

ORIGINAL RESEARCH

Resilience and work-related stress among mental health nurses in Jeddah, Saudi Arabia

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ABSTRACT

Work-related stress is harmful physical and emotional reactions that can occur when there is a conflict between an employee's work needs and his or her level of control to meet those demands. Work-related stress can come from multiple causes, however, when stress occurs in unmanageable amounts for the nurse, mental and physical changes may occur. Resilience gives people the mental toughness to deal with stress, trauma, adversity, and difficulties. The study aimed to explore the level of work-related stress among mental health care nurses and their resilience capacity at Eradah & Mental Health Complex–Eradah Services (EMHC-ES) in Jeddah, Saudi Arabia. A descriptive, correlational, cross-sectional research design was utilized taking the responses of 172 nurses. The questionnaire encompassed the Mental Health Professional Stress Scale (MHPSS) 42 items assessed on a four-point Likert scale and the Connor Davidson Resilience Scale (CD-RISC-10) 10-items assessed on a 5-point Likert scale. The results revealed a satisfactorily high level of resilience ($M = 30.7$ on a scale of 0-40) and a moderate level of stress among the participants ($M = 1.86$ on a scale of 0 to 3) with the mean subscale score was the highest for the workload associated stress and the lowest for the homework conflict-related stress. There was a near to significant correlation between the stress level and the resilience among the participants ($p = .053$). An appropriate strategy in health care organizations to assess stress, explore causes, and provide early management in mental health care settings is highly recommended.

Key Words: Mental health, Nurses, Resilience, Saudi Arabia, Work-related stress

1. INTRODUCTION

“Stress is a reaction to a situation – it isn't about the actual situation”. People are often stressed when they think the needs of a situation outweigh the resources to deal with the situation. For example, a person who is comfortable speaking in public may not be nervous about giving a presentation, but a person who is not confident in their abilities may be very stressed about an upcoming presentation. Common causes of stress include major life events such as job changes and job changes.^[1]

Work-related stress is harmful physical and emotional re-

actions that can occur when there is a conflict between an employee's work needs and his or her level of control to meet those demands. In general, the combination of high work demands and poor ability to control the situation can lead to stress.^[2] Work-related stress can come from multiple causes or from a single event. This can affect both employees and employers. Some stress is often considered positive (sometimes called “stimulating stress” or “positive stress”), but when stress occurs in unmanageable amounts, mental and physical changes may occur.^[3]

To cope with the stress of day-to-day work, people need

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specific coping and resilience skills. This is often defined as the ability to recover from difficult life events. It is the ability to withstand adversity, recover, and prosper despite life's crises.^[4] Resilience is not a steppingstone to current and next failures. It's like climbing without a trail map. It requires time, energy, and help from the people around you, and you will probably encounter setbacks along the way. But eventually, people will reach the top and look back to see how far they have come.^[5]

A mental health system, like any other system, is a set of interrelated elements that must work together to be effective. Nursing services are one of the most important parts of the mental health system. Nurses if suffered great stress associated with the work environment with low coping and resilience abilities will result in burnout, thus malfunction and probably system failure.^[6] While many nurses are considering leaving the profession, some are resilient to survive, cope, and even thrive despite the hardships they have experienced in the workplace.

Developing resilience is complex and individual. It includes a combination of internal strength and external resources and there is no one-size-fits-all formula for greater resilience. Everyone is different, but one person may develop symptoms of depression or anxiety after a traumatic event, while another may not report any symptoms.^[4]

Individuals cope with trauma and adversity in various ways, but there are specific protective factors that help build resilience by improving coping skills and adaptability. These factors include: social support, realistic planning, self-esteem, coping skills, communication skills, and emotional regulation.^[7]

Resilience gives people the mental toughness to deal with trauma, adversity, and difficulties. Resilient people use resources, strengths, and skills to overcome challenges and setbacks. People who lack resilience are more likely to be overwhelmed or helpless and to rely on unhealthy coping strategies (avoidance, isolation, selfishness, etc.).^[8]

1.1 Significance of the study

Mental health nurses have advanced knowledge of the assessment, diagnosis, and treatment of psychiatric disorders that helps them provide specialized care. They typically work alongside other health professionals in a medical team with the aim of providing the optimal clinical outcomes for the patient. Nurses are the key to offer care in mental health care institutions in Saudi Arabia and in the globe. Work-related stress constitutes one of the most critical challenges to nurses in psychiatric and mental health care, therefore, identifying the work-related stress and exploring Nurses' resilience ca-

pabilities is of vital importance to prevent their burnout and nursing turnover and to improve the nursing care quality and delivery system in Saudi Arabia.

1.2 Aim of the study

The aim of the current study was to explore the level of work-related stress among mental health care nurses and their resilience capacity at Eradah & Mental Health Complex –Eradah Services (EMHC-ES) in Jeddah, Saudi Arabia.

1.3 Research hypothesis

Mental Health care nurses at EMHC-ES in Jeddah have a high-stress level in their work environments.

1.4 Research question

-What were the resilience capabilities of Mental Health care nurses at EMHC-ES in the face of daily and work-related stress?

-Is there a correlation between mental health care nurses' level of stress and their resilience capacity at EMHC-ES?

2. METHOD

2.1 Research design

A descriptive, correlational, cross-sectional research design was utilized in this study.

2.2 Sampling procedures

The sample was recruited using the non-random convenience sampling method.

2.3 Participant characteristics

A sum of 172 nurses out of the 280 nurses who were working at the EMHC-ES had participated in the study (a response rate of 61.4%). The sample of nurses was from various nationalities and from both genders.

2.4 Setting of study

Eradah & Mental Health Complex – Eradah Services (EMHC-ES) was the setting of the current study. EMHC-ES is one of the governmental hospitals in Jeddah in Saudi Arabia that provides free treatment in the areas of mental illness and addiction disorders. Besides, it provides preventive and rehabilitation programs to patients and all the needs of the patient within the Hospital.

2.5 Research instrument

The data collection was conducted via a questionnaire that consists of three parts:

2.5.1 Sociodemographic datasheet

Asked some questions about the demographic data, such as the age, gender, marital status, education, and work system of the participants.

2.5.2 Mental health professional stress scale (MHPSS)

A four-point Likert scale consisted of 42 items was used to assess stress level among psychiatric health nurses. This scale was developed by Cushway, Tyler^[9] to measure stressors experienced by mental health professionals. The items were based on stressors affecting mental health professionals identified in previous studies. For a total of 42 items; the items are rated on a four-point Likert scale (0 = does not apply to me, 3 = does apply to me). The average total score and subscale scores will be calculated, where higher scores indicate greater stress level.

The 42 items were categorized into 7 main subscales, including the subscale-1 the workload reflected in items 1, 8, 15, 22, 29, and 36. Subscale-2 client-related difficulties reflected in items 2, 9, 16, 23, 30, and 37. Subscale-3 the organizational structure and processes reflected in items 3, 10, 17, 24, 31, and 38. Subscale-4 relationships and conflicts with other professionals were reflected in items 4, 11, 18, 25, 32, and 39. Subscale-5 the lack of resources reflected in items 5, 12, 19, 26, 33, and 40. Subscale-6 the professional self-doubt reflected in items 6, 13, 20, 27, 34, and 41. While the last subscale is number 7 which refers to the home-work conflict and was reflected in items 7, 14, 21, 28, 35, and 42. The mean of the items of each subscale was calculated to reflect the stress level associated with every subscale theme.

2.5.3 The connor davidson resilience scale (CD-RISC-10)

The Connor-Davidson Resilience Scale was developed by two researchers- Kathryn M. Conner and Jonathan R.T. Davidson. It is a test that measures resilience or how well one is equipped to bounce back after stressful events, tragedy, or trauma.

The Connor Davidson Resilience Scale measures several components of resilience: the ability to adapt to change, the ability to deal with what comes along, the ability to cope with stress, the ability to stay focused and think clearly, the ability to not get discouraged in the face of fail, and the ability to handle unpleasant feelings such as anger, pain or sadness.^[10]

The 10-item scale is comprised of ten of the original 25 items from the CD-RISC-10 scale. The scale is 5-point Likert scale ranging from 0 to 4, with 0 representing that the resilience statement is not at all true and a score of 4 indicating that the statement is true nearly all the time. The total score is obtained by adding up all 10 items. The total can therefore range from 0 to 40. Higher scores suggest greater resilience and lower scores suggest less resilience or more difficulty in bouncing back from adversity.

2.6 Validity and reliability

For content validity testing, the questionnaire was given to a panel of five experts of psychiatric staff members and nursing professors who reviewed the instruments for clarity, relevance, comprehensiveness, understandability, applicability, and level of difficulty. The MHPSS was validated and has been repeatedly used to identify stressors in studies of clinical psychologists, psychiatric nurses, and mental health social workers.

The Alpha Cronbach's test was used to check the stability of the internal consistency of the instrument and was deemed acceptable for the Mental Health Professional Stress Scale (MHPSS) and the Connor Davidson Resilience Scale (CD-RISC-10) at 0.89 and 0.84 respectively.

2.7 Data collection procedures

Data collection was carried out through distribution of the electronic questionnaire to the convenient sample nurses using the social media means, such as the Emails, and other technologies. The data collection was initiated after gaining the ethical approval from the ethical committee at EMHC-ES in Jeddah and the ministry of health (MOH).

2.8 Data analysis

Data retrieved from Google Forms were collected, revised, and coded using a personal computer (PC). Statistical analysis was performed using the Statistical Package for Social Sciences (SPSS), version 23.0.^[11] Data were presented using descriptive statistics, as the mean and standard deviation or number and percentage. The mean and standard deviation was used for continuous variables, whereas number and percentages were used for categorical variables. Pearson correlation test was used to detect significance in the correlation between the main two variables (Mental Health Professional Stress Scale (MHPSS) and Connor Davidson Resilience Scale (CD-RISC-10)).

2.9 Ethical considerations

The research proposal was submitted to the ethical committee at EMHC-ES in Jeddah to be approved before being submitted to the Institutional Review Board of the Ministry of Health to commence in data collection. Participation in this study was completely voluntary and participants did not receive any form of coercion or financial compensation. Participant nurses were asked to read and approve the included informed consent form before answering the questionnaire. Potential breaches of confidentiality were minimized using survey identification numbers or code. All ethical principles regarding medical research involving human subjects were strictly followed.

3. RESULTS

The number of participants in the current study was 172 nurses who have accepted and filled up the questionnaire during the data collection phase.

Regarding the age of the participants, the mean age of the participants was 34.12 ± 6.45 years ranging from 18 to 40 years (see Figure 1).

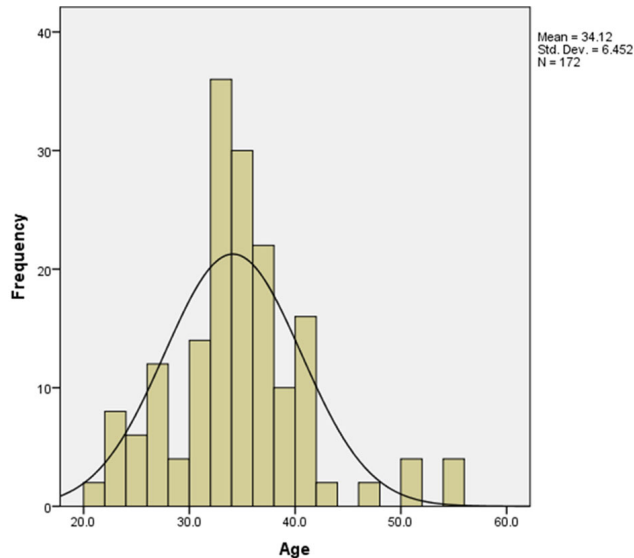


Figure 1. Age distribution of the participants in the study (N = 172)

The sociodemographic characteristics of the participants were illustrated in Table 1. As shown, males constituted more than two-thirds of the participants (73.3%), and more than three-fourths of the participants were married (76.7%). Concerning the job title, most of the participants were staff nurses (72.1%) followed by charge nurse, head nurse, nursing health assistant, and nursing supervisor positions.

More than two-fifth of the participants had 11 to 15 years of experience (41.9%), while just less than one-third of them had had 6 to 10 years of experience (31.4%). For the educational level, more than half of the participants were holding nursing diploma degrees (52.3%), while the percentage of the participants who were granted the Bachelor of Nursing Science certificate was about 43%.

On a scale from (0 to 4) and taking the sum of the 10 items constituting the resilience scale of the participants, the findings in Table 2 revealed that the minimum sum score was 18 and the maximum was 40. However, the mean resilience-score of the participants was found to be 30.7093 ± 6.39237 which is relatively considered high. According to the scale, the higher the sum score of the scale, the greater the resiliency is it for the participants. So, the findings revealed a

satisfactorily high level of resilience among participants.

Table 1. Sociodemographic characteristics of the participants (N = 172)

Sociodemographic data		n	%
Gender	Male	126	73.30
	Female	46	26.70
Marital Status	Single	40	23.30
	Married	132	76.70
Job Title	Nursing health assistant	6	3.50
	Staff nurse	124	72.10
	Charge nurse	20	11.60
	Head nurse	14	8.10
	Nursing supervisor	6	3.50
	Nursing Coordinator	0	0.00
	Nursing manager	2	1.20
Years of Experience	1-5 years	26	15.10
	6-10 years	54	31.40
	11-15 years	72	41.90
	16-20 years	14	8.10
	More than 20 years	6	3.50
Educational Level	Nursing Diploma	90	52.30
	BSN	74	43.00
	Post graduate nursing education	8	4.70

Table 2. Mean resilience scores for participants (N = 172)

CD-RISC-10	N	Minimum	Maximum	Mean	Std. Deviation
Resilience (CD-RISC-10) total scale	172	18	40	30.7093	6.39237

Note. Mean of the sum of 10 items on a scale from 0-4 each.

Concerning the mean of stress scale of the participants, the findings in Table 3 showed that the mean of the Mental Health Professional Stress Scale (MHPSS) of the entire sample was 1.86 ± 0.52 on a scale ranging from (0-3) which reflects relatively a moderate level of stress among the participants.

As a higher mean score had reflected a higher stress level, and when it comes to the subscales, it is shown that the mean subscale score was the highest for the workload associated stress (1.97), followed by the stress associated with the organizational structure and processes (1.92), then the stress linked with the lack of resources (1.91), followed by the client-related difficulties stressors (1.9).

In the same vein, the subscale that came after was the stress due to the relationships and conflicts with other professionals (1.85), followed by the professional self-doubt stress (1.75), while the least mean-subscale score was for the homework conflict-related stress (1.71).

Using the Pearson Correlation Coefficient test and concerning the correlation between the stress level and the resilience

among the participants, Table 4 showed that there was nearly a significant positive correlation between the two scales, although it was not statistically significant ($p = .053$).

Table 3. Mean stress scale and subscales for participants (N = 172)

Mental Health Professional Stress Scale (MHPSS)	Minimum	Maximum	Mean	Standard Deviation
subscale 1 workload	0	3	1.97	0.7
subscale 2 client- related difficulties	0	3	1.90	0.58
subscale 3 organizational structure and processes	0	3	1.92	0.56
subscale 4 relationships and conflicts with other professionals	0	3	1.85	0.62
Subscale 5 lack of resources	0.17	3	1.91	0.61
subscale 6 professional self-doubt	0	3	1.75	0.67
Subscale 7 home-work conflict	0.17	3	1.71	0.65
Mean of MHPSS	0.17	3	1.86	0.52

Note. Mean of the scores on a scale from 0 to 3.

Table 4. The correlation between stress level and resilience mean-scores among participants

Correlations		Mental Health Professional Stress Scale (MHPSS)	Resilience total scale
Mental Health Professional Stress Scale (MHPSS)	Pearson Correlation	1	0.148
	Sig. (2-tailed)		0.053
	N	172	172
Resilience total scale	Pearson Correlation	0.148	1
	Sig. (2-tailed)	0.053	
	N	172	172

To illustrate, higher stress mean scores for the participants were associated with greater sum resilience scores for the participants (Pearson’s $r = 0.148$).

4. DISCUSSION

The discussion of the results will mainly focus on the findings associated with stress level among mental health care nurses as well as their resilience capabilities in their work setting. The mean age of the participants was 34.12 years. Males constituted more than two-thirds of the participants, and more than three-fourths of the participants were married. More than half of the participants were holding nursing diploma degrees followed by BSN. Also, most of the participants were staff nurses and more than two-fifth of the participants had long experience (11 to 15 years).

The findings are mostly a reflection of the sociodemographic characteristics of the nurses working at the psychiatric and mental health institutions in the western region of Saudi Arabia. Males generally are more interested in working at psychiatric and mental health departments or hospitals compared with females mostly due to the nature of the work and work difficulties. Also, nurses had generally a long experience in EMHC-ES, mostly more than five years, meaning

that most of them have been appointed at hospitals since a long time when the diploma degree of nursing was the dominant nursing education in Saudi Arabia, that’s why more than half of the participants in the current study were holding a diploma degree in nursing.

Concerning the resilience of the participants and on a scale extending from zero to 40, the mean resilience-score of the participants was found to be 30.7093 which showed that participants from the nurses working at the psychiatric and mental health hospitals were generally equipped with a high level of resilience in their work setting.

In a study that had carried out an integrative literature review about resilience for mental health nurses, the systematic review revealed that most of the studies indicated low to moderate levels of resilience among mental health nurses carried out previously.^[12]

In another study carried out to explore the Job satisfaction and resilience among 748 psychiatric nurses in Singapore, the study showed that mental health nurses have generally moderate level of resilience. Also, the study detected that the mean resilience scores were the highest for nurses with longer working experience and those of older age.^[13]

On the same line, another study carried out by Dehvan, Kamangar^[14] to predict the relationship of mental health with resilience among psychiatric nurses in Iran and showed that the mean scores of the mental health nurses' resilience was 63.9 ± 14.05 , reflecting generally a high level of resilience among the participants. The findings of that study also revealed that the resilience had significant relationships with age, marital status, and work shift. Like the findings of our study, only the mean score of the anxiety and insomnia subscale had significant relationship with resilience. And using the regression, each one-point increase in the mean score of this subscale was associated with a 1.029-point increase in the mean score of resilience.^[14]

For the stress level of the participants, the findings showed that the mean of the Mental Health Professional Stress Scale (MHPSS) of the entire sample was 1.86 ± 0.52 on a scale ranging from (0-3) which reflects relatively a moderate level of stress among the participants. The mean subscale score was the highest for the workload associated stress, while the lowest mean-subscale score was for the stress caused by the homework conflict due to work circumstances.

The medium level of stress for the nurses working at the psychiatric and mental health nursing is mostly coincides with the extensive and long experience in the work setting that most of the participants reflected in their responses to the questionnaire. Also, the familiarity of the nurses with the common cases of patients at EMHC-ES mostly had a positive effect in reducing the surprises at work setting, minimize variation and reduce the level of stress to a moderate level.

A study carried out in Jordan to explore the occupational stress, social support, and quality of life among 181 Jordanian mental health nurses revealed a high level of occupational stress was existing among the participants. However, similar to the current study, that study showed the highest levels of occupational stress were linked to "client-related difficulties," "lack of resources," and "workload".^[15]

The findings of another study revealed that nurses suffer from a medium level of stress as reflected by a mean stress-score of 2.38 on a range of 1-4.5 on the daily stress inventory in a study carried out in the United Kingdom to explore the emotional labor and distress within mental health nurses. The study also found that emotional labor was positively correlated with both interaction stress and daily stress levels.^[16]

Regarding the relationship between the resilience level and the stress that nurses encounter in their work setting at psychiatric and mental health hospitals, the findings of the current study revealed that there was a positive correlation between the level of stress and the resilience for mental health nurses

which may be related to the fact that whenever the person encountered more stress, he/ she starts to look at a better way to encounter and deal with such stressors. Therefore, resilience can be a good way to handle such stressors by increasing the flexibility of the person in the face of such dynamic stressors in the work and in life.

Those findings were supported by a previous study that was conducted to explain resilience as a new vague concept and one of the strategies for struggling against challenges related to the nursing profession to reflect that although nurses at the mental health institutions suffer a high level of stress due to overload, role conflict, lack of time, lack of self-care, and other factors, however, they have developed a high level of resilience in dealing with the daily life stressors.^[17]

5. CONCLUSIONS

It can be concluded that psychiatric and mental health nurses have generally high levels of resilience in their work setting and their ability to accommodate different work settings and difficult stressful situations are high. On the other hand, those nurses had a moderate level of stress as reflected by the mental health professionals stress scale, meaning that the psychiatric and mental health settings were considered a source of a moderate stress level to the nurses working there.

The workload was the main stressor for mental health nurses while the homework-related conflict was the lowest resource of stress among them. Although the correlation was not statistically significant, it was clear that there was a positive correlation between mental health nurses' resilience and their level of stress, meaning that the greater the stress the mental health nurse has, the higher the resilience she/he has at the work setting.

5.1 Recommendations

This research work can be used as a guideline to implement more robust studies that focus on identifying the predictors and factors of stress and resilience among psychiatric and mental health nurses in Saudi hospitals. Moreover, an appropriate strategy in health care organizations to investigate stress management in mental health care settings is highly recommended.

In the same vein, interventional and experimental programs to identify and relieve sources and consequences of stress for mental health nurses should be developed utilizing offering educational programs and training on time and stress management, social and psychological support, and improving the work conditions and reducing the workload for the nurses in psychiatric and mental health nursing departments.

One of the strategies that can be utilized to overcome and re-

duce the level of stress among psychiatric and mental health nurses in Saudi Arabia is working on increasing their resilience level which can work as a barrier against high levels of stress and work burnout.

5.2 Limitations

The use of a study sample in a non-random manner, such as the method of using the convenience sampling technique, is one of the most important challenges and limitations of the study. Additionally, the use of a cross-sectional study design

makes the results of the study less possible to be generalized. The use of an experimental research design or a longitudinal study gives more strength to the findings of the study.

Taking a larger sample from more psychiatric and mental health hospitals around Saudi Arabia can increase the credibility of the findings and increase the generalizability of the results of the current study.

CONFLICTS OF INTEREST DISCLOSURE

The authors declare that there is no conflict of interest.

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