the individual and the environment and appraisals are two significant factors in stress. Personality, values, beliefs, commitments, social networks, social supports, demands, restrictions, social cultural elements, and life experiences are all part of the person-environment relationship. There are three types of cognitive appraisals: the first, intermediate, and retrospective. The term primary appraisal is used to describe an individual's first evaluation of a stressful situation. The individual's reaction to an occurrence is the subject of secondary appraisal. An appraisal that takes into account fresh or extra data is referred to as a reappraisal. (Hinkle, & Cheever, 2014).

According to Lazarus, stress is more complicated than merely stimulus and reaction. Lazarus centered on the thought that adapting is

not because of anxiety itself but rather how they interpret the danger. A cognitive appraisal is what Lazarus called this kind of thinking, and he defined it as a person's assessment of a stressful incident or series of events. According to his definition, stress is a specific relationship between the individual and the environment that is evaluated by the person as taxing or surpassing his or her capabilities. This theory is based on the role of the overlapping and dynamic interaction of all factors related to the phenomenon as an influence and response, and the mental and cognitive processes that the individual uses for the purpose and control of the phenomenon to determine the methods of resistance used( McEwan, et al., 2021).

Lazarus developed a stress model that focuses on a main idea, which is the cognitive evaluation of reality. So stress occurs when the individual expects that the situation is stressful for him, at which time the individual identifies the means of resistance, and then responds to the stressful stimulus. The individual responds to the stressors by confronting them, by using coping strategies. Which may be focused towards the problem or towards the emotion or both. The individual deals with the stressful situation through what is called (moral appreciation) . The appreciation is a cognitive system, and the individual appreciates through it the way in which a particular situation can threaten him, and the confrontation can be considered those cognitive and behavioral confrontations that the individual chooses and uses towards a stressful situation in order to arrange the demand resulting from his interaction and exchange with the surroundings (Azem *et al.*,2019).

Lazarus and Folkman divided the methods of dealing with stress into two large groups, the first of which focuses its efforts on the

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problem, and the second on the emotion that causes the problem. In problem-oriented methods the individual works to organize the problem. As this type of method is represented in those efforts through which the individual tries to change the stressful conditions resulting from the interaction, individual / environment. While, in emotion-oriented methods emotional behaviors such as escaping and avoiding the problem, or seeking help in order to control the emotions resulting from stress and all methods of response. These aim to reduce the intensity of the emotion and thus are temporary and weakly effective consensual responses ( McEwan, *et al.*, 2021).

## **Part two :**

### **1. Job Satisfaction Concept**

Among the various words used to describe an employee's emotional feeling in relation to his or her job is "morale." and there is a term psychological attitude towards job and the term job satisfaction, It can be said that these terms were numerous in vocalization and differed in Preferences have their meanings, but they generally refer to the group of emotional feelings that an individual feels towards his job , These feeling are either positive or negative (Bakr, 2020).

The definition of job satisfaction varies from person to person and even for one person from time to time. Job satisfaction is considered as an evaluation that the employee makes of the job and the environment surrounding the job. It is also defined as the feelings an employee has about the job in general. Generally, job satisfaction can be defined as the difference between the amount of rewards workers receive and the amount they believe they should receive ( Hamdan, 2014).

Numerous fields, such as nursing, sociology, psychology, engineering, accounting, health work, and management, have conducted extensive research on the topic of job satisfaction. Job satisfaction studies have an extended history in the discipline of nursing as one of the most researched topics in nursing administration. Health organizations are increasingly interested in the phenomenon of employee satisfaction on the job. Altogether, the environment, pay, workload, leadership style, shortages of nursing staff, and turnover of nursing staff can all have an impact on job productivity and quality of care, and this is why it is crucial to assess employee attitudes and perceptions when formulating work policies (Alshmemri, 2014).

## **2. Job Satisfaction in Nursing**

Managers and policymakers in healthcare organizations, both in the private and public sectors, need to know nurses levels of job satisfaction in order to develop effective recruiting and retention policies. When it comes to nurses specifically, positive job satisfaction is critical for a number of reasons, including the enhancement of nursing care, the enhancement of everyday practice, the rise of productivity, the delivery of high-quality healthcare, and the maintenance of a stable nursing work force. However, negative job satisfaction can cause nurses to develop a negative outlook on their work and produce subpar results for their patients, which in turn can increase the length of their hospital stays and the associated costs of care. This can also lead to a shortage of nurses in the field (Al-Dossary, *et al.*, 2012).

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### **3. Factors Influencing Job Satisfaction**

Factors impacting job satisfaction differ in nature as there are individual factors and anticipations involved, which tend to produce exceptions; thus, generalizations are dangerous. Both companies and workers in the healthcare industry have a lot of work to do to prepare for the future of the workplace. The conclusion for managers is that healthcare facilities that want to recruit and retain healthcare professionals will need to provide incentives that appeal to both internal and external aspects that contribute to work satisfaction (Khamisa *et al.*, 2016) Some of these factors are:

#### **3.1. General Satisfaction**

Healthcare professionals' job satisfaction is a significant predictor of worker well-being, general life contentment, and work productivity. Evidence suggests that a high degree of work satisfaction leads to positive outcomes for both patients and health systems, making job satisfaction a significant factor in patient care. Roles, responsibilities, tasks, interactions, rewards, and incentives are all interconnected in ways that contribute to an employee's sense of satisfaction in the workplace. The literature synthesis shows that healthcare workers are generally dissatisfied with their jobs. Some of the issues found include dissatisfaction with autonomy in clinical decision-making, system roles, time spent with patients, salary, and other factors (Al-Dossary, *et al.*, 2012).

#### **3.2. Staff Relations**

Many studies conducted amongst healthcare workers indicate the significance of interpersonal relationships in work satisfaction and show

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that they lead to raised patient safety, better quality of care, and better patient satisfaction. There is evidence that high-performing teams are also beneficial to less-experienced workers. A greater emphasis must be placed on effective cooperation in healthcare organizations. Inserting team-constructing activities led to stronger interpersonal relationships, good staff communication, the perception and visibility of roles, as well as increased work satisfaction( Hamdan, 2014).

### **3.3. Time Pressure**

Despite being quantifiable, time is always experienced differently by different people. Quantity of time is essential, but quality of time is paramount. Job dissatisfaction among healthcare workers has been linked to time pressure, according to the literature. Healthcare providers' worries about autonomy may contribute to their dissatisfaction with time constraints (Ramasodi, 2012).

### **3.4. Responsibility**

Workers involvement may promote motivation through authority sharing, and increased accountability is a predictor of positive responses. Workers involvement can give individuals a chance to make key administrative decisions that have an influence on other workers, increasing job satisfaction and productivity. Herzberg's two-factor theory proposes that internal work factors such as worker recognition and skill evolution may raise job satisfaction. Raising work accountability may be related to numerous factors proposed in the two-factor model, such as recognition and interpersonal relationships, which have an influence personals' identity (Al-Dossary, *et al.*, 2012).

### **3.5. Opportunity for Development**

Profession development sets the nature and quality of personals' lives and the social and frugal contributions they produce. Professional development is critical for an efficient labour market. When people find a job path that uses their whole potential, they are likely to be motivated and productive so, raising career satisfaction. The possibility of personal growth and professional advancement is made possible through development opportunities (Khamisa *et al.*, 2016)

### **3.6. Patient Care**

The literature points out that the capability of an organization to prop up and produce quality patient care is significant to healthcare professionals' career satisfaction. Because of their effect on the ability to provide high-quality care to patients, organizational factors including autonomy, collaboration, management support, workload, and staffing levels have a substantial bearing on job satisfaction (Ramasodi, 2012).

## **4. Strategies for Improving Job Satisfaction**

Progressing from investigating the elements that promote work satisfaction and retention towards strategies for resolving the difficulties via plans for improvement in terms of aiding recruiting and retaining nursing personnel and removing obstacles to boosting career satisfaction and retention. Increased job satisfaction and nurse retention may result from strategies that include initiatives that foster better cooperation and connections across departments and among peers, pay nurses competitive compensation, and provide them with enough resources and support. Moreover, if the public's perception of nursing changed, it

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would encourage more people to enter this field and stay there (Al-Dossary *et al.*, 2012).

## **5. Factors leading to Job Satisfaction:**

**5.1. Organizational Factors :** It include salaries and wages are a symbol of achievement. Higher pay reflects a higher degree of contribution towards organizational operation and welfare. Another factor of organizational factors is the promotions which indicate an employee's worth to the organization, which is highly morale-boosting. It involves positive changes such as a higher salary, less supervision, more challenging work assignments, increased responsibility, and decision-making freedom. The last factor of organizational factors is the company policies which play an important role in establishing an environment that is conducive to job satisfaction( Melo *et al.*, 2012).

## **5.2. Personal factors:**

Age, seniority, and tenure have a considerable influence on job satisfaction. With age, people become more mature, realistic, and less idealistic, so that they are willing to accept available resources and rewards and be satisfied with the situation. Meeting the challenges and succeeding is a high source of satisfaction. (Michael, 2007).

## **6. Job Satisfaction Theories**

Numerous psychological and management theories, such as two-factor theory of Herzberg (1959), Abraham hierarchy of needs theory of Maslow (1954), and Sociotechnical systems theory (1940), are currently being utilized to better understand the motivations of nurses, the

characteristics of their jobs, and how these relate to their work satisfaction (Al-Dossary, *et al.*, 2012).

### **6.1. Two-Factor Theory of Herzberg**

The theory of motivation-hygiene and two-factor model of work motivation were created by Herzberg, Mausner, and Snyderman in 1959, with inspiration from Maslow's hierarchy of requirements. When it comes to how individuals feel about their jobs, Herzberg developed a two-dimensional model. At first, Herzberg and his coworkers hypothesized that job satisfaction and discontent were influenced by distinct sets of circumstances, and as a result, they could not be assessed consistently along the same scale (Jones, 2011).

Herzberg's theory centers on the central concept that certain things contribute to a good work attitude while others contribute to a negative one. The competing theory postulated that there were meaningful distinctions between the influences and outcomes of long- and short-term sequences of events. Their findings led them to modify the basic premise of the Herzberg study and propose a two-factor model of career fulfillment. Two sets of criteria are used to classify the two aspects that influence work satisfaction. The term "motivation factors" was coined to describe the first group, which is linked to "the need for growth or self-actualization." Success, appreciation, the nature of the task itself, accountability, promotion, and room for development are all important sources of motivation. The second set of considerations, called hygiene considerations, revolve around the desire to avoid unpleasantness. Organizational hygiene include things like pay, benefits, working environment, and relationships with managers and coworkers. Attitudes towards work improve as a result of motivational factors, and the 'doing' of work is surrounded by hygienic considerations ( Hamdan, 2014).

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The distinction between motivation and hygienic factors, often known as internal and extrinsic factors, is central to the two-factor theory proposed by Herzberg and his colleagues. Herzberg distinguished between intrinsic elements, like motivation, and extrinsic ones, such as workplace cleanliness. Therefore, motivational variables only serve to boost job satisfaction, whereas hygienic elements serve to mitigate unhappiness. Herzberg posits that discontent on the work arises when personal and environmental hygiene elements fall below an acceptable level. In an ideal work environment, nobody feels unhappy, but nobody feels particularly enthusiastic either. Those 'motivators' are what really make a difference in terms of people feeling fulfilled in their work (Al-Dossary, *et al.*, 2012).

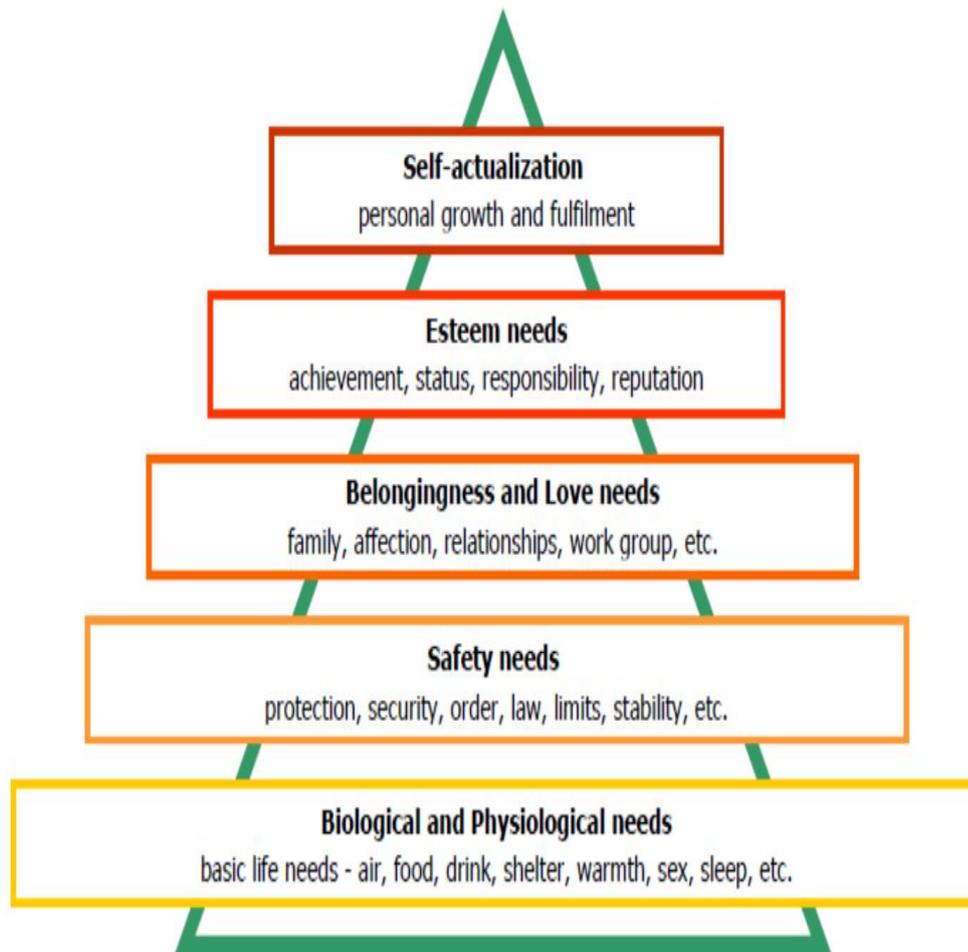
Motivating occurrences result in contentment in one's work because they satisfy a drive for development or self-actualization. Job happiness is more strongly influenced by intrinsic motivators than by hygiene issues. Job satisfaction may be attained in the presence of motivating elements, but it cannot be attained in their absence. As a result, Herzberg *et al.* (1959) found that variables related to personal cleanliness might either increase or decrease work discontent. When it comes to understanding what makes people happy on the work, Herzberg's idea is among the most influential. It has also been noticed by several academics that Herzberg's two-factor theory is the most successful needs satisfaction model employed by healthcare companies. Researchers assessing nurse burnout have also often relied on Herzberg's two-factor hypothesis (Alshmemri, 2014).

## **6.2. The Needs Hierarchy of Maslow**

In 1954, Maslow sought to determine what drives individuals and why. The 'hierarchy of needs,' which places basic human desires in order

of importance, was his idea. Maslow's theory distinguished five tiers of human needs. The most fundamental are physiological (needs for survival such as food, water, sex, and shelter); secondly, security (protection from emotional and physical suffering); thirdly, relationships (love, acceptance, and friendship); and fourthly, one's self-respect (independence, accomplishment, praise, admiration); fifth and highest level is self-actualization (personal development and flourishing)(Jones, 2011).

### Maslow's Hierarchy of Needs



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Figure (2 - 4): The Needs Hierarchy of Maslow

Maslow's hierarchy of needs is similar to Herzberg's two-factor theory since the self-actualization and self-esteem requirements are correlated with the motivating components in Herzberg's theory. Having these things in one's life makes one satisfied. The Needs Hierarchy of Maslow classifies social, integrity, and physiological demands as "lower-order" needs that are directly related to hygiene as "lower-order" needs

that are directly related to cleanliness. Dissatisfaction sets in when these things are missing (AbuRuz, 2014).

**Part three: The relationship between Job-related Stress and Job Satisfaction:**

There is a fixed perception that work stress qualified as a complex phenomenon. It is considered a hurtful factor for workers in terms of health, comfort, and job dissatisfaction, as well as for institutions in terms of absenteeism and output, which negatively affect the efficiency of workers and the organization's efficiency (El Shikieri & Musa, 2012).

Increased absenteeism, high turnover, burnout, and dissatisfaction with one's job are all results of this phenomenon, which is caused by the interplay between organizational elements and the characteristics of individuals in the workplace (Al Rasasi et al., 2015).

Lots of the previous studies have attempted to link psychological stress and emotional instability with the quality of job performance provided by nurses in their work in several health care settings. For this reason, there are many recommendations that are aimed at the necessity of providing a calm and stable work environment for health care providers and improving communication between members of the health team on the one hand and between patients and their families on the other hand, in order to avoid any defect in the health care provided to patients. Therefore, work stress can negatively affect nurses' job satisfaction and lead to suffering from some difficulties in focusing on solving the complex issues and problems they face at work. They may also neglect to complete some tasks or forget to perform an essential part of some tasks that are required to be accomplished due to feelings of

negativity, lack of enthusiasm, and indifference (Mohammed *et al.*, 2021).

Several studies have tried to determine the link between stress and job satisfaction. Job satisfaction and job stress are the two hot focuses in human resource management researches. Job satisfaction is viewed as the interaction outcome between the worker within his work environment and his job. Satisfied employees are more likely to be more productive and to stay longer in their jobs. Moreover, Higher levels of job satisfaction have been positively linked to improved quality of care, patient outcomes and retention of staff (Saleh *et al.*, 2013)

Higher levels of nurse job satisfaction have been linked to better quality and quantity of care, a better work environment, greater productivity, better communication performance, greater staff self-esteem, greater organizational citizenship, greater life satisfaction, and greater levels of satisfaction among clients (Melo *et al.*, 2011).

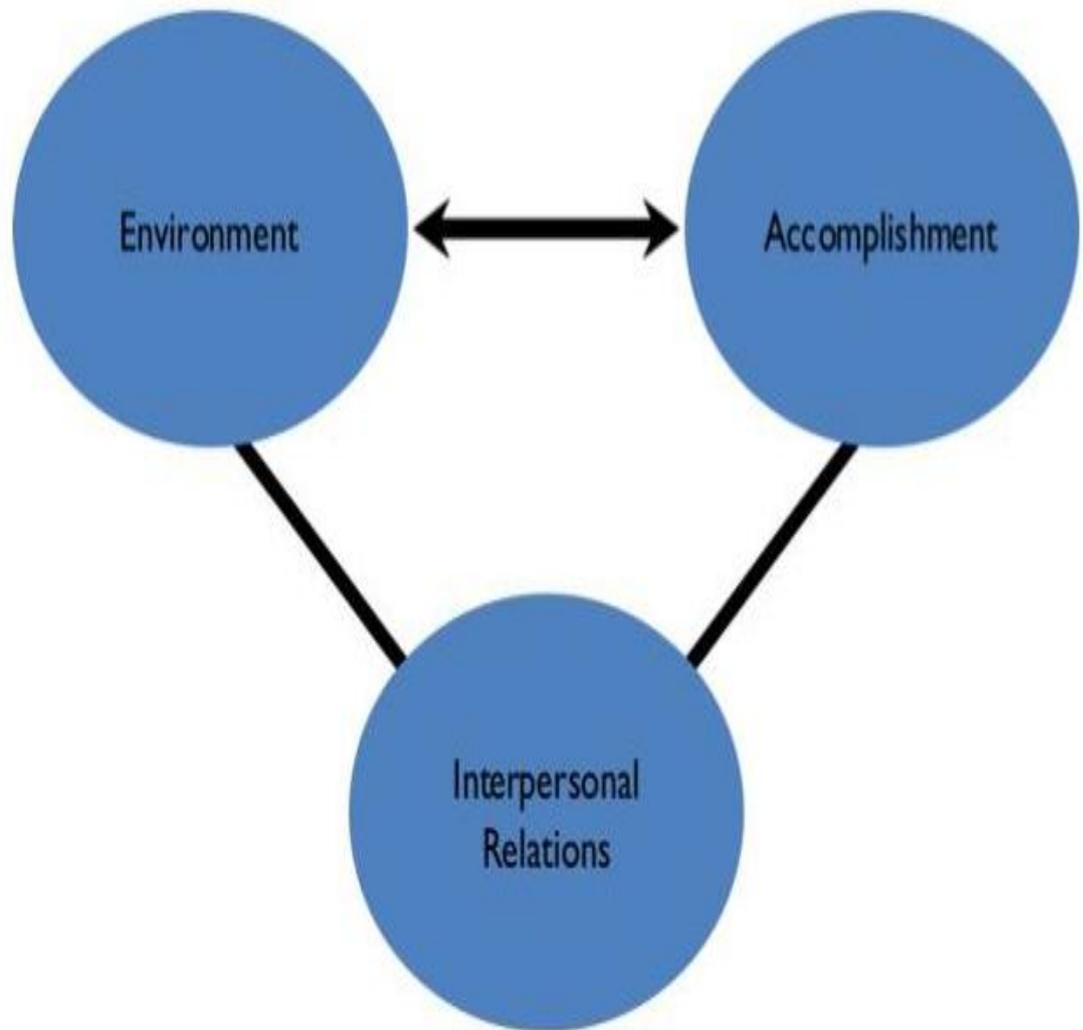


Figure (2-2) Stress Appraisal Triad (Heglund, 2012)

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## **Part Four : Previous Studies**

### **1. Firs Study :**

The study conducted by Sidra, (2020) entitled ( Comparison of perceived stress between nurses working in medical and psychiatric wards). The purpose of this research was to compare and contrast the causes of stress experienced by medical and psychiatric nurses, as well as the degree to which they experienced job stress and non-specific stress. From November 2014 to February 2015, cross-sectional research comparing one mental hospital and three general hospitals in Lahore, Pakistan, was carried out. Information was gathered from psychiatric and medical nurses using a self-report survey. A demographics form, the perceived stress scale, and the Devilliers, Carson, and Leary stress scale were used to compile the data. The findings of this study were 49(44%) were psychiatric nurses and 85(63.43%) were medical nurses. The two groups were significantly different in terms of age, marital status and years of experience ( $p < 0.05$ ). Stress levels among medical nurses were observed to be greater than those of mental nurses. Age was positively associated with non-specific perceived stress. Nurses with more work experience reported lower scores. Single nurses had higher perceived stress and non-mothers reported higher stress levels. With regard to work-related stress, medical nurses reported significantly higher scores in the domains of staff-related issues, future prospects and job satisfaction. Conclusion of this study was: Medical nurses experienced higher non-specific and work-related stress than nurses working in mental health facilities.

## **2. Second Study :**

The study conducted by Ghazi Baker & Dhafer Alshehri (2020) entitled (The Relationship between Job-related Stress and Job Satisfaction among Saudi Nurses: A Cross-Sectional Study). The purpose of this research was to investigate the connection between workplace stress and satisfaction for Saudi nurses in a public hospital. The study employed a cross-sectional design to gather data from 297 registered nurses working at a single public hospital who were all older than twenty-one. Accessibility sampling was used to get the data. The Expanded Nursing Stress Scale (ENSS) and the Job Satisfaction Scale (JSS) were used to compile the data. We used SPSS, version 20.0, and Pearson's correlation to find out how closely two variables were related to one another. With a mean score of 2.1995, the nurses at the hospital where the survey was conducted showed modest levels of stress. Furthermore, a mean value of 15.666 for job satisfaction was associated with the nature of the work, whereas a value of 11.569 was associated with the perks offered to nurses. The stress-happiness relationship was statistically significant ( $p = 0.041$ ). There was a close relationship between stressors and dissatisfaction on the job. Because stress may have a detrimental effect on a patient's health and treatment, knowing what causes it is crucial. Changes in management affairs and policies are recommended as a first step towards adopting effective solutions to the problem.

## **3. Third Study**

The study conducted by Ameen, K. J., & Faraj, S. A. ( 2019) entitled ( Effect of Job Stress on Job Satisfaction among Nursing Staff in Sulimani Mental Health Hospitals). The goal of this study was to

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examine how occupational stress affects nurses' satisfaction of their work environment. Sulaimani mental health institutions' nursing personnel were the subjects of a descriptive research. From May 25th to July 10th, 2016, data was collected from a convenient sample of (75) nurses using self-report. The questionnaires, which were sent out to patients at Hospital of Soz of Mental Disease, Muhandis Mental Health Centre/Teaching Hospital, and Hospital of Shahid Salahi, were broken down into the following sections: There were eight categories for describing people social and demographic backgrounds. This is the Expanded Nursing Stress Scale (ENSS), the second instrument. This had a total of (57) components distributed over 9 scales. As for the third, the Job Satisfaction Survey (JSS), it has 36 questions split up among nine different scales. The study used both descriptive and inferential statistics. A panel of eleven (11) professionals from various professions and workplaces evaluated the questionnaire's validity. This research found that mental hospital nurses have occasionally stressful-frequently stressful levels of occupational stress on average. In terms of subscales, Dying and stress-related deaths at work ranked highest. Nursing personnel reported high levels of work satisfaction, with the lowest levels of satisfaction coming from income. With the exception of the training course component, statistically significant associations were found between the other measures of occupational stress and demographic factors. Total ENSS was not correlated with total JSS statistically. According to the findings of this research, occupational stress was significantly influenced by the patients' deaths. Although the level of work stress among nurses is not particularly high, the lack and delay in compensation was a key factor in lowering satisfaction with employment. The vast majority of nurses also felt fulfilled by their profession.

#### **4. Fourth Study**

The study conducted by Masa'Deh et al., ( 2017 ) entitled ( *Perceived Stress in Nurses: A Comparative Study* ). The goal of this research is to quantify and compare the levels of stress experienced by nurses in Jordan, especially those who specialize in mental health and psychiatry. Three hundred ten nurses from diverse departments across five Jordanian hospitals were included in this non-probabilistic convenience sample. The Arabic PSS10 (Perceived -Stress Scale, 10-Items Questionnaire) and a features Checklist were completed by the nurses. According to the results, mental nurses reported the greatest levels of stress, succeeded by oncology nurses (ONs), intense care unit nurses (ICU nurses), and emergency department nurses. The stress levels of medical and surgical nurses were observed to be the lowest. This research found that mental nurses are the most stressed out in the nursing profession. Work unhappiness, burnout, and turnover might result from this. Care and safety for patients, particularly those with mental illness, might be compromised by any of these variables. Nurse managers and policymakers should pay close attention to this trend and investigate the root reasons of the widespread anxiety among nurses.

#### **5.Fifth Study**

The study conducted by Dawood et al., (2017) entitled ( *Perceived Psychiatric Nurses Job Stress: A cross sectional study* ). The research objective was to assess the stress experienced by registered nurses work within several psychiatric units in a large governmental psychiatric hospital in the central part of the Kingdom of Saudi Arabia. A convenience sample of 137 psychiatric nurses was used in a descriptive correlation cross-sectional study. A demographic information

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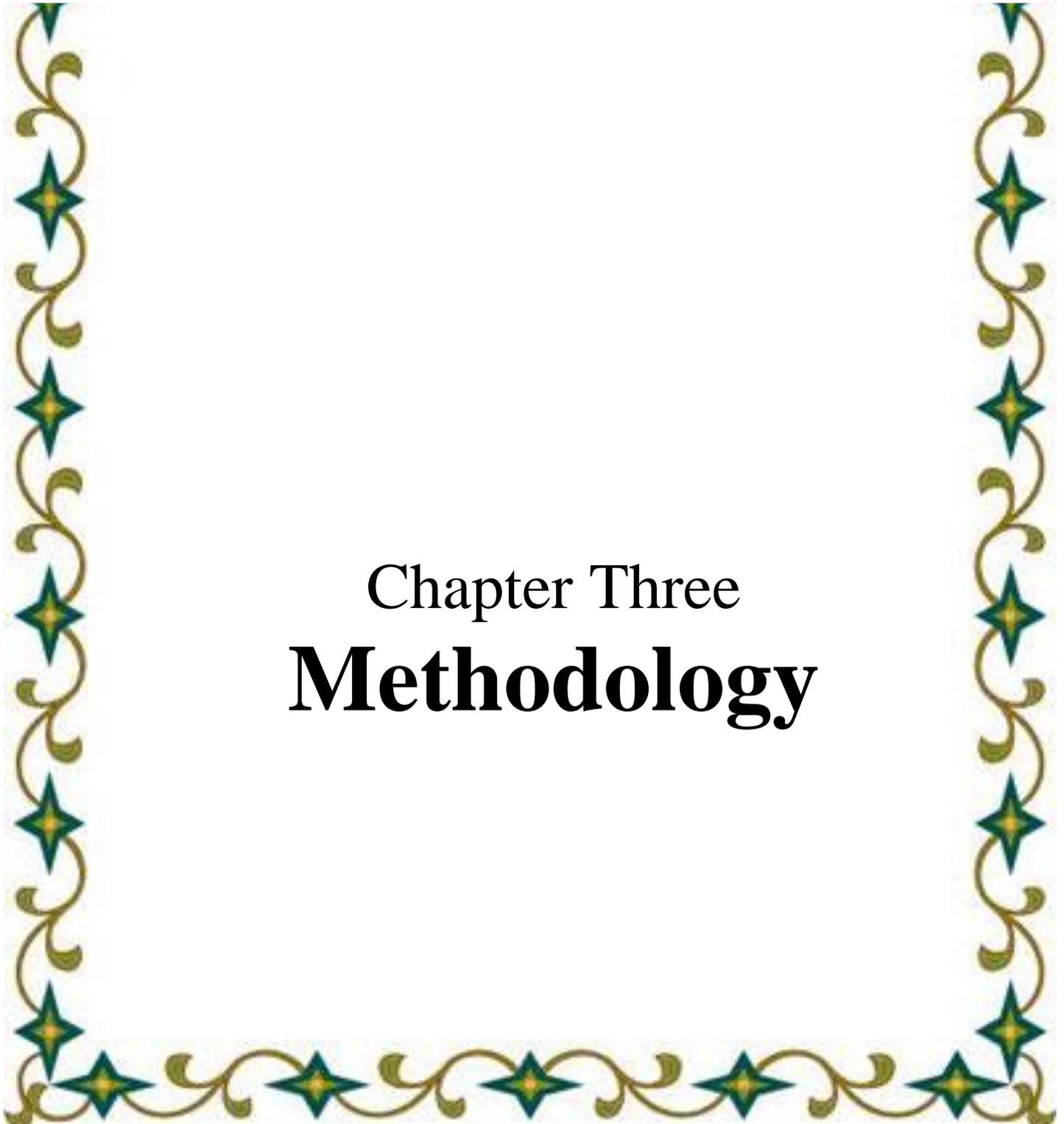
sheet and the Psychiatric Nurse Job Stress Scale (Yada, Abe, Funakoshi, Omori, Matsuo, Ishida, & Katoh, 2011) were used to compile the data. The participants were informed of the research's goals and procedures. All data acquired was guaranteed to be kept private and anonymous from the subjects. SPSS version 22.0 was used to analyse the data. Half of the mental nurses in the research reported having a moderate degree of work stress, as indicated by a mean score of  $47.95 \pm 10.09$  on the psychiatric nurse job stress scale, which ranged from 16 to 88. Strong statistical connections were also found using Pearson R between the PNJSS's four individual components and the overall score. According to the findings, most psychiatric nurses face moderate levels of stress on the job.

Stress tolerance among nurses working in a variety of psychiatric and mental health clinical settings may be improved by regular workshops focusing on the particular stresses that affect psychiatric nurses.

### **Summary :**

From the above, we conclude that job stress and job dissatisfaction among nurses is one of the important topics on which more studies should be conducted, in order to find solutions to reduce this phenomenon in this group that provides indispensable humanitarian services, and job stress may constitute a source of threat to nurses and the lives of patients. The study showed that nurses are among the professional groups whose workers suffer from varying levels of professional stress, as a result of their exposure to many stressful sources that may be due to the individual, the organization, or the external environment in general.

This study shows that more than half of the nurses working at psychiatric hospital experienced moderate levels of job stress, more than half of the nurses working at psychiatric hospital experienced low level of job stress, and less than one quarter of them experienced high level of job stress, While more than half of the nurses working at general hospital experienced low level of job stress, less than half of the nurses working at general hospital suffer from moderate job stress, and approximately one percentage of them encounter high job stress. Regarding to the job satisfaction, this study shows that most of the nurses working at psychiatric hospital were unsatisfied , while most of the nurses working at general hospital were satisfied. Regarding to correlation between job satisfaction and job stress, this study shows that moderate level (negative) correlation between job satisfaction and job stress.



Chapter Three  
**Methodology**

## Chapter Three

### Methodology

This chapter is organized in a manner that provides a detailed description about how the study is systematically carried out . these paragraphs deal with administrative and ethical procedures, study setting, study instruments, the pilot study, data analysis procedures.

#### 3.1. Design of the Study

A descriptive cross-sectional design was utilized in this quantitative research to assess job-related stress and satisfaction among nurses working at psychiatric and general teaching hospitals: a comparative study between October 21th, 2021, and June 24th, 2023, the study was conducted.

#### 3.2. Administration Arrangement:

Formal administrative permissions were obtained before collecting the required study information are as the follows:

1. The initial agreement was obtained from the University of Babylon/ College of Nursing/ Higher studies committee after protocol first presentation. “then permission was obtained from Scientific Research and Ethics Committee at the College of Nursing, University of Babylon to carry out the study” (Appendix C).
2. Official permissions were obtained from the Baghdad AL-Rasafa Health Directorate (Appendix C).

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3. Official permissions were obtained from ALRashad Teaching Hospital (Appendix C).
  4. Official permissions were obtained from the Babylon Health Directorate (Appendix C).
  5. Official permissions were obtained from AL-Imam AL-Sadeq Teaching Hospital(Appendix C).
  - 6- Interviews were conducted with each manager in both hospitals to clarify the nature and the aim of the research and then to take permission from the managers to permit nurses to participate in the study .

### **3.3. Ethical Considerations**

Nurses were asked verbally about taking part. Participants were given information about the study goals, significance, and advantages before making their final decision to engage. Participants were given an anonymous questionnaire to preserve their confidentiality.

### **3.4. The Setting of the Study**

The study was performed in Baghdad governorate (ALRashad Teaching Hospital ) ,and Babylon governorate ( AL-Imam AL-Sadeq Teaching Hospital).

#### **Al-Rashad Psychiatric Teaching Hospital**

It is located at the Al-Rusafa sector in Baghdad City, the hospital serves chronic psychiatric patients of both gender from all governorates in Iraq and it's the largest psychiatric teaching hospital in Iraq.

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The hospital was established in 1950 and the area is estimated (94) Acres. A capacity of the hospital is (1200) beds and (1400) patients (by add more beds to patients' ward), (500) for females and (900) males.

The hospital has (7) departments for inpatients as follow: -

- (Three) Departments were for females which named (Zainab, Taj Din and Ali Farhan).

- (Four) Departments were for males which are (Amir Abbou, al-Razi, Al-kindy and Al-Atraqchi). From these departments, (two) were private Amir Abbou and Ali Farhan departments.

-Number of patients in each department ranged between (30-300) patients.

- -Each department has (2-4) units.
- -Each unit has (1) chambers.
- -Every chamber has (6-10) patients' rooms.
- -Each room has (2-7) patients.
- -Every department has ward for Sub - Rehabilitation Operator.
- In addition, there is an outpatient consulting unit.

Also, the hospital has:

The Main Rehabilitation Operator, Tailoring Workshop, Forensic Psychiatry Department which contain about 150 psychiatric patients, field for basketball and football, also have (380) nurses, (172) females and (208) males.

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### **Al-Imam Al-Sadeq Teaching Hospital**

This hospital is located in the center of Babylon Governorate and was established in ( 2016 ). A capacity of the hospital is ( 499 ) beds.

It receives various medical conditions, such as medical, surgical, pediatric, and other diseases.

The hospital contains seven main departments, which include:

1. Department of medicine and its branches
2. Department of Surgery and its branches
3. Department of pediatric
4. Department of maternity
5. Department of Anesthesia
6. Department of outpatient consulting
7. Emergency department

Each department consists of a group of sections, and each section consists of a group of units, for example, the urology section consists of two clinical units for urology or more, a lithotripsy unit, and a prostate thermotherapy unit.

The hospital also contains specialized centers such as Babylon Cardiac Catheterization and Open Heart Center and Babylon Dialysis Center.

### **3.5. The Sample of the Study**

A non-probability ( purposive) Sampling technique was used for this study. The target population for this study were nurses working in psychiatric hospital, (AL-Rashaad psychiatric teaching hospital) in Baghdad governorate, and nurses working in general hospital ( AL-

Imam AL-Sadeq Hospital ) in Babylon governorate. The total number of nurses in both hospitals was (950) nurses, (380) nurses working at AL-Rashad Psychiatric Hospital and (570) nurses working at AL-Imam AL-Sadeq Hospital(Appendix D).

As the percentage of the number (380) out of the number (950) is (40%) and the percentage of the number (570) out of the number (950) is (60%). According to Steven K. Thompson's equation (Thompson, 2012), the total sample size is ( 273).

$$n = \frac{N \times p(1-p)}{\left[ \left[ N-1 \times \left( d^2 \div z^2 \right) \right] + p(1-p) \right]}$$

N : Sample size

N : Population size

P : Proportion= 0.50

D : Relative precision = 0.05

Z : 1,96 Statistical parameter, corresponding to the confidence level

of 95%

Table ( 3-1 ) explains sample size and how to choose the sample

nurses working at psychiatric hospital	nurses working at general hospital	total number of nurses in both hospitals	Sample of nurses working at psychiatric hospital ( 40%)	Sample of nurses working at general hospital ( 60%)	Total sample according to Steven K. Thompson 's equation
<b>380</b>	<b>570</b>	<b>950</b>	<b>110</b>	<b>163</b>	<b>273</b>

A purposive sample of (N= 110) nurses working in psychiatric hospital from AL-Rashaad psychiatric hospital which represent (40%) of the number ( 273) and (N= 163) nurses working in general hospital from AL-Imam AL-Sadeq hospital which represent (60%) of the number ( 273) who met the research criteria. This criterion was used according to the Steven K. Thompson equation to calculate the sample size (Thompson, 2012) to reflect the general characteristics of nursing staff working in psychiatric and general teaching Hospitals, reduce sampling error, and enhance the representation of the study sample.

About (90) questionnaires were distributed to nurses in both hospitals; however, only (282) nurses respond to the questionnaire. After reviewing the completed questionnaires, nine subjects were excluded Because of missing information and the remaining subjects were (273) nurses.

## **Inclusion Criteria**

1. All nurses (male and female) who are working in psychiatric and general teaching hospitals.
2. Nurses who agree to participate in the study.
3. Nurses who are present during period of data collection.
4. Nurses who have experience at least one year.
5. Nurses who have not physical disease, history of neurological or psychiatric disease

### **3.6. Instrument of the Study**

For the purpose of conducting the study and “achieving the objectives of this study, the questionnaire has been constructed particularly by the researcher through the extensive review of relevant literature and some international scales developed based on the study objectives”.

Such development was employed through a review of the literature and related studies and some international scale. The study instrument was presented as follows :

#### **Part I**

This part included covering letter that invites the nurses to participate in the study and to answer the questions.

#### **Part II: Demographic Data**

This deals with Nurses socio-demographical characteristics which includes , age ,gender, educational level, marital status, residency, years of experience, duty, and income.

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### **Part III: Job Satisfaction Questionnaire**

This part consists of a specific questionnaire English version was adopted from an MSc Psychology thesis by Basson (1994) and used by Ramosdi in his study ( factors influencing job satisfaction among healthcare professionals at south rand hospital) (Ramosdi, 2012). The scale was translated to Arabic by experts specialized in the English language. Then simple modified done according to our community and adopted by the researcher.

This scale includes (28) items that are used after simple modification to assess the job satisfaction level among psychiatric and general nurses.

Five points Likert rating scale is used (strongly agree, agree, unsure, disagree and strongly disagree ) to assess job satisfaction, they have been rating and scoring as (5) for strongly agree, (4) for agree, (3) for unsure, (2) for disagree and (1) for strongly disagree. The Mean of scale = (3), W = (2) due to five levels of measurement (strongly agree, agree, unsure, disagree and, strongly disagree ) with two levels of job satisfaction unsatisfied ( mean 1-2.9) satisfied (mean 3-5).

### **Part IV: Job Stress Questionnaire**

This part consists of a specific questionnaire English version Expanded Nursing Stress Scale (ENSS). The ENSS is an enhanced and enlarged version of the original Nursing Stress Scale (NSS) by Gray-Toft and Anderson (1981), and it was used to assess nurses' exposure to occupational stress. The ENSS has been shown to be reliable and valid for measuring nurse stress in the workplace.(Ameen, K. J., & Faraj, S.

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A.,2019) who use it in their study “ Effect of Job Stress on Job Satisfaction Among Nursing Staff In Sulimani Mental Health Hospitals”.

The scale was translated to Arabic by experts specialized in the English language. Then simple modified done according to our community and adopted by the researcher.

This (57-item) scale, following some simple editing, may be used to assess the extent to which psychiatric and general nurses are affected by job-related stress.

Five points semantic scale is used “(never stressful, occasionally stressful, frequently stressful, extremely stressful, does not apply ) to assess job stress, they have been rating and scoring as (1) never stressful, (2) occasionally stressful, (3) frequently stressful, (4) for extremely stressful and (0) for does not apply. Mean of scale = (2), W = (0.99), no stress = (0-0.99), low stress= (1-1.99), moderate stress = (2-2.99), high stress = (3-4)”.

### **3.7. Validity**

Content and face validity of the questionnaire was achieved and established through 1<sup>st</sup> experts were asked for their suggestions, they are from different disciplines who are specialized in related Field ( mental and psychiatric health nursing, community health nursing and pediatric health nursing ) and two language experts (Appendix B). And have years of experience in their specialty ranging between 12 to 40 years. Minor changes and modifications were performed on a few items according to the advice and suggestions of the experts in order to reach the proper degree of understanding, clearness, and relevance of the questionnaire.

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The vast majority of experts accepted that the questionnaire was suitable designed and constructed to measure job satisfaction and job stress. The ultimate draft of the questionnaire has been completed to be most suitable for data collection.

### **3.8. Pilot Study**

A pilot study is taking place in both studied hospitals over the period of two weeks from 10th August 2022 to 24th August 2022. It was conducted on (30) nurses . These 30 nurses were excluded from the major sample. The pilot study goals was to fulfill the following objectives or goals:

1. Identify the tools reliability.
2. Ascertain the clearness and sufficiency of the questionnaire.
3. Determine barriers that might be faced during pilot study.
4. Identify the time needed to collect data from each participant.

The pilot study findings indicate that the instrument items were obvious and understandable, and the data collection need a period from 15-20 minutes.

### **3.9. Reliability of The Questionnaire**

The consistency and dependability of the study tool were both factors in the questionnaire's reliability to measure the internal consistency of the study variables for both scales. Reliability is based on the use of alpha cronbach. The statistical analysis was performed using the reliability test technique to check internal consistency and to find the concordance between the scale items using the correlation coefficient.

Alpha Cronbach's results for job satisfaction was (0.76) which is considered within a satisfactory and acceptance level of internal consistency and Alpha Cronbach results for job stress was (0.92) which is considered a high level of internal consistency (Polit and Hungler, 2007).

Scale	Number of items	Alpha Cronbach	Assessment
Job satisfaction scale	28	0.76	Pass
Job stress scale	51	0.92	Pass

### 3.10. Data Collection

The data was collected by (self-report). The questionnaire was administered personally by the researcher to the nurses.

It was executed for the duration of September 10th, 2022, to February 2th, 2023.

The research objectives were explained to the nurses and how to fill out the questionnaire and the participants were also informed that the data would be treated strictly confidential for research purposes only, then filled by the nurses after obtaining their agreement to participate in the study to maintain the ethical consideration and respect autonomy of the participants.

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During the process of completion of the questionnaire any difficulties of understanding in items of the questionnaire was explained to participants to ensure obtaining proper answer.

The participants need approximately (15 - 20) minutes to complete all items of the questionnaire.

### **3.11. Data Analysis:**

To identify whether the study goals have been fulfilled or not, The data of the current study were analyzed by using (SPSS), version 22.

In order to analyze and evaluate the study findings the statistical data analysis methodologies were used as follows :

#### **3.11. 1. Descriptive Data Analysis :**

1. Percentage (%) and Frequencies (F).
2. Mean of Scores.
3. Standard Deviation

#### **3.11. 2. Inferential Data Analysis:**

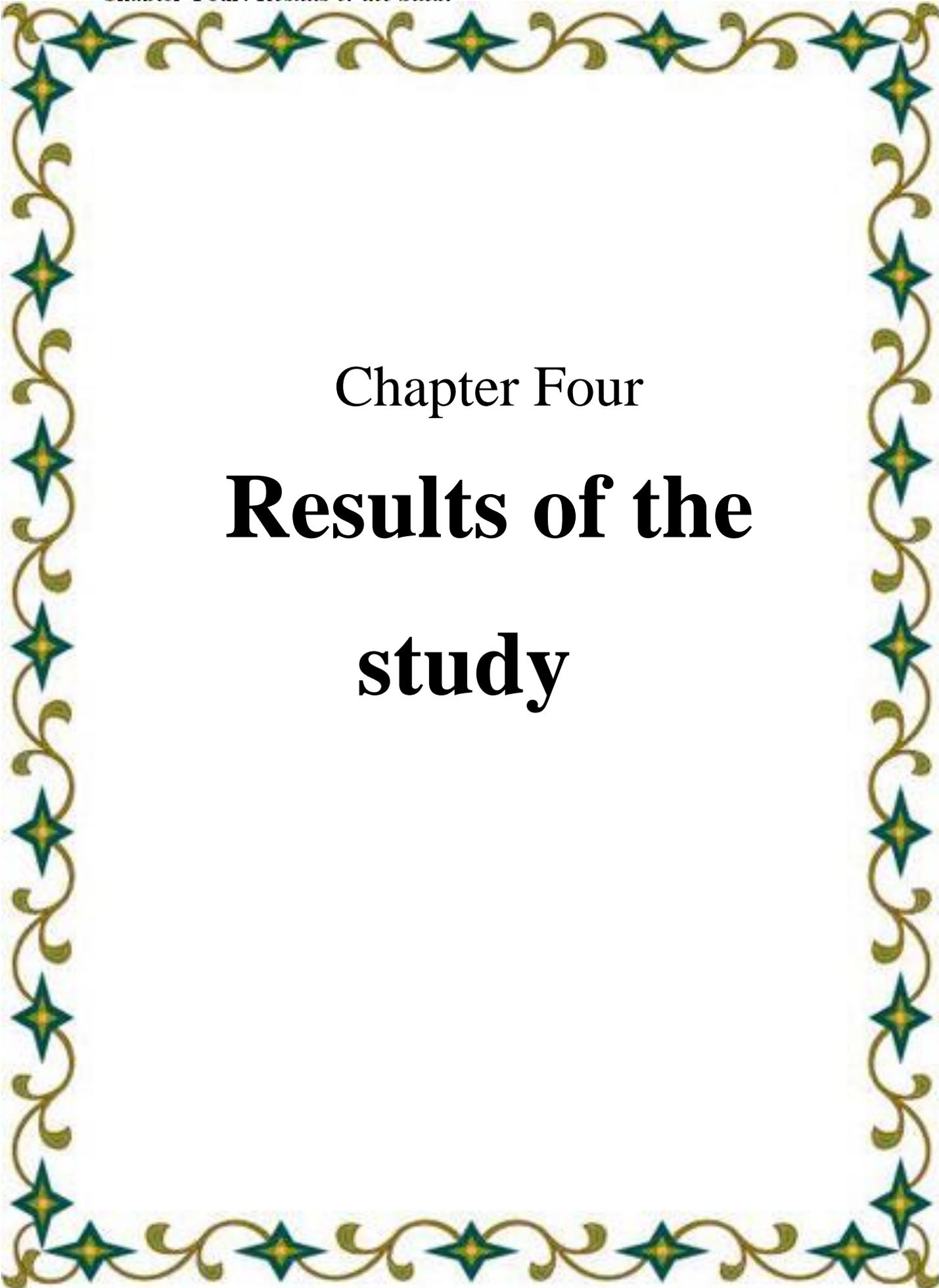
In order to agree or refuse the statistical hypothesis, the inferential data analysis were used as follows :

1. Reliability Coefficients :( alpha cronbach).
2. T-Test to compare between two studied groups related to variables which studied.
3. Pearson Correlation coefficient to test interrelated correlation between domains of the study.

- 
4. Chi-square to exam the association among the variables which studied.
  5. Significant leads P value : if was less than 0.05 considered statistically significant, if was less than 0.01 considered statistically high significant, if was less than 0.001 considered statistically very high significant.

### **3.12. Limitations of the study**

1. People tend to perceived stress and stressors differently.
2. The presence of stressors outside the work might have affected the outcomes.
3. The nurses recruited from only two hospitals limits the generalizability of the findings to all public clinical settings.
4. The use a cross-sectional design limits the study results because cannot find causality relationship.



Chapter Four

**Results of the  
study**

#### 4. Results of the Study

Table(4.1): distribution of nurses' socio-demographic features

Demographic characteristics	Rating and intervals	Psychiatric Hospital		General Hospital		P-Value
		Frequency	%	Frequency	%	
Age / Years	21-30	61	55,5	107	65.6	.544
	31-40	31	28,2	36	22	
	41-50	15	13.6	16	9.9	
	51 and above	3	2.7	4	2.5	
	M ± Sd	31.75 ± 8.026		29.81 ± 7.085		
	<b>Total</b>	<b>110</b>	<b>100%</b>	<b>163</b>	<b>100%</b>	
Sex	Male	60	54.5	84	51.5	.091
	Female	50	45.5	79	48.5	
	<b>Total</b>	<b>110</b>	<b>100%</b>	<b>163</b>	<b>100%</b>	
Nursing Qualification	secondary school graduate	34	30.9	47	28.8	.410
	Institute graduate	37	33.6	57	35.0	
	Bachelor graduate	35	31.8	54	33.1	
	Postgraduate	4	3.7	5	3.1	
	<b>Total</b>	<b>110</b>	<b>100%</b>	<b>163</b>	<b>100%</b>	
Marital Status	Single	37	33.7	55	33.7	.943
	Married	64	58.2	98	60.1	
	Divorce	7	6.1	8	5.0	
	Widower	2	1.8	2	1.2	

	<b>Total</b>	<b>110</b>	<b>100%</b>	<b>163</b>	<b>100%</b>	
<b>Residency</b>	<b>Urban</b>	98	89.1	138	84.7	.117
	<b>Rural</b>	12	10.9	25	15.3	
	<b>Total</b>	<b>110</b>	<b>100%</b>	<b>163</b>	<b>100%</b>	
<b>Years of Experience</b>	<b>1-5</b>	58	52.7	90	55.2	.447
	<b>6-10</b>	19	17.3	34	20.9	
	<b>11-15</b>	16	14.6	19	11.7	
	<b>16-20</b>	10	9.1	8	4.9	
	<b>21 and up</b>	7	6.3	12	7.3	
	<b>M ± Sd</b>	8.47 ± 6.963		7.31 ± 6.856		
	<b>Total</b>	<b>110</b>	<b>100%</b>	<b>163</b>	<b>100%</b>	
<b>Work Shift</b>	<b>Morning Shift</b>	80	72.7	111	68.1	.320
	<b>Night Shift</b>	30	27.3	52	31.9	
	<b>Total</b>	<b>110</b>	<b>100%</b>	<b>163</b>	<b>100%</b>	
<b>Income</b>	<b>Insufficient</b>	53	48.2	78	47.9	.292
	<b>Barely Sufficient</b>	43	39.1	69	42.3	
	<b>Sufficient</b>	14	12.7	16	9.8	
	<b>Total</b>	<b>110</b>	<b>100%</b>	<b>163</b>	<b>100%</b>	

M= mean, Sd= (standard deviation), %= percentage, P. value= (probability value)

This table indicates that (61) (55,5%) of nurses working at psychiatric hospital were from the age group (21-30) years while ( 107) (65,6%) of the nurses working at general hospital sample were from the same age group; (60) (54.5%) of the nurses working at psychiatric hospital were males as well (84) (51.5%) of nurses working at general hospital were males.

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According to the qualification, the table also shows (37) (33.6%) of the nurses working at psychiatric hospital have institute graduates also (57) (35.0%) of the nurses working at general hospital hold the same grade of education.

Concerning marital status, the table shows that (64) (58.2%) of the nurses working at psychiatric hospital were married as well ( 98) (60.1%) of the nurses working at general hospital were married too; the table also indicates that (98 ) (89.1%) of the nurses working at psychiatric hospital were from urban residency as well the majority of the nurses working at general hospital were from urban residency too (138) (84.7%).

Regarding years of experience this table shows that (58) (52.7%) of the nurses working at psychiatric hospital have (1-5) years while ( 90) (55.2%) of the nurses working at general hospital have (1-5) years too.

Regarding the shift, the table shows that (80) (72.7%) of the nurses working at psychiatric hospital their shift was morning shift as well (111) (68.1%) of the nurses working at general hospital their shift was morning shift too.

According to the income, the table also shows (53) (48.2%) of the nurses working at psychiatric hospital have insufficient income as well (78) (47.9%) of the nurses working at general hospital nurses have insufficient income too.

**Table (4.2): Assessment of job satisfaction for both groups ( psychiatric and general hospitals ) regarding to the general satisfaction**

No	Items	Psychiatric Hospital		General Hospital	
		M	± Sd	M	± Sd
1.	If I had the chance I would choose the job again. I will choose the same job	2.32	1.361	2.99	1.235
2.	My job has more advantages than disadvantages	2.25	1.288	3.20	1.218
3.	My salary is rewarding for the work I do	1.82	.960	2.09	1.229
4.	I would like to change my career	2.14	1.200	2.55	1.263
5.	I enjoy my job very much	2.28	1.335	3.52	1.079
6.	In general I am satisfied with my work	2.34	1.265	3.61	1.008
<b>General mean and SD</b>		2.17	0.446	2.99	0.587
<b>Assessment</b>		<b>unsatisfied</b>		<b>unsatisfied</b>	
<b>No.</b>		<b>110</b>		<b>163</b>	

M= mean, Sd= (standard deviation), Mean of scale = (3), W = (2), unsatisfied= (1-2.9), satisfied = (3-5)

Regarding to the subscale ( general satisfaction ) this table shows that the nurses working at psychiatric hospital were unsatisfied at mean and standard deviation(  $2.17 \pm 0.446$  ) , as well the nurses working at general hospital were unsatisfied too at mean and standard deviation( $2.99 \pm 0.587$ ).

**Table (4.3): Assessment of job satisfaction for both groups ( psychiatric and general Hospitals ) regarding to the opportunity for development**

No	Items	Psychiatric Hospital		General Hospital	
		M	± Sd	M	± Sd
1.	I have sufficient opportunity to develop in my work	2.23	1.268	3.71	1.060
2.	I have satisfaction in diversity in my work	2.12	1.254	3.74	.949
3.	My work is mentally stimulating	2.09	1.253	3.77	1.026
4.	I get frustrated in my work due to limited resources	1.88	.965	2.22	1.237
5.	I find my work routine un motivating	1.92	.930	2.58	1.076
6.	The people around me expect a lot from me in my work	2.21	1.314	3.88	1.051
<b>General mean and SD</b>		2.07	0.499	3.32	0.721
<b>Assessment</b>		<b>Unsatisfied</b>		<b>satisfied</b>	
<b>No.</b>		<b>110</b>		<b>163</b>	

M= mean, Sd= (standard deviation), Mean of scale = (3), W = (2), unsatisfied= (1-2.9), satisfied = (3-5)

Regarding to the subscale (opportunity for development ) this table shows that the nurses working at psychiatric hospital were unsatisfied at mean and standard deviation(2.07 ± 0.499), while the nurses working at general hospital were satisfied at mean and standard deviation(3.32±0.721 ).

**Table (4.4): Assessment of job satisfaction for both groups ( psychiatric and general hospitals ) regarding to responsibility and patient care**

No	Items	Psychiatric Hospital		General Hospital	
		M	± Sd	M	± Sd
1.	I enjoy my position in society as I work in the field of health	3.20	1.205	3.60	1.147
2.	I get recognition when I do my tasks well	2.09	1.088	3.29	1.379
3.	I have a lot of responsibilities in my work as a reliable person	3.46	1.252	3.90	.907
4.	There are a lot of non-clinical tasks that I have to do	1.77	.725	2.39	1.044
5.	I have complete freedom to decide how to do my work	2.23	1.089	2.99	1.176
6.	I take longer to do what others who are less experienced and trained have to do	2.09	1.019	3.46	1.321
7.	Patients appreciate what I do for them	2.01	1.150	3.56	1.106
8.	I have enough time for each patient	2.13	1.177	3.32	1.126
9.	My patients are cooperative because they understand the nature of my work	2.89	1.193	3.04	1.059
<b>General mean and SD</b>		2.43	0.290	3.28	0.300
<b>Assessment</b>		<b>Unsatisfied</b>		<b>satisfied</b>	
<b>No.</b>		<b>110</b>		<b>163</b>	

M= mean, Sd= (standard deviation), Mean of scale = (3), W = (2), unsatisfied= (1-2.9), satisfied = (3-5)

Regarding to the subscale (responsibility and patient care) this table shows that the nurses working at psychiatric hospital were unsatisfied at mean and standard deviation(2.43±0.290), while the nurses

working at general hospital were satisfied at mean and standard deviation( $3.28 \pm 0.300$  ).

**Table (4.5): Assessment of job satisfaction for both groups ( psychiatric and general hospitals) regarding to staff relations.**

No	Items	psychiatric Hospital		General Hospital	
		M	$\pm$ Sd	M	$\pm$ Sd
1.	I have a good working relationship with my colleagues	2.26	1.379	2.98	1.370
2.	There is an atmosphere of cooperation between the administration and the nursing staff	2.27	1.218	2.76	1.383
3.	There is a clear channel of communication in my workplace	2.08	1.042	3.14	1.211
4.	My boss is satisfied with me for the quality of my performance	2.20	1.269	3.47	1.151
5.	The administration involves the nursing staff	2.01	1.161	2.53	1.239
6.	I can depend on my colleagues for support	2.18	1.389	3.64	1.058
7.	I am happy with the management style in my department	2.20	1.107	2.63	1.247
<b>General mean and SD</b>		2.17	0.276	3.02	0.420
<b>Assessment</b>		<b>Unsatisfied</b>		<b>satisfied</b>	
<b>No.</b>		<b>110</b>		<b>163</b>	

M= mean, Sd= (standard deviation), Mean of scale = (3), W = (2), unsatisfied= (1-2.9), satisfied = (3-5)

Regarding to the subscale (staff relations) this table shows that the nurses working at psychiatric hospital were unsatisfied at mean and standard deviation( $2.17 \pm 0.276$  ), while the nurses working at general hospital were satisfied at mean and standard deviation( $3.02 \pm 0.420$  ).

**Table (4.6): Job Satisfaction Subscale**

No	Subscales	nurses working at psychiatric hospital		Assessment	Nurses working at general hospital		Assessment
		M	± Sd		M	± Sd	
1.	General satisfaction	2.17	0.446	Unsatisfied	2.99	0.587	unsatisfied
2.	Opportunity for development	2.07	0.499	Unsatisfied	3.32	0.721	satisfied
3.	Responsibility and Patient care	2.43	0.290	Unsatisfied	3.28	0.300	satisfied
4.	Staff relations	2.17	0.276	Unsatisfied	3.02	0.420	satisfied

M= mean, Sd= (standard deviation), Mean of scale = (3), W = (2), unsatisfied= (1-2.9), satisfied = (3-5)

Regarding to the level of subscales of job satisfaction survey for nurses working at psychiatric hospital, this table shows that the highest mean was in subscale ( responsibility and patient care)(2.43) which assessed as unsatisfied and the lowest mean was in subscale (opportunity for development)( 2.07) which assessed as unsatisfied, while for nurses working at general hospital the highest mean was in subscale (opportunity for development)( 3.32) which assessed as satisfied and the lowest mean was in subscale (general satisfaction)( 2.99) which assessed as unsatisfied.

**Table (4.7): Overall Assessment of study sample (psychiatric and general hospital ) regarding to job satisfaction.**

Groups	Rating	F	%	M.S	S.D	Ass
nurses working at psychiatric hospital	Unsatisfied	88	80.0	2.21	.395	Unsatisfied
	Satisfied	22	20.0			
	Total	110	100.0			
nurses working at general hospital	Unsatisfied	15	9.2	3.15	.518	Satisfied
	Satisfied	148	90.8			
	Total	163	100.0			

F = frequency, %= percentage, M= mean, Sd= (standard deviation), Mean of scale = (3), w = (2),  
unsatisfied= (1-2.9), satisfied = (3-5)

Regarding to the overall job satisfaction, this table shows that most of the nurses working at psychiatric hospital (80%) were unsatisfied at mean and standard deviation( $2.21 \pm .395$ ), while most of the nurses working at general hospital (90.8%) were satisfied at mean and standard deviation( $3.15 \pm .518$ ).

**Table (4.8): Comparison between the mean score of both groups (psychiatric and general hospitals) regarding to job satisfaction.**

Independent Sample T-Test								
Groups	No.	Min	Max	M	Sd.	Sd. E	P-value	Assessment
nurses working at psychiatric hospital	110	33	89	59.50	10.747	1.025	0.001	H. S
nurses working at general hospital	163	56	129	88.56	14.529	1.138		

No= (number of study sample), Min= minimum, Max= maximum M= mean, Sd= (standard deviation), Sd. E= (standard error), P. value= (probability value), H. S= (Highly Significant)

Regarding to comparison between nurses working at psychiatric hospital and nurses working at general hospital related to overall job satisfaction table (4.8) shows that a highly significant differences among both groups at p-value (0.001) which less than (0.01).

**Table (4.9): Assessment of job-related stress for both groups ( psychiatric and general hospitals) regarding to death and dying stressors**

No	Items	psychiatric Hospital		General Hospital	
		M	± Sd	M	± Sd
1.	Performing a procedure that causes pain to the patient	1.95	.806	2.32	.859
2.	Feeling helpless if the patient does not improve	2.38	1.031	2.60	1.114
3.	Spending time in talking or listening to a patient about his/her impending death	2.18	1.383	2.48	1.446
4.	The death of a patient during my duty in the department	2.44	1.282	2.78	1.171
5.	The passing of a patient with whom my relationship evolved	2.52	1.202	2.64	1.346
6.	Absence of the doctor at the time of patient death	2.25	1.391	2.18	1.465
7.	Seeing the patient experiencing from death throes	2.38	1.299	2.71	1.285
General mean and SD		2.30	0.189	2.53	0.277
Assessment		Moderate Stress		Moderate Stress	
No.		110		163	

M= mean, Sd= (standard deviation), Mean of scale = (2), W = (0.99), no stressful = (0-0.99), low stressful= (1-1.99), moderate stressful = (2-2.99), high stressful = (3-4).

Regarding to subscale (death and dying stressors) this table shows that the nurses working at psychiatric hospital have moderate job related-stress at (m & sd) (2.30 ± 0.189 ), as well the nurses working at general

hospital were have moderate job related-stress too at (m & sd) (2.53± 0.277).

**Table (4.10): Assessment of job-related stress for both groups (psychiatric and general hospitals) regarding to conflict with physician stressors.**

No	Items	psychiatric Hospital		General Hospital	
		M	± Sd	M	± Sd
1.	Criticism by a physician	2.26	1.318	1.86	1.575
2.	Conflict with a physician	2.13	1.235	1.57	1.491
3.	Conflict about a patient's treatment	1.97	1.230	1.71	1.373
4.	Decision-making about a patient when the doctor is absent	1.92	1.213	1.93	1.408
<b>General mean and SD</b>		2.07	0.156	1.77	0.120
<b>Assessment</b>		<b>Moderate Stress</b>		<b>low stress</b>	
<b>No.</b>		<b>110</b>		<b>163</b>	

M= mean, Sd= (standard deviation), Mean of scale = (2), W = (0.99), no stressful = (0-0.99), low stressful= (1-1.99), moderate stressful = (2-2.99), high stressful = (3-4).

Regarding to the subscale (conflict with physician stressors) this table shows that the nurses working at psychiatric hospital have moderate job related-stress at (m & sd) (2.07 ±0.156 ), while the nurses working at general hospital were have low job related-stress at (M& sd) (1.77 ± 0.120 ).

**Table (4.11): Assessment of job-related stress for both groups (psychiatric and general hospitals) regarding to emotional preparation stressors.**

No	Items	psychiatric Hospital		General Hospital	
		M	± Sd	M	± Sd
1.	Feel insufficiently ready to deal with the emotional requirements of a family of patient	2.09	1.216	1.68	1.023
2.	Being asked a question by a patient for which I do not have an answer	2.30	1.162	1.64	.948
3.	Feeling inadequately prepared to provide psychological support for the patient	2.15	1.051	1.54	1.002
<b>General mean and SD</b>		2.18	0.107	1.62	0.153
<b>Assessment</b>		Moderate Stress		low Stress	
<b>No.</b>		<b>110</b>		<b>163</b>	

M= mean, Sd= (standard deviation), Mean of scale = (2), W = (0.99), no stressful = (0-0.99), low stressful= (1-1.99), moderate stressful = (2-2.99), high stressful = (3-4).

Regarding the subscale (emotional preparation stressors) this table shows that the nurses working at psychiatric hospital were have moderate job related-stress at (M & std) (2.18± 0.107 ), while the nurses working at general hospital were have low job related-stress at (M & std) (1.62 ± 0.153).

**Table (4.12): Assessment of job-related stress for both groups (psychiatric and general hospitals) regarding to problems with peers stressors.**

No	Items	psychiatric Hospital		General Hospital	
		M	± Sd	M	± Sd
1.	Insufficient a chance to speak openly with other employees about troubles in the work environment	2.28	1.205	1.67	1.227
2.	Insufficient a chance to share experience or feelings with other employees in the work environment	2.16	1.216	1.77	1.220
3.	Insufficient a chance to express to other employees my negative feelings toward the patients	2.15	1.190	1.56	1.257
4.	Difficulty in working with a particular nurse (or nurses) in my immediate work setting	1.92	1.126	1.50	1.249
5.	working difficulties with nurse outside the immediate work setting	1.84	1.105	1.58	1.212
6.	Difficulty of working with nurses of the obverse gender	2.01	1.208	1.47	1.188
<b>General mean and SD</b>		2.06	0.168	1.59	0.103
<b>Assessment</b>		<b>Moderate Stress</b>		<b>Low stress</b>	
<b>No.</b>		<b>110</b>		<b>163</b>	

M= mean, Sd= (standard deviation), Mean of scale = (2), W = (0.99), no stressful = (0-0.99), low stressful= (1-1.99), moderate stressful = (2-2.99), high stressful = (3-4).

Regarding to the subscale ( problems with peers stressors) this table shows that the nurses working at psychiatric hospital were have moderate job related-stress at (M & std) (2.06 ± 0.168 ), while the nurses working

at general hospital were have low job related-stress at (M& std) ( $1.59 \pm 0.103$ ).

**Table (4.13): Assessment of job-related stress for both groups (psychiatric and general hospitals) regarding to supervision stressors.**

No	Items	psychiatric Hospital		General Hospital	
		M	± Sd	M	± Sd
1.	Conflict with a supervisor	2.09	1.177	1.98	1.429
2.	Lack of support of my immediate supervisor	2.28	1.059	2.17	1.331
3.	Criticism by a supervisor	2.35	1.208	2.09	1.582
4.	Insufficient support from the nursing administration	2.25	1.119	2.41	1.346
5.	Being responsible for things I cannot control about them	2.38	1.271	2.10	1.404
6.	insufficient support from other health care managers	2.31	1.029	2.31	1.312
7.	Critiques from nursing management	2.24	1.100	2.26	1.299
General mean and SD		2.27	0.095	2.19	0.181
Assessment		moderate stress		moderate stress	
No.		110		163	

M= mean, Sd= (standard deviation), Mean of scale = (2), W = (0.99), no stressful = (0-0.99), low stressful= (1-1.99), moderate stressful = (2-2.99), high stressful = (3-4).

Regarding to the subscale (supervision stressors) this table shows that the nurses working at psychiatric hospital were have moderate job related-stress at (M & std) ( $2.27 \pm 0.095$ ), as well the nurses working at general hospital were have low job related-stress at (M & std) ( $2.19 \pm 0.181$ ).

**Table (4.14): Assessment of job-related stress for both groups (psychiatric and general hospitals) regarding to workload stressors**

No	Items	psychiatric Hospital		General Hospital	
		M	± Sd	M	± Sd
1.	Unpredictable staffing and scheduling	2.05	1.061	2.63	1.171
2.	Not enough time to provide emotional support to the patient	2.14	1.036	2.05	1.191
3.	Too little time to do all of my nursing duties	2.06	1.103	1.86	1.247
4.	A lot of non-nursing duties are wanted, such as office work	2.28	1.102	2.02	1.438
5.	lack of staff to adequately manage the unit	2.35	1.170	2.17	1.424
6.	Not enough time to respond to the needs of patients' families	2.16	.991	1.87	1.334
7.	demands related to Classification System for Patients	2.23	1.155	1.99	1.232
8.	Having to working during the rests	2.55	1.037	2.17	1.275
9.	Having to important decisions making under pressure	2.32	1.066	2.09	1.302
General mean and SD		2.24	0.160	2.09	0.281
Assessment		Moderate stress		Moderate stress	
No.		110		163	

M= mean, Sd= (standard deviation), Mean of scale = (2), W = (0.99), no stressful = (0-0.99), low stressful= (1-1.99), moderate stressful = (2-2.99), high stressful = (3-4).

Regarding to the subscale ( workload stressors) this table shows that the nurses working at psychiatric hospital were have moderate job related-stress at (M & sd) (2.24 ± 0.160 ), as well the nurses working at general hospital were have moderate job related-stress at (M & sd) (2.09 ± 0.281).

**Table (4.15): Assessment of job-related stress for both groups (psychiatric and general hospitals) regarding to uncertainty concerning treatment stressors.**

No	Items	psychiatric Hospital		General Hospital	
		M	± Sd	M	± Sd
1.	Insufficient data from the doctor related to the patient's medical condition	2.47	1.081	2.10	1.316
2.	When a physician prescribes a treatment that appears to be inappropriate for the patient	2.37	1.132	2.08	1.401
3.	Fright of a mistake during a patient's treatment	2.41	1.206	2.36	1.236
4.	A physician not being present in a medical emergency	2.57	1.104	2.10	1.415
5.	Feeling insufficiently trained for the work I must perform	2.06	1.265	1.63	1.432
6.	Lack of knowledge about what information should be shared with patients and their families	2.34	1.251	1.72	1.316
7.	Being in charge with inadequate experience	2.22	1.244	1.50	1.433
8.	Uncertainty regarding my ability in the operation and functioning of specialized equipment	1.65	1.430	1.69	1.269
9.	Frequent exposure to health and safety risks	2.53	1.186	1.98	1.338
<b>General mean and SD</b>		2.29	0.285	1.9	0.441
<b>Assessment</b>		<b>Moderate stress</b>		<b>low stress</b>	
<b>No.</b>		<b>110</b>		<b>163</b>	

M= mean, Sd= (standard deviation), Mean of scale = (2), W = (0.99), no stressful = (0-0.99), low stressful= (1-1.99), moderate stressful = (2-2.99), high stressful = (3-4).

Regarding to the subscale (uncertainty concerning treatment stressors) this table shows that the nurses working at psychiatric hospital were have moderate job related-stress at (M & sd) (2.29  $\pm$ 0.285 ), while the nurses working at general hospital were have low job related-stress at (M & sd) (1.9  $\pm$ 0.441).

**Table (4.16): Assessment of job-related stress for both groups (psychiatric and general hospitals) regarding to patient and family stressors**

No	Items	psychiatric Hospital		General Hospital	
		M	$\pm$ Sd	M	$\pm$ Sd
1.	Unreasonable Patients' demands	2.78	1.112	1.84	1.356
2.	Patients' families making unreasonable demands.	2.21	1.478	2.01	1.368
3.	Blame the nurse for any errors that may occur	2.96	1.049	1.61	1.279
4.	Being the person that deals with the families of the patients	2.28	1.428	1.82	1.188
5.	Dealing with aggressive patients	3.18	.900	1.60	1.279
6.	Dealing with the abuse from the families of the patients	2.30	1.518	1.93	1.443
General mean and SD		2.62	0.411	1.8	0.101
Assessment		Moderate stress		low stress	
No.		110		163	

M= mean, Sd= (standard deviation), Mean of scale = (2), W = (0.99), no stressful = (0-0.99), low stressful= (1-1.99), moderate stressful = (2-2.99), high stressful = (3-4).

Regarding to the subscale (patient and family stressors) this table shows that the nurses working at psychiatric hospital were have moderate job related-stress at (M & sd) ( $2.62 \pm 0.411$ ), while the nurses working at general hospital were have low job related-stress at (M& sd) ( $1.8 \pm 0.101$ ).

**Table (4.17): Job - related Stress Subscale**

No	Subscale	nurses working at psychiatric hospital			nurses working at general hospital		
		M	± Sd	Assessment	M	± Sd	Assessment
1.	death and dying stressors	2.30	0.189	Moderate stress	2.53	0.277	Moderate stress
2.	conflict with physician stressors	2.07	0.156	Moderate stress	1.77	0.120	Low stress
3.	emotional preparation stressors	2.18	0.107	Moderate stress	1.62	0.153	Low stress
4.	peers stressors	2.06	0.168	Moderate stress	1.59	0.103	Low stress
5.	supervision stressors	2.27	0.095	Moderate stress	2.19	0.181	Moderate stress
6.	workload stressors	2.24	0.160	Moderate stress	2.09	0.281	Moderate stress
7.	uuncertainty concerning treatment stressors	2.29	0.285	Moderate stress	1.9	0.441	Low stress
8.	patient and family stressors	2.62	0.411	Moderate stress	1.8	0.101	Low stress

M= mean, Sd= (standard deviation), Mean of scale = (2), W = (0.99), no stressful = (0-0.99), low stressful= (1-1.99), moderate stressful = (2-2.99), high stressful = (3-4).

Regarding to level of subscales of job stress survey for nurses working at psychiatric hospital this table shows that the highest stressors was (patient and family stressors) at mean (2.62) and the lowest stressors was (peers stressors) at mean(2.06), while for nurses working at general hospital the highest stressors was (death and dying stressors) at mean ( 2.53) and the lowest stressors was (peers stressors) at mean(1.59).

**Table (4.18 ): Overall Assessment of the study sample (psychiatric and general hospitals) regarding to job stress**

Groups	Rating	F	%	M.S	Sd	Ass
nurses working at psychiatric hospital	No stress	1	.9	<b>2.25</b>	<b>0.589</b>	<b>Moderate stress</b>
	Low stress	32	29.1			
	Moderate stress	69	62.7			
	High stress	8	7.3			
	<b>Total</b>	<b>110</b>	<b>100.0</b>			
nurses working at general hospital	No stress	0	0	<b>1.93</b>	<b>0.451</b>	<b>Low stress</b>
	Low stress	82	50.3			
	Moderate stress	79	48.5			
	High stress	2	1.2			
	<b>Total</b>	<b>163</b>	<b>100.0</b>			

M= mean, Sd= (standard deviation), Mean of scale = (2), W = (0.99), no stressful = (0-0.99), low stressful= (1-1.99), moderate stressful = (2-2.99), high stressful = (3-4).

Regarding overall job stress ,this table shows that most of the nurses working at psychiatric hospital (62.7%) experienced moderate levels of job stress, (29.1%) experienced low level of job stress, and (7.3%) experienced high level of job stress, While (50.3%) of nurses working at general hospital experienced low level of job stress, (48.5%) suffer moderate work stress, and 1.2% encounter high work stress.

**Table (4.19): Comparison between the mean score of both groups (psychiatric and general hospitals) regarding to job stress.**

Independent Sample T-Test								
Groups	No.	Min	Max	M	Sd.	Sd. E	P-value	Assessment
nurses working at psychiatric hospital	110	45	177	115.69	25.074	2.391	0.001	H. S
nurses working at general hospital	163	51	168	101.31	23.049	1.805		

No= (number of study sample), Min= minimum, Max= maximum M= mean, Sd= (standard deviation), Sd. E= (standard error), P. value= (probability value), H. S= (Highly Significant)

Regarding the comparison between nurses working at psychiatric hospital and nurses working at general hospital related to overall job stress table (4.19) shows that a highly significant differences among both groups at a p-value (0.001) which less than (0.01).

**Table (4.20 ): The correlation between stress in the work and job satisfaction for nurses working at psychiatric hospital**

Correlations				
		Job Stress of Psychiatric group	Job satisfaction of Psychiatric group	Assessment
Job Stress of Psychiatric group	Pearson Correlation	1	<b>-0.493**</b>	<b>H.S</b>  <b>Negative moderate correlation</b>
	Sig. (2-tailed)		<b>.001</b>	
	N	110	110	
Job satisfaction of Psychiatric	Pearson Correlation	<b>-0.493**</b>	1	
	Sig. (2-tailed)	<b>.001</b>		
	N	110	110	
**. Correlation is significant at the 0.01 level (2-tailed).				

Regarding to correlation between job satisfaction and work stress of nurses working at psychiatric hospital, this table shows that negative moderate correlation between job satisfaction and job stress which recorded highly significant at p-value 0.001.

**Table (4.21): The correlation between stress in the work and job satisfaction for nurses working at general hospital**

Correlations				
		Job satisfaction of general group	Job Stress of general group	Assessment
Job satisfaction of general	Pearson Correlation	1	<b>-.416**</b>	<b>H.S</b>  <b>Negative moderate correlation</b>
	Sig. (2-tailed)		<b>.001</b>	
	N	163	163	
Job Stress of general group	Pearson Correlation	<b>-.416**</b>	1	
	Sig. (2-tailed)	<b>.001</b>		
	N	163	163	
**. Correlation is significant at the 0.01 level (2-tailed).				

Regarding the correlation between stress in the work and satisfaction in the job for the nurses working at general hospital, this table shows that there is a negative moderate correlation between job-related stress and job satisfaction which recorded highly significant at p-value 0.001.

**Table (4.22): Association between socio-demographic characteristics and job satisfaction for both groups (psychiatric and general hospitals)**

socio-demographic characteristics	nurses working at psychiatric hospital				nurses working at general hospital			
	$\chi^2$	d.f	P-value	Ass	$\chi^2$	d.f	P-value	Ass
Age	3.379	3	.039	<b>S</b>	16.064	3	.013	<b>S</b>
Gender	.939	1	.333	N.S	2.875	1	.090	N.S
Educational level	10.656	3	.031	<b>S</b>	.678	3	<b>.003</b>	<b>H.S</b>
Marital status	.678	3	.049	<b>S</b>	2.341	3	.505	N.S
Residency	.009	1	.923	N.S	.935	1	.333	N.S
Years of experience	26.696	4	.223	<b>N.S</b>	36.924	4	.024	<b>S</b>
Work Shift	2.865	1	.091	N.S	.898	1	.343	N.S
Income	.074	2	.964	N.S	2.783	2	.249	N.S

P-value = probability value, d.f. = degree of freedom,  $\chi^2$  = Chi-square Value, ASS = assessment, s= significant, N.S= no significant, H.S=highly significant

Regarding to association between socio-demographic characteristics and job satisfaction for nurses working at psychiatric hospital, this table appears that the job satisfaction is statistically significant with age at p-value (.039). The table also indicates that the job satisfaction is statistically significant with qualification at p-value (.031).The table also shows that job satisfaction was significantly associated with marital status at p-value (.049), while the table shows

that there was no significant association between job satisfaction and gender, residency, years of experience, work shift, and income.

Regarding to association between socio-demographic characteristics and job satisfaction for nurses working at general hospital, this table shows that the job satisfaction is statistically significant with age at p-value (.013). The table also indicate that the job satisfaction is statistically highly significant with qualification at p-value (.003). This table indicates that job satisfaction is significantly associated with years of experience at p-value (.024), while the table shows that there was no significant relationship between job satisfaction and gender, marital status, residency, work shift, and income at p-value more than 0.05.

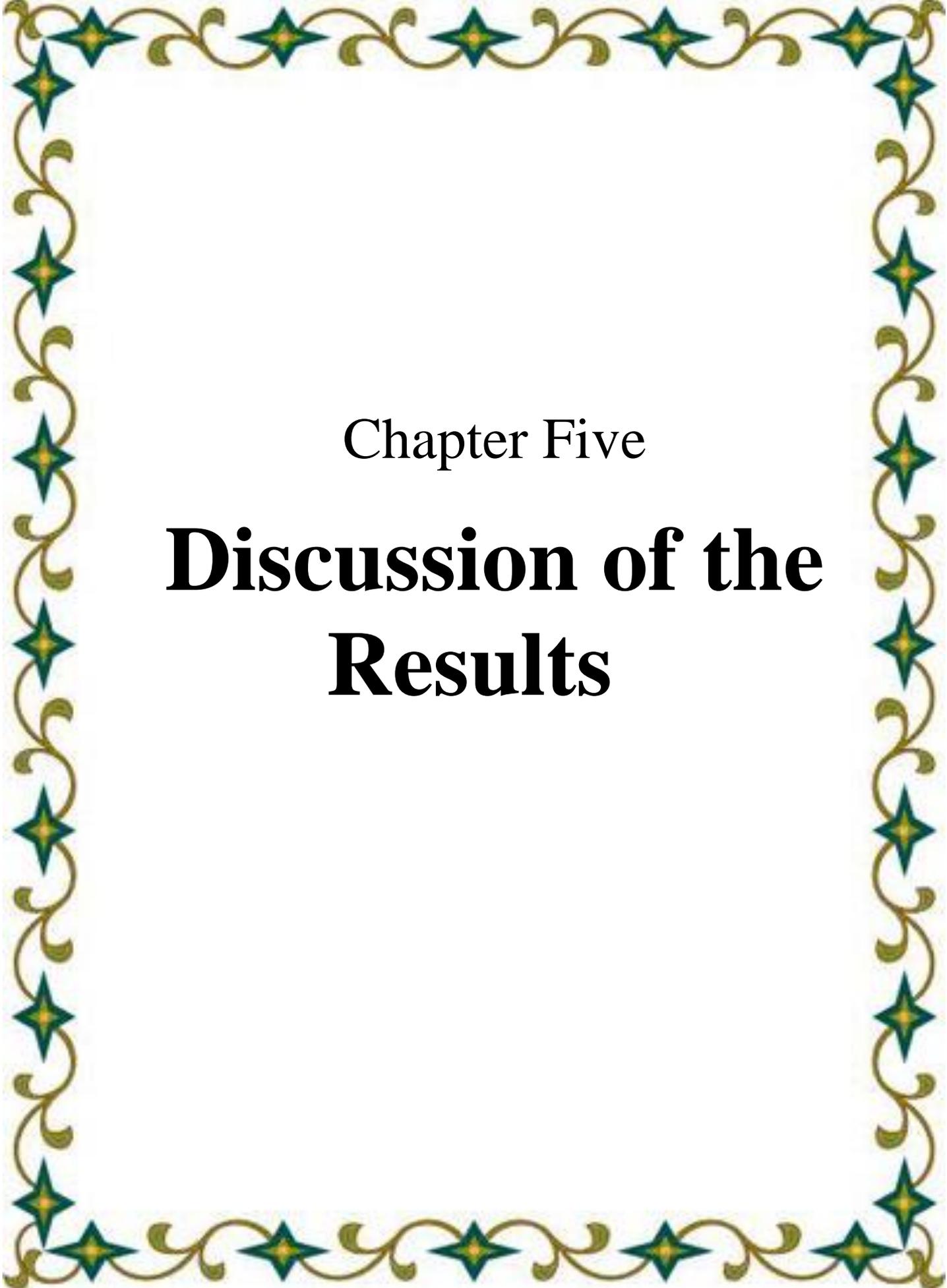
**Table (4.23): Association between socio-demographic characteristics and job stress for both groups (psychiatric and general hospitals)**

socio-demographic characteristics	nurses working at psychiatric hospital				nurses working at general hospital			
	$\chi^2$	d.f	P-value	Ass	$\chi^2$	d.f	P-value	Ass
Age	61.503	9	.001	<b>H.S</b>	7.903	9	.014	<b>S</b>
Gender	4.490	3	.213	N.S	1.691	3	.429	N.S
Educational level	8.687	9	.729	N.S	5.621	9	.690	N.S
Marital status	25.334	9	.003	<b>H.S</b>	5.381	9	.496	N.S
Residency	1.503	3	.682	N.S	5.716	3	.057	N.S
experience	40.168	12	.002	<b>H.S</b>	20.873	12	.052	N.S
Work Shift	3.294	3	.348	N.S	.507	3	.776	N.S
Income	3.265	6	.775	N.S	.332	6	.988	N.S

P-value = probability value, d.f. = degree of freedom,  $\chi^2$  = Chi-square Value, ASS = assessment, s= significant, N.S= no significant, H.S=highly

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Regarding to association between socio-demographic characteristics and job stress for nurses working at psychiatric and general hospital, this table shows that the age is statistically highly significant with job stress for nurses working at psychiatric hospital at p-value (.001) while, the age is statistically significant with job stress for nurses working at general hospital at p-value (.014). The table also indicates that the marital status is statistically highly significant with job stress for nurses working at psychiatric hospital at p-value (.003) while, the marital status is statistically no significant with job stress for nurses working at general hospital. The results also show that a high significant association between years of experience and job stress for nurses working at psychiatric hospital at p-value (.002), while the years of experience is statistically no significant with job stress for nurses working at general hospital, while the table show that there was no significant association between job stress and gender, qualification ,residency, work shift and income for both groups at p-value more than 0.05.



Chapter Five

**Discussion of the  
Results**

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## 5. Discussion of the Study Results

For the purpose of the study, the findings will be discussed in details under the followings:

### **Part I: The Socio-Demographic Characteristics**

Many socio-demographic variables are similar between the two groups because the  $p$  – value between two groups with regard to the socio-demographic characteristics was more than 0.05 which means that the sample is homogeneous. .

#### **1.1. Age**

The study result in table (4.1) shows that more than half of the nurses working at psychiatric hospital and less than two third of the nurses working at general hospital were from age group (21-30) years. This result is logical due to the wide demand for health professions in general, especially the nursing profession, as well as the large number of graduates of nursing colleges and institutes in the past few years. The finding is similar to the study carried out by (Ghazi Baker & Dhafer Alshehri,2020) who investigated the relationship between stress in the work and satisfaction among nurses in Saudi Arabia) more than half of the participants in this study were from age group (20-30) years. And the result is similar to the study carried out by (Gulavani & Shinde,2014) the study regarding the stress in the work and job satisfaction among nurses in the occupational work) more than half of the participants in this study were from age group (21-30) years.

#### **1.2. Sex**

The table (4.1) shows that more than half of the nurses working at psychiatric hospital and more than half of nurses working at general hospital were males. This ratio represents the actual male-female nurse ratio in Iraqi health institutions and is almost balanced, because

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currently, the demand for the nursing profession is wide for both sexes, unlike what it was previously, there was a shortage of nurses, especially females, which required the establishment of nursing institutes in which both females and males were accepted, especially female staffs, also, previously, females were preferred more than males, but now the submission has become equal for both of them. result similar to the study was carried out by Ameen & Faraj,2019 under the title (Effect Of Job Stress On Job Satisfaction Among Nursing Staff In Sulimani Mental Health Hospitals)the male sex of participants in this study was more than half.

### **1.3. Qualification**

Table (4.1) also shows approximately one-third of the nurses working at psychiatric hospital and less than one-third of the nurses working at general hospital in the study sample had an institute graduate. This percentage is considered realistic in Iraqi health institutions, unlike in the past, when most nurses were nursing secondary school, because at the present time there are many institutes in the Ministry of Health and the Ministry of Higher Education, and this provided the opportunity for nurses who secondary graduate to complete the study of institute. The study findings agree with the findings of the research performed by Hrefish & AL-Hadrawi. (2020) under the title (Emotional Intelligence and Work-related Stress among Nurses Working in Psychiatric Hospitals) (42.2%)of respondents in this study had an institute graduate.

### **1.4. Marital Status**

Regarding marital status the findings in the table (4.1) indicate more than half of nurses working at psychiatric hospital and less than two third of the nurses working at general hospital were married. The ages of more than half sample were ( 21-30) years, these ages are the ages of marriage in Iraqi society, the study found larger than half sample,

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they were married. The result is similar to study carried out by Ghazi Baker & Dhafer Alshehri (2020). Which was titled by (A cross-sectional study: the relationship between job stress and job satisfaction) (59.6%) of the study sample were married. And the findings are similar to the study under the title (Occupational stress and job satisfaction among nurses) conducted by Gulavani & Shinde, 2014) (57%) of participants in this research were married.

### **1.5. Residency**

The table ( 4.1) also indicates that majority of nurses working at psychiatric hospital identified as urban residency as well as majority of the nurses working at general hospital were from urban residency too. This result is expected and logical, since the hospitals in which the study was conducted were in the city center, and most of the employees of those hospitals are residents of the urban. This finding is similar to the research performed by Lukose & EP. (2015) under the title (Occupational stress, mental health and attitude towards mental illness of nursing staff working in a general and psychiatric hospital: A comparative study) found that more than( 80 %) of respondents belong to urban areas.

### **1.6. Years of Experience**

Regarding years of experience the table (4.1) shows more than half of the nurses working at psychiatric hospital and more than half of the nurses working at psychiatric hospital had between one and five years of experience, The reason for this result is the same as the reason for age, as this result is realistic because of the high demand for health professions in general, especially the nursing profession, as well as the large numbers of graduates of nursing colleges and institutes in the past few

years. The study findings agree with the findings of the research performed by Gulavani & Shinde,2014) (Occupational stress and job satisfaction among Nurses) ( 51%) of participants were having below 5 years of experience.

### **1.7. Work Shift**

Table ( 4.1 ) shows that more than two third of the nurses working at psychiatric hospital their shift was morning shift as well more than two thirds of the nurses working at general hospital sample their shift was morning duty too. This result is expected because the morning shift is more than the night shift, because the morning shift needs more nurses to perform the work required of them during the day, while the evening shift is less in number because the patient does not need much nursing care, only following patients in case of emergency and giving evening treatments. Our study findings agree with the findings of the research performed by Hrefish & AL-Hadrawi,2020) the study(Emotional Intelligence and Work-related Stress among Nurses Working in Psychiatric Hospitals) (81.7 %) of respondents in this study their duty was morning duty.

### **1.8. Income**

According to the income, the table ( 4.1 ) also shows less than half of the nurses working at psychiatric hospital their income is not sufficient, a just as less than half of the sample of nurses working at general hospital also have insufficient income. The reason for this may be that salaries for nurses are insufficient compared to their hard work with patients in all nursing specialties.

## **Part II : Assessment of Job Satisfaction**

### **2.1. Level of Subscales of Job Satisfaction**

Regarding to the level of subscales of job satisfaction survey table (4.6) shows that the nurses working at psychiatric hospital were unsatisfied regarding to all the subscales of job satisfaction where it was highest mean in subscale ( responsibility and patient care)(2.43) which assessed as unsatisfied and the lowest mean was in subscale (opportunity for development)( 2.07) which assessed as unsatisfied. This may be due to the shortage in the number of working nurses compared to the number of patients, which increases work pressure, and the lack of courses and developmental programs to develop nursing skills and raising the efficiency and level of nursing staff within these hospitals. In addition to the lack of interest in psychiatric hospitals by the competent and responsible authorities.

While for nurses working at general hospital the current study shows that the nurses working at general hospital were satisfied regarding to all the subscales of job satisfaction except subscale (general satisfaction) at mean( 2.99) which assessed as unsatisfied where it was highest mean in subscale (opportunity for development) ( 3.32) which assessed as satisfied. Here, the explanation may be the opposite of what is found in psychiatric hospitals, as the number of nurses is sufficient compared to the number of patients, and this reduces pressure on them, as well as interest by the responsible authorities and the establishment of development programs from time to time, which provides an opportunity for nurses to develop their capabilities in their workplace.

## **2.2. Overall Assessment of Study Sample( both groups ) regarding to job satisfaction**

### **2.2.1. Nurses Working at Psychiatric Hospital**

The findings in the table (4.7) show that majority of the nurses working at psychiatric hospital were unsatisfied with their job and fifth of them were satisfied with their job. This result agrees with the research performed by Andrioti et al. (2017) titled by (Job-satisfaction of nurse in various clinical practices ) they found that the psychiatric nurses seemed generally not satisfied with their work. While the result disagrees with the study was carried out by Ameen & Faraj. (2019) the study the effect of the Stress in the work and Satisfaction Among Nursing Staff). He found that the mental health nurses are moderately satisfied within their workplace.

### **2.2.2. Nurses Working at General Hospital**

The study results in the table (4.7) show that the vast majority of the nurses working in general hospitals are satisfied with their work and (9.2%) are unsatisfied with their job. This result is similar to result in the study was carried out by AbuRuz. (2014) ( A comparative study about the impact of stress on job satisfaction between Jordanian and Saudi nurses). The result was that the Jordanian nurses were moderately satisfied. This result is agreed with the study carried out by (Michael, 2007) assessment job satisfaction among nursing personnel in the surgical wards). He found the overall job satisfaction level of the nurses was satisfactory. Fourteen percent of the nurses were highly satisfied, 83% were satisfied and only 3% were dissatisfied.

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**Part III: Comparison between the mean score of both groups regarding to job satisfaction.**

Regarding to comparison between nurses working at psychiatric hospital and nurses working at general hospital related job satisfaction (overall) the study findings in the table (4.8) indicate that a highly significant differences among both groups at p-value (0.001). Whereas, nurses working at psychiatric hospital reported lower levels of work satisfaction than nurses working at general hospital. The reason for this may be the nature of psychiatric nursing work with psychiatric patients and the difficulty of dealing with them, because the psychiatric patient may be easily irritated and may be violent with the nursing staff. This result agree with the result of the research performed by Gursoy et al.(2017) titled by (Job satisfaction, anxiety and burnout of operating-room nurses ) they found that the psychiatric nurses have lowest level of job satisfaction compared to others departments. While the result disagree with the result of the study carried out by Sidra. (2020) who found in his study (Comparison of perceived stress between nurses working in medical and psychiatric wards) The work satisfaction of medical nurses was much lower than that of mental health nurses. This discrepancy in the results may be due to the difference in the environment and services available in the institutions, as well as the difference in the culture of the society that nurses deal with.

**Part IV : Assessment of Job Stress****4.1. Level of Subscales of Job Stress**

Table (4.17) shows that the highest stressors was (patient and family stressors) regarding to nurses working at psychiatric hospital. This result agrees with the study carried out in Saudi Arabia by (Sidra,2020) . The study titled by (Comparison of perceived stress

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between nurses working in medical and psychiatric wards). The results of this study show that psychiatric nurses reported higher stress level from patient care than their counterparts working in general hospitals. The study findings also show that the lowest stressors was (peers stressors). This result is similar to result in the study which was carried out by (Ameen & Faraj,2019) titled by (The effect of Stress in the work and Job Satisfaction Among Nursing Staff). The study show that the subscale Problems with peers had the lowest level percentage from the total as indicated at the mean (2.02).

While for nurses working at general hospital the highest stressors was (death and dying stressors) and the lowest stressors was (peers stressors). This result is similar to result in the study was carried out by (AbuRuz,2014) the study titled by (A comparative study about the impact of stress on job satisfaction between Jordanian and Saudi nurses). The results show that the most stressful situations for (Jordanian nurses) were in order workload ,death , dying and patients and their families. The least stressful situation was: problems with peers. The current study result also agrees with result of the study carried out by (Mohamedkheir et al. (2016)) titled by (Occupational stress among nurses working in intensive care units in Public Hospitals of Khartoum State, Sudan 2016). This study showed that death and dying situations were the most prominent source of stress followed by work load and problems with supervisors.

This study's findings might be attributable to the presence of the nurse with the patient for a long time because of the nursing care that requires the presence of the nurse with the patient during the treatment period which leads to a close relationship with patients, and since death

is by its source of suffering and nature stressful for the nurses. As a result, it may have an impact on their lives both at work and outside of it.

While the present research found that the lowest levels of occurrence on the ENSS subscale (problems with peers). This may be a result of the adoption of tolerance, openness culture, and effective communication among nurses in the workplace.

## **4.2. Overall Assessment of the Study Sample ( both groups ) regarding to Job Stress**

### **4.1.1. Nurses Working at Psychiatric Hospital**

Table (4.18) show that more than half of the nurses working at psychiatric hospital have a moderate level of job stress. The nurses working at psychiatric hospital face many difficulties in producing nursing care because the patients with whom they deal need special care, the difficulties include the number of patients, unsuitable work environment, the work routine, the aggressive patients, and the lack of support from the responsible authorities to provide the best nursing care. All these difficulties and others may be sufficient to cause job stress and other health problems for psychiatric nurses. This result agrees with the result of the study carried out by (Hrefish & AL-Hadrawi,2020) the study titled by (Emotional Intelligence and Work-related Stress among Nurses Working in Psychiatric Hospitals). They found (60.6%) of participants in this study experience moderate stress. Our study findings agree with the findings of the research performed by (Dawood et al.,2017) titled by {Perceived psychiatric nurses job stress: a cross sectional study}. About 61% of the psychiatric nurses in this study reported moderate levels of job stress, while only 4% reported high levels of job stress.

#### **4.1.2. Nurses Working at General Hospital**

The table (4.18) show approximately half of the nurses working at general hospital experience low level of job stress. This finding is similar to the research performed by Ghazi Baker & Dhafer Alshehri (2020) under the title (The relationship between job stress and job satisfaction among Saudi nurses: A cross-sectional study). They found that the given participants' stress level is low. While this result disagrees with the result of the study carried out by Kakemam et al.( 2019) in Iran under the title (Occupational stress and associated risk factors among nurses: a cross-sectional study). They found that 78.4% of nurses reporting high job stress. This difference in results could be due to the difference in the nature of the work, as well as the difference in the work environment and the possibilities available to provide nursing care to patients.

#### **Part V :Comparison between the mean score of both groups regarding to job stress**

Regarding to comparison between the nurses working at psychiatric hospital and the nurses working at general hospital related to overall job stress, the study findings in the table (4.19) indicate that a highly significant differences among both groups at p-value (0.001). Whereas, the nurses working at psychiatric hospital suffer from job stress more than the nurses working at general hospital. This result can be attributed to the fact that psychiatric hospitals in Iraq suffer from severe shortage of resources. Among these things are the work environment, the small number of nurses compared to a large number of patients, the assignment of nurses to other non-nursing services, the lack of material and moral support for workers in psychiatric hospitals, as well as dealing with a mental patient is stressful, so we found that nurses working at psychiatric

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hospital suffer from work stress more than nurses in general hospitals. This result agrees with the result of the study carried out by Lukose & EP (2015) under the title (Occupational stress, mental health and attitude towards mental illness of nursing staff working in general and psychiatric hospital: A comparative study ) who found that occupational stress was high among psychiatric nurses compared to the nurses working in general hospitals. t-test shows that there is significant difference in overall occupational stress level and in different domains. The current study result also agrees with the result of the study carried out by Masa'Deh et al.(2017) titled by ( Perceived stress in nurses: A comparative study). They found that nurses working in psychiatric departments perceived the highest stress levels followed by oncology nurses (ONs), ICU/CCU, and ER nurses respectively. While the finding of the current study result disagrees with the result of the study carried out by (Sahraian et al.,2013) under the title (Occupational stress among hospital nurses: Comparison of internal, surgical, and psychiatric nurses job satisfaction and Occupational stress and among psychiatric nurses). The research found that compared to nurses working in mental wards, those in surgical and internal hospitals reported considerably greater levels of occupational stress across most occupational stress measures, except for relationship. While (Sidra,2020) found in his study (Comparison of perceived stress between nurses working in medical and psychiatric wards). Thus study explain that medical and psychiatric nurses experienced similar aggregate levels of stress related work.

#### **Part VI: Correlation between Job-related Stress and Job Satisfaction**

In regard to the correlation between stress in the work and satisfaction among both nurses working at psychiatric hospital and

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nurses working at general hospital table (4.20) and table (4.21) shows that there is a negative moderate correlation between job-related stress and job satisfaction which recorded highly significant at p-value 0.001. This means that the greater the job satisfaction of the nurses, the less the job stress will be, and this is logical because the nurse who has high job satisfaction loves his/her profession, has high comfort in his/her work, and works with more fidelity and professionalism, and this leads to improving his/her performance and increasing his/her productivity, which is thus reflected in the nursing care provided to patients. This result agrees with the study carried out by Ghazi Baker & Dhafer Alshehri (2020) under the title (The relationship between job stress and job satisfaction among Saudi nurses: A cross-sectional study). They found that the job stress was highly correlated with job satisfaction. The finding also similar to the research performed by Rita *et al.* (2013) under the title (The causes of stress and job satisfaction among nurses at Ridge and Pantang hospitals in Ghana). the findings show that negative correlation between stress and job satisfaction among nurses in the hospitals. While the result disagrees with the result of the study carried out by (Ameen & Faraj,2019) the study (The effect of Stress in the work and Satisfaction In Sulimani among nurses ). Result of this study showed that there was no statistical significant correlation between job satisfaction and stress.

### **Part VII: Association between Socio-demographic Characteristics and Job Satisfaction for Both Groups**

Regarding the association between age and job satisfaction for nurses working at psychiatric hospital and nurses working at general hospital table (4.22) reveals that the job satisfaction is associated significantly with age. The study findings agree with the findings of the

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research performed by Assiry et al.(2022) under the title (Extensive evaluation of the overall workplace experience and job satisfaction of dentists in Saudi Arabia). They found a significant association between age and job satisfaction. This table also indicate that the job satisfaction for nurses working at psychiatric hospital is significantly associated with qualification, and the table also indicate that the job satisfaction for nurses working at general hospital is highly significantly associated with qualification. This result agree with the result of the research performed by Andrioti et al. (2017) titled by (Job satisfaction of nurses in various clinical practices ). They found a statistically significant influence between satisfaction and level of education. The table also shows that there was a significant relationship between job satisfaction and marital status of psychiatric nurses, the table illustrates that job satisfaction is significantly related to years of experience of general nurses. The result related to association between socio-demographic characteristics and job satisfaction for both groups (psychiatric and general nurses) disagree with the result of the study carried out by Gulavani & Shinde. (2014) titled by (Job satisfaction of nurses in various clinical practices ). The researchers found that age, sex, professional education, marital status, and years of experience were not significantly related to occupational stress or work satisfaction.

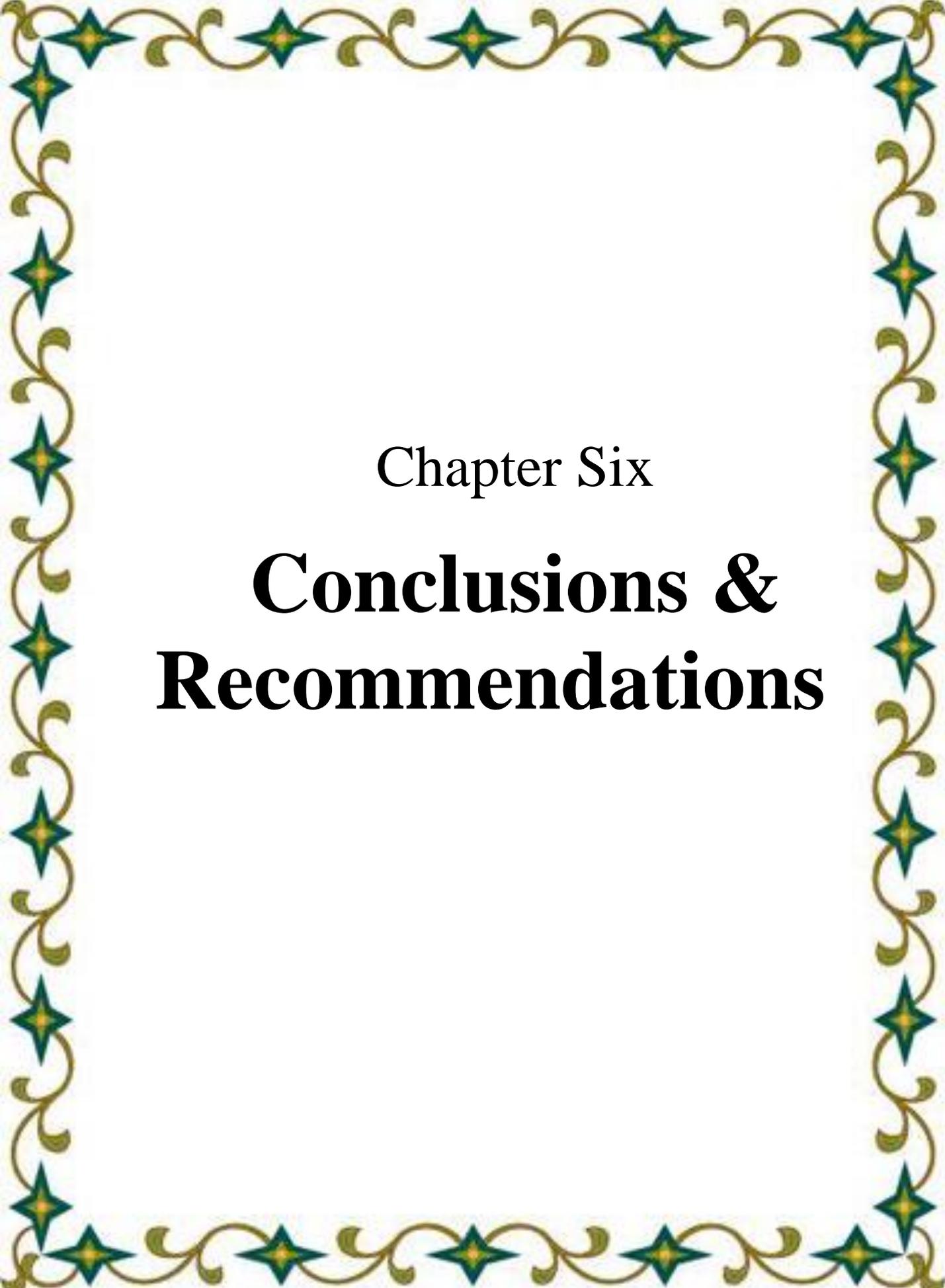
### **Part VIII :Association between socio-demographic characteristics and job stress for both groups**

The study results show in table (4.23) that the age regarding nurses working at psychiatric hospital is highly significantly associated with job stress, the study results also shows that the age regarding nurses working at general hospital is significantly associated with job-related stress. The study findings agree with the findings of the research

performed by Najimi et al.(2016) under the title (Causes of job-related stress in nurses: A cross-sectional study). They found the age is statistically significant with job stress.

The results also indicate that the marital status is highly significantly associated with job stress for nurses working at psychiatric hospital. The study findings agree with the findings of the research performed by (Hrefish & AL-Hadrawi,2020) the study (The emotional Intelligence Stress related work among nurses working in psychiatric Hospital). Their study results indicate that the marital status is statistically significant relationship with work- related stress.

The table (4.23) illustrates that the job stress was significantly related to years of experience at p-value (.002) . The current study findings agree with the findings of the research performed by Mohamedkheir et al.(2016) under the title (Occupational stress of nurses working in intensive care unit at Public Hospitals in Khartoum State). They found that years of experience is correlated significantly with job stress. Stress levels among nurses were positively significantly and affected by how long they worked.



Chapter Six

**Conclusions &  
Recommendations**

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## 6. Conclusions and Recommendations

### 6.1. Conclusions

According to the results of the study, the researcher reached several conclusions as follows:

1. The nurses working at psychiatric hospital were unsatisfied regarding to all the subscales of job satisfaction where it was highest mean in subscale ( responsibility and patient care). While the nurses working at general hospital were satisfied regarding to all the subscales of job satisfaction except subscale (general satisfaction).
2. The majority of the nurses working at psychiatric hospital were unsatisfied with their job. While vast majority of the nurses working at general hospital were satisfied.
3. The highest stressors for nurses working at psychiatric hospital was (patient and family stressors) and the lowest stressors was (peers stressors). While for nurses working at general hospital the highest stressors was (death and dying stressors) and the lowest stressors was (peers stressors).
4. More than half of the nurses working at psychiatric hospital experience moderate level of job stress and more than half of general nurses experience low level of job stress.
5. Regarding to correlation between job-related stress and job satisfaction among both groups the study conclude that there is a negative moderate correlation between job-related stress and job satisfaction.
6. The study found a high statistically significant association between job stress and age, marital status and years of experiences.

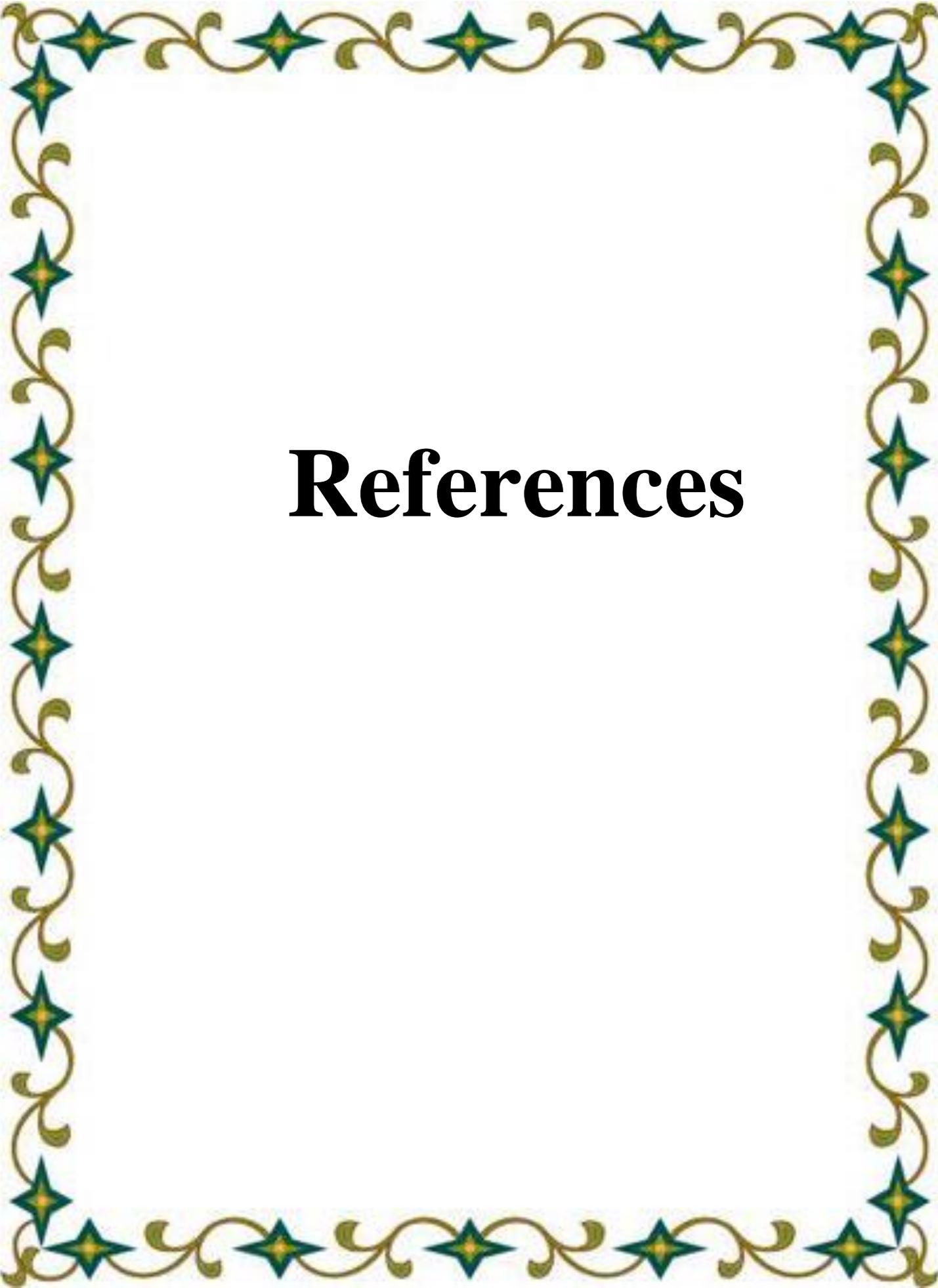
7. The study found a statistically significant association between job satisfaction and age, qualification, marital status and years of experiences.

## **6.2. Recommendations**

According to the results of the study, the researcher recommends the following recommendations:

1. Function-specific enhancing factors such as the autonomy in which the group showed dissatisfaction (the nurses working at psychiatric hospital) could be more focused on changing the nurses' satisfaction from dissatisfied to satisfied.
2. Incentive some measures recommended to improve job satisfaction with compensation example extra pay for extra working hours, and periodical increments depending on the performance of a particular nurse.
3. Nurse administrators could target specific source of stress like patient and family stressors ,problem with the supervisors, workload and inadequate emotional preparation and can plan measures to reduce stress among nurses.
4. Nurses who work in psychiatric hospitals need to participate in training programs including coping strategies, stress management and relaxation techniques to reduce work stress.
5. It is necessary to pay attention to the organizational climate and work environment because it plays a major role and has an impact on efficiency and thus is reflected in the service provided to the patient.
6. More analytical studies is needed for better understanding this phenomena and its effect on nurses performance and quality of patient care.

7. Coordinating with the responsible authorities such as the Ministry of Health, Ministry of high education and the Nursing Syndicate to follow up and implement the above recommendations to reduce job stress and improve job satisfaction among nurses, especially nurses working in psychiatric hospitals.



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# Appendices

# Appendix A Questionnaire

## استبيان الدراسة

تحية طيبة:

أخي الممرض / اختي الممرضة:

تحتوي هذه الاستبانة على مجموعة من الفقرات. الرجاء الاجابة على جميع الفقرات بدقة وعدم ترك اي فقرة وذلك بوضع علامة علامة ( صح ) امام الاجابات التي تنطبق عليكم ، علما ان مشاركتكم طوعية وان الاستبانة ستكون بدون اسم للمحافظة على خصوصية المشاركين وان جميع اجاباتكم سوف تستخدم لأغراض البحث العلمي فقط . شاكرين ومقدرين سلفا مشاركتكم في هذه الدراسة.

### الجزء الاول: المعلومات الديمغرافية:

١. العمر:
٢. الجنس: ذكر  انثى
٣. المستوى الدراسي: إعداديه تمريض  معهد تمريض
- بكالوريوس تمريض  دراسات عليا
٤. الحالة الزوجية: أعزب  متزوج  مطلق  أرمل
٥. عدد الابناء:

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٦. مكان السكن : مدينة  ريف
٧. سنوات الخدمة :  سنة
٨. مكان العمل الحالي :
٩. سنوات الخبرة في مكان العمل الحالي :  سنة
١٠. عدد ساعات العمل في اليوم الواحد :  ساعة
١١. وقت العمل: صباحي  مسائي
١٢. الدخل الشهري: يكفي  يكفي إلى حد ما  لا يكفي

### الجزء الثاني : استبيان الرضا الوظيفي للمرضين/الممرضات

ت	الرضا العام	اوافق بشدة	اوافق	غير متأكد	لا اوافق بشدة	لا اوافق
١.	لو سئحت لي الفرصة على اختيار الوظيفة مرة اخرى. سأختار نفس الوظيفة					
٢.	مهنتي فوائدها اكثر من مساوئها					
٣.	راتبي مجزي للعمل الذي اوديه					
٤.	ارغب بتغيير مهنتي					
٥.	استمتع جدا بعملتي					
٦.	بشكل عام، انا مقتنع بعملتي					
	<b>فرصة للتطوير</b>	اوافق بشدة	اوافق	غير متأكد	لا اوافق بشدة	لا اوافق
٧.	لدي فرصة كافية للتطور في عملي					
٨.	لدي فئاعة بالتنوع في عملي					
٩.	عملي محفز عقليا					

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					١٠. اتعرض للإحباط في عملي بسبب الموارد المحدودة
					١١. اجد ان روتين عملي غير محفز
					١٢. الناس المحيطون بي يتوقعون الكثير مني في عملي
	لا اوافق بشدة	لا اوافق بشدة	غير متأكد	اوافق بشدة	المسؤولية و رعاية المرضى
					١٣. استمتع بمكانتي في المجتمع كوني اعمل في مجال الصحة
					١٤. احصل على التقدير عند اتمام مهماتي بشكل جيد
					١٥. اكلف بمسؤوليات كبيرة في عملي كوني شخص موثوق به
					١٦. المرضى يقدرون ما اقدمه لهم
					١٧. لدي وقت كافي لكل مريض
					١٨. مرضاي متعاونين لانهم يفهمون طبيعة عملي
					١٩. توجد الكثير من المهام غير السريرية التي يجب ان اقوم بها
					٢٠. لدي الحرية الكاملة لاتخاذ القرار بكيفية القيام بعملتي
					٢١. استغرق وقت اطول لعمل ما يجب ان يعمله الاخرون الذين هم اقل خبرة وتدريب
	لا اوافق بشدة	لا اوافق بشدة	غير متأكد	اوافق بشدة	علاقات الموظفين
					٢٢. لدي علاقة عمل جيدة مع زملائي
					٢٣. يوجد جو من التعاون بين الادارة والكادر التمريضي
					٢٤. توجد قناة تواصل واضحة في مكان عملي
					٢٥. مديري راضي عني لجودة ادائي
					٢٦. الادارة تشرك الكادر التمريضي في اتخاذ القرار
					٢٧. استطيع الاعتماد على زملائي للدعم
					٢٨. انا سعيد بأسلوب الادارة في قسمي

الجزء الثالث: استبيان الاجهاد المهني للمرضين/المرضات

ت	ضغوطات الموت والاحتضار	ابدا غير مجهد	مجهد في بعض الأحيان	مجهد في كثير من الأحيان	مجهد للغاية	لا ينطبق
١	القيام بإجراء يسبب الم للمريض					
٢	الشعور بالعجز في حال عدم تحسن المريض					
٣	التحدث او الاستماع الى مريض على وشك الموت					
٤	وفاة أحد المرضى اثناء خفارتى داخل القسم					
٥	وفاة مريض تطورت علاقتي به					
٦	عدم وجود طبيب في حالة وفاة مريض					
٧	مشاهدة المريض وهو يعاني سكرات الموت					
	<b>الصراع مع ضغوطات طبيب</b>					
٨	النقد من قبل طبيب.					
٩	اختلاف مع طبيب					
١٠	الاختلاف مع الطبيب بشأن علاج مريض					
١١	اتخاذ قرار يخص المريض عند عدم وجود الطبيب					
	<b>ضغوطات الاستعداد العاطفي</b>					
١٢	الشعور بعدم الاستعداد الكافي للتعامل مع الاحتياج النفسي لعائلة المريض					
١٣	سؤال المريض عن اشياء لا املك لها جواب					
١٤	الشعور بعدم الاستعداد الكافي لتقديم الدعم النفسي للمريض					
١٥	عدم وجود فرصة للحديث بصراحة مع الموظفين الاخرين عن المشاكل في مكان العمل					
١٦	عدم وجود فرصة لمشاركة الخبرات والمشاعر مع الموظفين الاخرين في مكان العمل					

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					صعوبة في العمل مع ممرض أو ممرضين معينين في مكان عملي الحالي	١٨
					صعوبة في العمل مع ممرض أو ممرضين معينين خارج مكان عملي الحالي	١٩
					صعوبة في العمل مع ممرضين من الجنس الآخر	٢٠
					<b>ضغوطات المسؤول</b>	
					الصراع مع المسؤول	٢١
					قلة الدعم من مسؤولي المباشر	٢٢
					النقد من قبل المسؤول	٢٣
					قلة الدعم من إدارة التمريض	٢٤
					تكلفتي مسؤولية عن أشياء لا يمكنني السيطرة عليها	٢٥
					قلة الدعم من مسؤولي اقسام الرعاية الصحية الآخرين	٢٦
					الانتقاد من ادارة التمريض	٢٧
	لا ينطبق	مجهد للغاية	مجهد في كثير من الأحيان	مجهد في بعض الأحيان	ابدا غير مجهد	<b>ت ضغوطات عبء العمل</b>
					توزيع الكادر و الجداول غير المتوقعة	٢٨
					عدم وجود الوقت الكافي لتقديم الدعم النفسي للمريض	٢٩
					عدم كفاية الوقت لإتمام جميع مهام التمريضية	٣٠
					كثرة المهام غير التمريضية المطلوبة مثل الاعمال المكتبية	٣١
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					عدم وجود طبيب عند حدوث حالة طبية طارئة	٤٠
					الشعور بعدم التدريب الكافي للقيام بعملية	٤١
					عدم معرفة ما يجب إخبار المريض او عائلته عن الحالة او العلاج	٤٢
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					عدم التأكد من قدرتي في تشغيل وعمل الاجهزة الطبية	٤٤
					كثرة التعرض لمخاطر الصحة والسلامة	٤٥
					ضغوطات المريض والأسرة	
					مطالب المرضى غير المعقولة	٤٦
					عوائل المرضى يقومون بمطالب غير معقولة	٤٧
					إلقاء اللوم على الممرض لأي اخطاء قد تحدث	٤٨
					أن اكون الشخص الذي يتعامل مع عوائل المرضى.	٤٩
					الاضطرار للتعامل مع المرضى العنيفين.	٥٠
					الاضطرار إلى التعامل مع الاساءة من عوائل المرضى.	٥١

**study questionnaire**

**Part one: Demographic Data Form:**

1. Age :

2. Gender : male  female

3. Educational level : school of nursing  Diploma

Bachelor of Nursing  postgraduate

4. Marital status : Married  Single  Widowed

divorced

5. Number of children

6. Place of residence : Urban  Rural

7. Years of Experience :  year

8. Department or current workplace :

9. Years of experience in the current workplace :  year

10. Number of working hours per day :  hour

11. Work Shift: morning  night

12. Monthly income: enough  somewhat enough   
not enough

## Appendices

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### Part TWO : Job Satisfaction Survey

No	General satisfaction	Strongl Agree	Agree	Uncertai n	Disagree	Strongly disagree
1	If I could choose the career again I would make the same decision					
2	My job has more advantages than disadvantages					
3	My income is a reflection of the work I do					
4	I would like to change my career					
5	I really enjoy my work					
6	In general I am satisfied with my work					
	<b>opportunity for development</b>					
7	I have sufficient opportunity to develop in my work					
8	The variation in my work is satisfactory					
9	My work is mentally stimulating					
10	I experience frustration in my work due to limited resources					
11	I find my work routine non stimulating					
12	Too much is expected from me at work					
	<b>responsibility and patient care</b>					
13	I enjoy the status in the community as a healthcare professional					
14	I receive recognition for tasks well done					
15	I am entrusted with great responsibility in my work					
16	The patients appreciate what I do for them					
17	I have sufficient time for each patient					
18	My patients co-operate because they understand my working conditions					
19	There are many non-clinical tasks that I have to do					
20	I have enough freedom to decide how I do my work					
<b>No</b>	<b>Items</b>	<b>Strongl y Agree</b>	<b>Agree</b>	<b>Uncertai n</b>	<b>Disagree</b>	<b>Strongly disagree</b>

## Appendices

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21	I spend more time doing what be done by others with less experience & ng					
	<b>staff relations</b>					
22	I have a good working onship with my colleagues					
23	There is an atmosphere of co- ation Between staff & management					
24	There is a clear channel of nunication at my workplace					
25	My manager is concerned about ell being					
26	Management does involve staff in ion making					
27	I can depend on my colleagues pport					
28	I am happy with the management in my department					

## Appendices

### Part Three: job-Related Stress Survey

No	death and dying	never sful	Occasionally sful	frequently sful	extremely sful	does not
1.	Performing procedures that patients experience as painful					
2.	Feeling helpless in the case of a patient who fails to improve					
3.	Listening or talking to a patient about his/her approaching death					
4.	The death of a patient					
5.	The death of a patient with whom you developed a close relationship					
6.	Physician(s) not being present when a patient dies					
7.	Watching a patient suffer					
	<b>conflict with physician stressors</b>					
8.	Criticism by a physician					
9.	Conflict with a physician					
10.	Disagreement concerning the treatment of a patient					
11.	Making a decision concerning a patient when the physician is unavailable					
	<b>emotional preparation</b>					
12	Feeling inadequately prepared to help with the emotional needs of a patient's family					
13	Being asked a question by a patient for which I do not have a satisfactory answer					
14	Feeling inadequately prepared to help with the emotional needs of a patient					
	<b>problems with peers</b>					
15	Lack of opportunity to talk openly with other personnel about problems in the work setting					
16	Lack of opportunity to share experiences / feelings with other personnel in the work setting					
17	Lack of an opportunity to express to personnel on the unit my negative feelings towards patients					
18	Difficulty in working with a particular nurse (or nurses) in my immediate work setting					
19	Difficulty in working with a particular nurse (or nurses) outside my					

## Appendices

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	immediate work setting					
20	Difficulty in working with nurses of opposite sex					
	<b>supervision stressors</b>					
21	Conflict with a supervisor					
22	Lack of support of my immediate supervisor					
23	Criticism by a supervisor					
24	Lack of support by nursing administration					
25	Being held accountable for things which I have no control					
26	Lack of support from other health administrators					
27	Criticism from nursing administration					
	<b>workload stressors</b>					
28	Unpredictable staffing and scheduling					
29	Not enough time to provide emotional support to the patient					
30	Not enough time to complete all of my nursing tasks					
31	Too many non-nursing tasks required, such as clerical work					
32	Not enough staff to adequately cover the unit					
33	Not enough time to respond to the needs of patients' families					
34	Demands of patient classification system					
35	Having to work through breaks					
36	Having to make decisions under pressure					
	<b>uncertainty concerning treatment stressors</b>					
37	Inadequate information from a physician regarding the medical condition of a Patient					
38	A physician ordering what appears to be inappropriate treatment for a patient					
39	Fear of making a mistake in treating a patient					
40	A physician not being present in a medical emergency					
41	Feeling inadequately trained for what I have to do					
42	Not knowing what a patient /patient's family ought to be told about condition/treatment					
43	Being in charge with inadequate experience					
44	Uncertainty regarding the operation					

## Appendices

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	and functioning of specialized equipment					
<b>45</b>	Being exposed to health and safety hazards					
	<b>patient and family stressors</b>					
<b>46</b>	Patients making unreasonable demands.					
<b>47</b>	Patients' families making unreasonable demands.					
<b>48</b>	Being blamed for anything that goes wrong.					
<b>49</b>	Being the one who has to deal with patients' families.					
<b>50</b>	Having to deal with violent patients.					
<b>51</b>	Having to deal with abuse from patients' families.					

# **Appendix B**

## **Panel of Experts**

خبراء تحكيم الاستبانة

ت	اسم الخبير	اللقب العلمي	الاختصاص	مكان العمل	سنوات الخبرة
١	د. امين عجيل الياصري	استاذ	تمريض صحة مجتمع	كلية التمريض / جامعة بابل	38 سنة
٢	د. علي كريم خضير	استاذ	تمريض الصحة النفسية والعقلية	كلية التمريض / جامعة كربلاء	٣٠ سنة
3	د. عبد المهدي عبد الرضا	استاذ	تمريض الصحة النفسية والعقلية	كلية التمريض / جامعة بابل	٤٠ سنة
4	د. معالي إبراهيم محمد	استاذ	تمريض الصحة النفسية والعقلية	كلية التمريض / جامعة المنوفية	٣٩ سنة
4	د. سلمى كاظم جهاد	استاذ	تمريض صحة مجتمع	كلية التمريض / جامعة بابل	38 سنة
5	د. نهاد محمد الدوري	استاذ	تمريض صحة الطفل	كلية التمريض / جامعة بابل	٣٦ سنة
7	د. صافي داخل نوام	استاذ مساعد	تمريض الصحة النفسية والعقلية	كلية التمريض / جامعة كربلاء	20 سنة
8	د. معن حميد هادي	استاذ مساعد	تمريض الصحة النفسية والعقلية	كلية الكوت الجامعة	١٧ سنة
9	د. حسام مطشر زان	استاذ مساعد	تمريض الصحة النفسية والعقلية	كلية التمريض / جامعة الكوفة	١٥ سنة
10	د. قحطان قاسم محمد	استاذ مساعد	تمريض الصحة النفسية والعقلية	كلية التمريض / جامعة بغداد	١٤ سنة
11	د. حيدر حمزه علي	استاذ مساعد	تمريض الصحة النفسية والعقلية	كلية التمريض / جامعة الكوفة	١٣ سنة
12	د. حسن علي حسين	استاذ مساعد	تمريض الصحة النفسية والعقلية	كلية التمريض / جامعة بغداد	١٣ سنة
١٣	د. علي احمد كاظم الخطاب	مدرس	تمريض الصحة النفسية والعقلية	كلية التمريض / جامعة بابل	١٢ سنة
الخبراء اللغويين					
١	د. بشرى محمد كاظم خضير	مدرس	لغوي معرفي	كلية التربية / جامعة بابل	20 سنة
٢	محمد هادي حميو	مدرس اول	مدرس لغة انجليزية	مديرية تربية بابل / متوسطة القائم	١٥ سنة

# Appendix C

## Administrative Arrangements

University of Babylon  
College of Nursing  
Research Ethics Committee



جامعة بابل  
كلية التمريض  
لجنة اخلاقيات البحث العلمي

Issue No:

Date: 1/8/2022

## Approval Letter

To,

**Sajad Abood Salman**

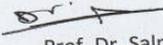
The Research Ethics committee at the University of Babylon, College of Nursing has reviewed and discussed your application to conduct the research study entitled " **Job-related Stress and Satisfaction among Nurses Working at Psychiatric and General Hospitals: a comparative study**"

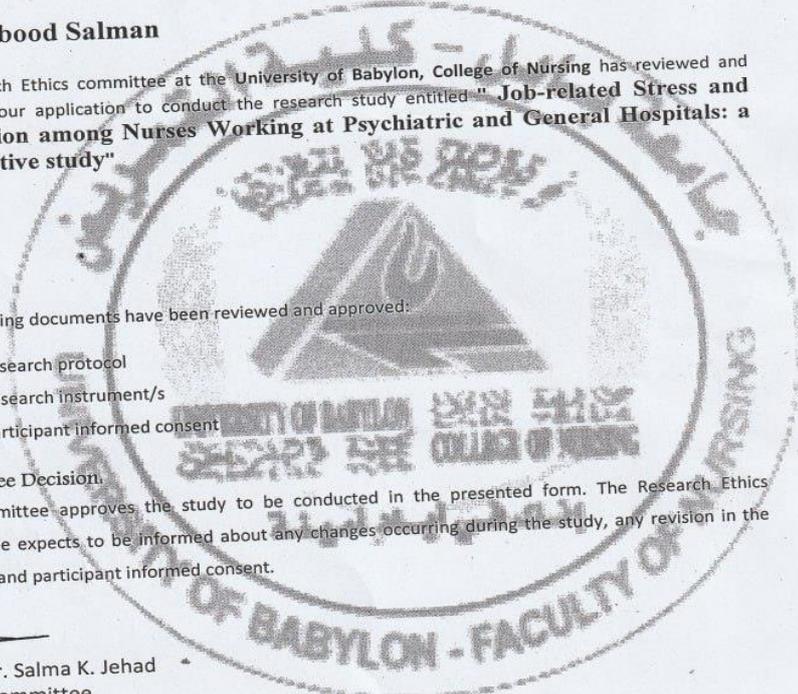
The Following documents have been reviewed and approved:

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. Jihad  
Chair Committee  
College of Nursing  
Research Ethical Committee  
1/8/2022





Ref. No. :

العدد : ٢٥٨١

Date: / /

التاريخ : ٢٠٢٢ / ٨ / ١١



الى / دائرة صحة بغداد- الرصافة / مستشفى الرشاد التعليمي  
دائرة صحة بابل/ مستشفى الامام الصادق (ع) التعليمي  
م/ تسهيل مهمة

تحية طبية :

يطيب لنا حسن التواصل معكم ويرجى تفضلكم بتسهيل مهمة طالب الدكتوراه  
(سجاد عبود سلمان صكر) لغرض جمع عينة دراسة الدكتوراه والخاصة بالبحث الموسوم :  
(الاجهاد والرضا المرتبط بالمهنة ما بين الممرضين العاملين في المستشفيات العامة والمستشفيات  
النفسية : دراسة مقارنة ) .

(Jop – related stress and satisfaction among nurses working at psychiatric and general  
hospitals :a comparative study ).

... مع الاحترام ...

الاستاذ الدكتور

امين عجيل الباسري

العميد

٢٠٢٢ / ٨ / ١١

المرفقات //

- بروتوكول .
- استبانة

\*بسمه / ٨

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

جمهورية العراق  
محافظة بغداد  
دائرة صحة بغداد / الرصافة  
مركز التدريب والتنمية البشرية  
العدد : ١٥١  
التاريخ : ٢٠٢٢ / ٨ / ١٠

محافظة بغداد  
مدينة السلام  
Baghdad Governorate

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

إلى / مستشفى الرشاد التدريبي  
م / تسهيل مهمة

تحية طيبة :-

كتاب وزارة التعليم العالي و البحث العلمي/ جامعة بابل / كلية التمريض/ لجنة الدراسات العليا المرقم ٢٥٨١ في ٢٠٢٢/٨/١، يرجى تسهيل مهمة طالب الدكتوراه (سجاد عبود سلمان صكر) لغرض جمع عينة البحث الموسوم (الإجهاد والرضا المرتبط بالمهنة ما بين الممرضين العاملين في المستشفيات العامة والمستشفيات النفسية: دراسة مقارنة)، لاتخاذ ما يلزم لتسهيل مهمته وتزويده بما يلزم وحسب الضوابط وسياقات العمل وان لا تتحمل وزارة الصحة أية تبعات مالية للتفضل بالإطلاع وأجراء اللازم .

... مع التقدير ...

الدكتور  
علاء كاظم صالح  
ع/المدير العام

معاون مدير شؤون التمريض لصحة دائرة صحة بغداد  
مسؤول التعليم التمريض  
أ. جبراد المكي م. ل. ق. م.

الطبيبة الاستشارية  
ايمان احمد الرهيمي  
مديرة مركز التدريب والتنمية البشرية  
٢٠٢٢ / ٨ / ١٠

المعاقبة الصحية  
C-CCAKC

التصوير الاستشارية  
إيمان احمد الرهيمي  
طبيبة استشارية في طب الأسرة  
مديرة قسم التدريب والتنمية البشرية

نسخة منه إلى:  
- جامعة بابل/كلية التمريض كتابكم المرقم ٢٥٨١ في ٢٠٢٢/٨/١ ، للتفضل بالعلم مع الاحترام.  
- مركز التدريب والتنمية البشرية / شعبة إدارة البحوث والمعرفة / وحدة إدارة البحوث/ اضبارة تسهيل مهمة .  
\* حسب كتاب وزارة الصحة /البيئة /ادارة التخطيط وتنمية الموارد/قسم التخطيط المالي المرقم ٦٠٦٢١ في ٢٠٢١/١٠/١٣ الفقرة (٢)المتضمنة عدم استيفاء أجور كتاب تسهيل مهمة كون الموما إليها طالب دراسات عليا ومنسب في وزارة الصحة حسب الأمر الوزاري المتضمن منحه الإجازة الدراسية المرقم ١٢٧٨٣ في ٢٠٢٠/١٢/٢٧ .

E.Mail: Bb.rvssafa@Yahoo.Com / Brhealth2014@Gmail.Com

جمهورية العراق		
<p>Ministry Of Health Babylon Health Directorate Email:- Babel_Healthmoh@yahoo.com</p> <p>لأجل عراق اخضر مستدام..منعمل معا لترشيد استهلاك الطاقة الكهربائية والمحافظة على البيئة من التلوث</p>		<p>وزارة الصحة دائرة صحة محافظة بابل المدير العام مركز التدريب والتنمية البشرية وحدة إدارة البحوث</p> <p>العدد : ١٠١٨ التاريخ : ٢٠٢٢ / ٨ / ٢</p>

إلى / مستشفى الأمام الصادق (ع)  
مستشفى مرجان التعليمي  
م/ تسهيل مهمة

تحية طبية ...  
أشارة إلى كتاب جامعة بابل / كلية التمريض / لجنة الدراسات العليا ذي  
العدد ٢٥٨١ في ٢٠٢٢/٨/١  
نرفق لكم ربطا استمارات الموافقة المبدئية لمشروع البحث العائد للباحث طالب  
الدراسات العليا / الدكتوراه ( سجاد عبود سلمان صكر ) .  
للتفضل بالاطلاع وتسهيل مهمة الموما إليه من خلال توقيع وختم استمارات إجراء  
البحث المرفقة في مؤسساتكم وحسب الضوابط والإمكانات لاستحصال الموافقة  
المبدئية ليتسنى لنا إجراء اللازم على أن لا تتحمل مؤسساتكم أية تبعات مادية  
وقانونية ... مع الاحترام

المرفقات :  
استمارة عدد ٢ / ٧٧

السيد مدير مركز  
التدريب والتنمية البشرية  
بمدينة بابل  
تفضلت  
بالتوقيع  
على  
الاستمارة  
المرققة  
التي  
تحتوي  
على  
معلومات  
البحر  
التي  
تحتوي  
على  
معلومات  
البحر  
التي  
تحتوي  
على  
معلومات  
البحر

محمد عبد الله عجرش  
مدير مركز التدريب والتنمية البشرية  
٢٠٢٢ / ١

نسخة منه إلى :  
• مركز التدريب والتنمية البشرية / وحدة إدارة البحوث مع الأوليات ...

دائرة صحة محافظة بابل / مركز التدريب والتنمية البشرية // ايميل المركز [babntraining@gmail.com](mailto:babntraining@gmail.com)

**Appendix D**  
**Number of nurses in**  
**both hospitals**

الملاكات التمريضية والعاملين في مجال التمريض حصرا

العنوان الوظيفي	الملاك القياسي	الموجود الكلي	الموجود الفعلي	الاحتياج	الملاحظات
ممرض جامعي		٣٥	٢٥		٢ تنسيب ٣ امومة ١ طويلة ٣ دراسات
ممرض فني		٩٨	٨٥		٥ تنسيب ١ دراسات ٣ طويلة
ممرض ماهر	٢٢٥	١٩٧	١٧٢		٦ اجازة طويلة ٧ امومة ٢ تنسيب
ممرض + ممرضة		١٨	١٨		
حرفي امساعد تمريض		٢	٢		
مجموع الملاكات التمريضية		٣٨	٣٠٢		

١  
أحمد زكي محمد  
مسؤول شؤون التمريض

## Appendices

الملاكات التمريضية والعاملين في مجال التمريض حصرا

الملاحظات	الاحتياج	الموجود الفعلي	الموجود الكلي	الملاك القياسي	العنوان الوظيفي
١ تقسيب ٢ امومة ٣ طويلة ٤ درجات		٢٤٣	٢٥٠		ممرض جامعي
٥ تقسيب ٦ درجات ٧ طويلة		١٤٢	١٥٠		ممرض فني
٨ اجازات طويلة ٩ امومة ١٠ تقسيب		١٤٥	١٧٠		ممرض ماهر
		٥٢٩	٥٧٠		مجموع الملاكات التمريضية

الممرض الجامعي الاختصاص  
زليط سهيل فهد الحسناوي  
ماجستير التمريض باطني بمرسي



Ref. No.:

Date: / /

السوردة  
العدد / ١٨ -  
التاريخ ٢٠٢٣ / ٧ / ٢٦

١٠١٩١  
١٧١١١١

٢٠٢٣ / ٧ / ٢٦  
٧١٦  
Amesem

الى / جامعة بابل / كلية التمريض

كلية التربية الاساسية  
شعبة الموارد البشرية  
الصادرة

م / تقويم لغوي

نهديكم اطيب التحيات ..

كتابكم ذو العدد ٢٤٥٤ في ٢٠٢٣/٧/٢٦ بعد التكم اطروحة طلبة الدراسات العليا /  
الدكتوراه (سجاد عيود سلمان) الموسومة بـ (الاجهاد والرضا المرتبط بالمهنة ما بين الممرضين  
العاملين في المستشفيات العامة والمستشفيات النفسية : دراسة مقارنة) بعد تقويمها لغوياً وسلوبياً  
من قبل (أ.م. نادية علي أكبر) وهي صالحة للمناقشة بعد الاخذ بالملاحظات المثبتة على متنها.

... مع الاحترام ...

المرفقات/

- رسالة الماجستير
- اقرار المقوم اللغوي.

الم

أ.د. فراس سليبر جياوي

معاون العميد للشؤون العلمية

٢٠٢٣/٧/ ٢

الدكتوراه

١٧١١١١  
١٧١١١١  
١٧١١١١

نسخة منه الى/

- مكتب السيد العميد المحترم .. للتفضل بالاطلاع مع التحيات
- أ.م. نادية علي أكبر.
- الشؤون العلمية.
- الصادرة.

ايمنس //



basic@uobabylon.edu.iq

وطني ٠٧٢٣٠٠٣٥٧٤٤  
امنية ٠٧٦٠١٢٨٨٥٦٦

مكتب العميد ١٢٨٤  
المعاون العلمي ١١٨٨  
المعاون الإداري ١١٨٤

العراق - بابل - جامعة بابل  
لجنة الجامعة ٠٠٩٦٤٧٢٣٠٠٣٥٧٤٤

## المستخلص:

**الخلفية:** ان طبيعة بيئة عمل الممرضين تجعلهم يواجهون العديد من التحديات ويواجهون ضغوطاً كبيرة، مثل العمل لساعات طويلة، ومشاكل مع الكوادر الطبية، والصراعات بين الزملاء، ومشاكل في نوبات العمل، والتي من المرجح أن تسبب الكرب النفسي المرتبط بالعمل والاحترق المهني. ثبت أن الصحة الجسدية والعقلية للممرضين تتدهور بسبب الإجهاد. تم ربط التأثيرات السلبية على الرضا الوظيفي والصحة العقلية والصحة البدنية بتعرض الممرضين للضغط الناجم عن المخاطر الجسدية والنفسية للتمريض.

**أهداف الدراسة:** تهدف الدراسة إلى المقارنة بين الممرضين العاملين في المستشفيات النفسية والممرضين العاملين في المستشفيات العامة فيما يتعلق بالإجهاد والرضا الوظيفي.

**الادوات والمنهجية:** تم استخدام تصميم مقطعي وصفي في هذا البحث الكمي لتقييم الكرب النفسي المرتبط بالعمل والرضا الوظيفي بين الممرضين العاملين في المستشفيات التعليمية النفسية و العامة: دراسة مقارنة أجريت الدراسة بين ٢١ تشرين الاول ٢٠٢١ و ٢٤ حزيران ٢٠٢٣.

تم استخدام عينة قصدية غير احتمالية مكونة من (١١٠) ممرض من مستشفى الرشاد النفسي في محافظة بغداد و (١٦٣) ممرض من مستشفى الامام الصادق في محافظة بابل. تم استخدام مقياسين منفصلين (مقياس الرضا الوظيفي -٢٨- فقرة ومقياس الاجهاد الوظيفي -٥١- فقرة) في هذه الدراسة.

**النتائج:** تشير نتائج الدراسة إلى أن غالبية الممرضين العاملين في المستشفى النفسي (٨٠%) غير راضين، في حين أن الغالبية العظمى من الممرضين العاملين في المستشفى العام (٩٠.٨%) راضين. ومع ذلك فإن أكثر من نصف الممرضين العاملين في المستشفيات النفسية (٦٢.٧%) تعرضوا لمستويات متوسطة من ضغوط العمل، في حين أن (٥٠.٣%) من الممرضين العاملين في المستشفيات العامة تعرضوا لمستويات منخفضة من ضغوط العمل.

**الاستنتاجات والتوصيات:** الممرضين العاملين في المستشفى النفسي يعانون من الاجهاد الوظيفي أكثر من الممرضين العاملين في المستشفى العام. توجد علاقة متوسطة (ارتباط سلبي) بين الاجهاد الوظيفي والرضا الوظيفي. وأوصت الدراسة بضرورة مشاركة الممرضين، وخاصة اللذين يعملون في المستشفيات النفسية، في برامج تدريبية تشمل استراتيجيات المواجهة، وإدارة الاجهاد النفسي، وأساليب الاسترخاء لتقليل ضغوط العمل. يؤدي هذا إلى زيادة مهاراتهم أو الحفاظ عليها، مما يعزز رضاهم الوظيفي ويقلل مستويات الاجهاد الوظيفي.

جمهورية العراق  
وزارة التعليم العالي والبحث العلمي  
جامعة بابل  
كلية التمريض



الكرب النفسي المرتبط بالعمل والرضا الوظيفي بين  
المرضى العاملين في المستشفيات التعليمية العامة و النفسية:  
دراسة مقارنة

اطروحة دكتوراه مقدمة

من قبل

سجاد عبود سلمان الجبوري

إلى مجلس كلية التمريض / جامعه بابل

وهي جزء من متطلبات نيل درجة الدكتوراه فلسفة في التمريض

بأشراف

الأستاذ الدكتورة سجاد هاشم محمد