

Psychological Capital, Subjective Wellbeing and their Relation with Occupational Stress among Nurses Working at Tanta Mental Health Hospital

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Abstract

Background: Psychiatric mental health nurses are the key members in different setting who encounter unique situations that may bring about high levels of stress. So, building positive psychological states among nurses with confidence to succeed at difficult tasks making a positive attribution about succeeding now and in the future. **Aim:** the present study aimed to determine nurses' psychological capital, subjective wellbeing and their relation with perceived occupational stress. **Design:** A descriptive correlational research design was utilized in this study. **Setting:** The study carried out at the Tanta Mental Health Hospital **Subjects:** A convenient sample of 100 nurses who are directly worked with patient. **Tools:** three tools were used to collect data of this study. Psychological Capital Questionnaire, the subjective Wellbeing Scale and Expanded Nursing stress Scale. **Result:** The main results revealed that there was a statistically significant negative correlation between psychological capital and subjective wellbeing with expanded nursing stress. Moreover that, there was a statistically significant positive correlation between nurses' level of subjective wellbeing and their level of psychological capital. **Conclusion:** this study concluded that, psychological capital act as a mediator that may have an impact on the association between nurses' psychological well-being and occupational stress. **Recommendations:** based on the findings this study suggest that psychiatric nurses' stress can be reduced by implementing various health care programs designed to increase psychological capital and subjective wellbeing.

Key words: Psychological capital, Subjective Wellbeing, Occupational stress

Introduction

Nursing is seen as a stressful profession, in which, Occupational stress refers to the process by which stressors in the work environment led to the development of psychological, behavioral or biological strains that result in long-term health effects. **(Percunda& Putri, 2020)**. The workload, a lack of equipment for patient care, coping with death and dying, and dealing with patient care were shown to be the main causes of occupational stress among nurses. Other factors that contribute to occupational stress in nurses include role inconsistencies, patients' and their families' lack of cooperation, workplace violence, low pay, and nurses' lack of involvement in decision-making. **(Islam et al., 2021)**. Indeed, A unique working environment that includes locked ward entrances that cause patient conflict and the possibility for both physical and mental danger, coupled with the fact that psychiatric patients frequently face danger to themselves with a high potential for violence or suicide, can put psychiatric nurses in stressful situations. Care for patients who exhibit aggressive tendencies is therefore always needed, which will probably result in an increase in their workloads. **(Hasan & Tumah 2019)**. Occupational stress, can lead to countless negative consequences on the individual level as poor physical, mental health, absenteeism and turnover, which could have an effect on the standard of patient treatment and on the organizational level that ultimately have a negative effect on job productivity and job dissatisfaction. **(Bekele et al., 2022)**. Furthermore, Current research shows a consistent linkage between stressful environments and many health outcomes, including immune system disorders, mental health conditions including anxiety and depression, and cardiovascular disease and hypertension.

(Novaes Neto et al., 2020; Dewijn et al., 2022).

It is important to identify Strategies and measures to overcome nurses' occupational stress. The World Health Organization states that approaches to address work stress issues among nurses includes modifying work demands by dividing the workload more evenly, providing training to employees to advance their knowledge and skills, fostering a positive work atmosphere, encouraging new learning opportunities for staff members, and inspiring staff with both material and intangible rewards. **(Tsegaw et al., 2022)**. Also, another strategy can be followed such since discussing stressors enables one to identify them, which in turn enables one to deal and confidently resolve them. Also, meditation, eating healthy food, breathing exercises help person to manage stress, get rid of negativity and increases self-awareness. **(Dighe, 2020)**

Subjective well-being and other outcomes have been more important in occupational stress studies lately. Meaning that people's opinions, assessments, and contentment with their lives are crucial for preserving both mental and physical health. They can also lessen the likelihood of depressive symptoms and suicidal thoughts, ease psychological tension, and encourage healthy living. **(Yu et al., 2019; Zou et al., 2020)**. (SWB) Life satisfaction, fewer negative effects, and increased positive impacts are the three elements of psychological wellness. Negative affect describes unpleasant feelings and emotions like guilt, anger, or fear, whereas positive affect describes happy feelings and emotions like curiosity, excitement, or pride. The belief that one's life is nearly perfect and that the major goals in life have already been attained is known as life satisfaction. To separate them from the

"cognitive" component (life satisfaction), positive and negative affect are occasionally combined into a "affective" component. (Solanes et al., 2021 & Senocak & Demirkiran, 2020; Xiao et al., 2022).

Regarding to, Importance of nurses' high subjective wellbeing (SWB), there is proof that high SWB in nurses and the qualities of hardiness are correlated, spiritual intelligence, emotional intelligence, and good self-esteem. High SWB in nurses correlates with low levels of depression and anxiety, healthy lifestyle, recent and regular physical activity, mindfulness training and social support, high job satisfaction, low burnout, high organizational commitment, career satisfaction, and flexible and balanced working patterns (Katana et al., 2019). On the other side, poor (SWB) of nurses is connected with lower job satisfaction, decreased job performance, increased withdrawal behavior, lower retention ratio, reduced employees, low productivity, lower creativity and more absenteeism. Therefore, creating and maintaining a work environment that underwrites the nurse's well-being is beneficial for both organization and employees. (Tiwari, & Kaushik, 2023; Delgado et al., 2021). Regarding factors affecting nurses' subjective wellbeing, several demographic and job characteristics as nurse's years of experience were proposed to be associated with SWB. (Yu et al., 2019; Schneider et al., 2022). Also, work environment has a considerable influence on the wellbeing of healthcare professionals, both positively through positive leadership and robust supervision, appreciating and recognizing their staff, supportive to their growth, and proactively promoting self-care. The importance of local teamwork, co-worker sustenance, untroublesome workload, and low

emotional exhaustion were also identified as key factors in sustaining healthcare professionals' wellbeing (Ahmed, 2019; Huang et al., 2021). However, utmost authors have described working environments that negatively affect the wellbeing of healthcare professionals by everchanging work, a lack of schedule flexibility, lengthy work hours, and an inability to take sick leave made it problematic for healthcare professionals to preserve their health and achieve an acceptable work-life balance and left them feeling unsafe at work (Bamforth et al., 2023; Jarden et al., 2021).

Consequently, given the growing body of research on the association between occupational stress and subjective wellbeing, it is critical to comprehend the role that psychological capital (PsyCap) plays in helping nurses develop positive psychological states, which are defined as follows: (1) possessing the self-assurance (efficacy) to take on and put in the required effort to succeed at challenging errands; (2) having a positive outlook (optimism) about succeeding now and in the upcoming; (3) pursuing objectives with persistence and, when required, changing directions in order to achieve goals (hope); and (4) when faced with challenges and adversity, sustaining and rising above (resilience) to achieve success. Each element of psychological capital supports the others and improves nurses' capacity to handle challenging situations at work. (Ibrahim et al., 2020; Luthans & Broad, 2022).

Based on the above-mentioned data, (PsyCap) has four dimensions (hope, self-efficacy, resilience, and optimism). (Luthans & Broad, 2022).

The definition of **hope** is the conviction that one may discover routes to their intended destinations, become inspired to follow those routes, and influence others' feelings

and general well-being. **Self-efficacy** is defined as a person's belief in their drive, intelligence, and strategy for carrying out a task successfully. Conversely, **resilience** is defined as a person's capacity to adjust to and thrive in the face of challenging circumstances and risk factors. Ultimately, **optimism** has been defined as a person's overall attitude toward past, present, and/or future occurrences. (Yan et al., 2020 & Zeng et al., 2023 & Yıldırım et al., 2021; Yao et al., 2020 & Sun et al., 2022).

There are many factors affecting (PsyCap) such as Based on individual-level factors, nurses who have a strong gender role orientation—that is, who identify as both feminine and masculine—have higher PsyCap scores, are more inclined to take on challenges, and demonstrate a mastery identity. (Vilarino del Castillo & Lopez-Zafra, 2022).

External variables: There are many external variables that can have a positive or negative impact on a nurse's PsyCap level. One such variable is the characteristics of the nursing leader. Positive nursing leaders, for example, have higher levels of confidence and trust in their nurses' ability to succeed professionally, which directly encourages their nurses to take on challenging tasks and make positive predictions about the future. (Percunda & Putri, 2020)

It has also been demonstrated that unfavorable leadership conduct has a detrimental effect on followers' PsyCap. Unfriendly verbal and nonverbal behaviors, abusive supervision, and excessively negative feedback all have a negative impact on an individual's self-efficacy and self-doubt, which lowers their level of hope. These factors also create an atmosphere of distrust and negative evaluation, which has a negative impact on optimism and resilience. (Percunda & Putri, 2020).

Administrators should be aware that psychological capital is a flexible, state-like construct that can be influenced by certain individual characteristics. The administrators listed several contributing attributes, such as covetousness, ingenuity, great tolerance, mercy, conscientiousness, patience, helpfulness, and good communication skills. (Costantini et al., 2017; Çimen & Ozgan, 2018; El Shobaky et al., 2020).

As regard, psychological capital Positive effects on nurses' attitudes, nurses with high psychological capital not only to be further effective at work but also give them more self-confidence and arouse constructive thinking, all increasing their work satisfaction and organization commitment (Elliott & Fry, 2021). Moreover, psychological capital has also have been founded to have a noteworthy positive effect on nurses' behavior. As a result of their adversity resilience, efficacy, optimism, and positive outlook, nurses with high psychological capital are strong performers who have the courage and perseverance to consider many options, overcome obstacles, and work toward lofty objectives. (Rastegar et al., 2020).

There is a negative correlation between occupational stress and work-family conflicts and psychological capital. Feelings of being overcommitted and under rewarded, which are signs of occupational stress, cause people to have fewer optimistic expectations for the future, have less faith in their capacity to overcome obstacles, and recover from setbacks more slowly. Additionally, people with occupational stress and work-family conflicts sacrificed other work-related activities in order to improve these circumstances, which reduced their psychological capital. (Xerri et al., 2020). psychological capital not only to be more

Nurses low in psychological capital has been found to experience low levels of job satisfaction and job burnout, poor organizational performance and low satisfaction and decreased organizational prowess and career creativity. (Al-Tablawy, 2022)

Eventually, it is important to mention that, psychological capital could psychologically buffer the effect of occupational stress and bring more energy physically to the individual. In contrast, anxiety, depressions, and occupational stress impact on subjective wellbeing negatively. Further, Positive psychological capital contributed positively to subjective wellbeing. Put differently, those who possess high Psychological Capital values are able to manage issues well, expect positive outcomes, bounce back fast from setbacks, and approach adverse circumstances with a more positive outlook. Therefore, it is necessary to increase psychological capital's intermediating role in the relationship between stress and wellbeing, particularly in the context of health care. (Ravikumar, 2022 & Jang et al., 2019).

The aim of the Study was to:

Determines psychological capital, subjective wellbeing and their relation with occupational stress among nurses working at Tanta mental health hospital.

Research questions:

To accomplish the aim of the study the subsequent research question was articulated

- What is the level of nurse's psychological capital?
- What is the level of nurse's subjective well-being?
- What is the level of nurse's occupational stress?
- What is the relation between psychological capitals, subjective well-being with

occupational stress among nurses working at Tanta mental health hospital?

Subjects and Method

Subjects

Research design:

A descriptive correlational research design was utilized in this study.

Setting:

The study was conducted out at the Tanta Mental Health Hospital which affiliated to Ministry of Health and population. It has a capacity of 107 beds and provides health care services to three governments, namely Gharbya, El- Menofeya, and Kafr- El-sheikh. It works 7 days/ week, 24hrs/ day.

Subjects: -

A convenient sample of 100 nurses who were working directly with psychiatric patients at previously mentioned setting.

Tools of data collection:

Three tools were utilized in the collection of study data.

Tool I: Psychological Capital Questionnaire

It comprises of two parts:

Part I: Socio-demographic data questionnaire designed to gather socio-demographic data of nurses including; age, gender, educational levels, marital status, nursing qualification, years of experience, residence, income.

Part II: Psychological Capital Questionnaire This tool was established by Luthan, et.al (2007), which aimed to measure psychological capital among nurses. It consists of 24 items grouped into four subscales as follow:

- Hope represented into 6 items. Such as: Every problem has numerous solutions.
- Optimism represented into 6 items. such as: I always look on the bright side of things regarding my training process
- Resilience represented into 6 items. Such as: I usually manage difficulties one way or another during training.

- Self-efficiency represented into 6 items. Such as: I feel confident analyzing a long-term problem to find a solution.

The response assigned into 6 - point Likert scale ranging from 1= strongly disagree to 6= strongly agree. The score of items were summed and ranged from 24 - 144. To avoid errors when answering the scale, note that the following items have reversed score: (13, 20, 23).

Scoring system;

The level of psychological capital was determined by statistical cutoff points as follow:

Higher score indicates high psychological capital $\geq 70\%$.

Lower score indicates low psychological capital $< 70\%$.

Tool II: The subjective Wellbeing Scale

The tool was developed by **Carol Ryff (1995)**, to assess individuals' subjective wellbeing; it consists of 42 items distributed in 6 sub scale represented as follow:

- Autonomy involves 7 items such as: my decisions are not usually influenced by what everyone else is doing.
- Environmental Mastery involves 7 items such as: In general, I feel I am in charge of the situation in which I live.
- Personal Growth involves 7 items such as: I am not interested in activities that will expand my horizons.
- Positive relationship involves 7 items such as: Most people see me as loving and affectionate.
- Purpose in life involves 7 items such as: I live life one day at a time and don't really think about the future.
- Self-acceptance involves 7 items such as: when I look at the story of my life, I am pleased with how things have turned out. Each item was rated on a 6 - point Likert scale ranging from 1= strongly disagree to

6 =strongly agree. Every nurse is eligible to get a score from 42 to 252.

Scoring system: -

The level of subjective wellbeing was determined by statistical cutoff points as follow:

- The nurse has poor subjective wellbeing ($< 60\%$).
- The nurse has moderate subjective wellbeing (60 to 75 %).
- The nurse has great subjective wellbeing ($> 75\%$).

Tool III: Expanded Nursing stress Scale (ENSS):

This scale established by **Toft. G & Anderson. J (1981)** It had an updated and extended revision by **French. et al (2000)**. The ENSS was used to assess the stress that nurses faced at work. It has nine subscales with 57 items each that described different kinds of nursing stressors. The nine subscales explained as follows:

- Death and Dying - items 1, 9, 17, 27, 37, 47, and 53.
- Conflict with physicians - items 2, 10, 28, 38, and 48.
- Inadequate preparation - items 3, 11, and 19.
- Problems with peers - items 4, 12, 20, 22, 21and 50.
- Problems with supervisors - items 5, 30, 40, 49, 31, 46, and 54.
- Workload - items 13, 41, 23, 32, 42, 45, 51, 55 and 57.
- Uncertainty concerning treatment - items 6, 14, 18, 24, 33, 36, 43, 29, and 39.
- Patients and their families - items 7,15, 25, 34, 35, 44, 52, and 56.
- Discrimination - items 8, 16, and 26.

The items of ENSS scale were arranged in 4-point Likert scale from never stressful = 1 to extremely stressful = 4. The total scores are ranged from **57 to 228**. A higher score indicated to a higher frequency of work stress experienced by nurses. The nurses'

level of occupational stress and its types in subscales will determined according to the following scoring systems.

- <50 % Low level of stress.
- 50-75% Moderate level of stress
- >75% High level of stress,

Method

The study was accomplished according to the following steps: -

- **Administrative process:** before conducting the study, a written permission was obtained from the dean of Faculty of Nursing, Tanta University to the general director of Tanta Mental Health hospital to request their permission and cooperation for data collection.
- **Ethical and legal considerations:**
 - The scientific research and ethical committee at the Faculty of Nursing, Tanta University approved this study. (Code number is :28/8/2022)
 - The study did not cause any injury or discomfort to the entire sample.
 - Nurses were assured about their privacy and confidentiality of their information.
 - Following an explanation of the study's objectives, the nurses obtain informed consent from nurses.
 - The nurses had the right to refuse to share or opt out from the study at any time.
 - The researcher translated the study instruments into Arabic. A panel of five experts in the field of psychiatric and mental health nursing evaluated the instruments' internal validity to determine whether the items were appropriate for measuring the intended outcomes. The panel found the instruments to be valid.
- **A pilot study** was carried out on 10% from the previously mentioned subjects to evaluate the tentatively tools for the clarity, feasibility, and the applicability. It helps to identify barriers and provides an approximation of the time needed to complete the questionnaire. Later on, these

participants were removed from the study sample if significant changes to the questionnaires were required

- **Reliability:** Using Cronbach's Alpha, the reliability of each study tool was examined. Cronbach's Alpha for tool I part two was 0.881. for tool II was 0.951 for tool III was 0.802.

- Data collection

- After receiving approval from the relevant authorities to conduct the research, the study's purpose was explained to the nurses, who were then invited to participate.
- The researcher collected the data through distributing the tools on nurses in groups each group include 10 nurse and asked them to fill the questionnaire.
- The researcher met the nurses all days per week during morning shift. The required time for nurses to complete the sheet range from 20 to 30 minutes.
- The duration of data collection was four months, starting from April to the end July 2023.

Statistical analysis:

- SPSS software, a statistical computer package version 26, was used to arrange, tabulate, and statistically analyze the data that were obtained.
- The range, mean, and standard deviation were computed for quantitative data. To compare qualitative data, the Chi-square test (χ^2) was employed.
- The analysis of variance (ANOVA) F-value was computed to compare means for more than two variables.
- To evaluate the correlation between the variables, Pearson and Spearman's correlation coefficient (r) were employed.
- The significance level used to interpret the findings of the significance tests (*) was set at $P < 0.05$. Additionally, a highly significant threshold of $P < 0.01$ was used to the interpretation of the significance test results (**).

Results:

Table (1) Refers to distribution of the studied nurses based on their socio-demographic traits. The results illustrated that (44%) aged 25-<35 years with Mean \pm SD 36.98 ± 6.996 , concerning to the gender 90 % of them were female. As regards to marital status of the nurses under study (88%) of them were married. Likewise, educational level of nurses reveals that around half of them had technical institute of nursing and nursing diploma.

Regarding their experience in psychiatric nursing about two third of them had (5-<20) years of experience with mean 10.72 ± 6.658 . Concerning residence, 55% of the studied nurses lived in rural. In relation to their income, 78% of them had not enough income. **Figures (1)** Refers to distribution of the studied nurses according their total levels of psychological capital. This figure indicates that 44 % of studied nurses have high psychological capital level while 56 % of them have low psychological capital level.

Figure (2) Shows the distribution of studied nurses regarding their total subjective wellbeing level. It illustrated that 52% of them had poor level of subjective wellbeing, while, 44% had moderate level of subjective wellbeing while only, 4% of them had high level of subjective wellbeing.

Figure (3) Illustrates the distribution of studied nurses regarding their total level of stress. It shows that 21% of them had high level of expanded nursing stress, 67% of them had moderate level of expanded nursing stress, and only 12% of them had low level of expanded nursing stress.

Table (2) Demonstrate the correlation between studied nurses' psychological capital, subjective wellbeing and their expanded stress. The result illustrated that, there were a statistically significant

negative correlation between psychological capital and subjective wellbeing with expanded nursing stress where p value less than 0.05%.

Table (3) Reflects the relationship of socio-demographic characteristics of the studied nurses and research variables. The result show that there was a statistically significant relations between the psychological capital of studied nurses and their age, gender, educational level, residence, income and their experience in psychiatric nursing, as p value less than 0.05.

Also, it was founded that there was statistically significant relation between the nurses' level of subjective wellbeing and age, marital status, educational level and occupation where (F/t = 4.379 & p value = 0.006, F/t = 4.192 & p value = 0.018, F/t = 8.852 & p value = 0.000, F/t = 8.8.184 & p value = 0.005) respectively.

Conversely, the findings indicate that there was no statistically significant relationship between the sociodemographic traits of the nurses under study and their professional stress, with a P value of more than.05%.

Table (1): Distribution of the studied nurses based on their sociodemographic characteristics and work experience

Sociodemographic characteristics		The studied nurses (n=100)	
		N	%
Age (in years)	(18-<25)	1	1.0
	(25-<35)	44	44.0
	(35-<45)	35	35.0
	(≥45)	20	20.0
	Mean ± SD	36.98±6.996	
Gender	Male	10	10.0
	Female	90	90.0
Marital status	Single	5	5.0
	Married	88	88.0
	Widow	7	7.0
Educational level	Nursing diploma	39	39.0
	Technical institute		
	Bachelor	45	45.0
	Post studies	13	13.0
Occupation	Staff Nurse	87	87.0
	Head nurse	13	13.0
		3	3.0
Residence	Rural	55	55.0
	Urban	45	45.0
Income	Enough	22	22.0
	Not enough	78	78.0
Years of experience in general	(1-<5)	22	22.0
	(5-<10)	31	31.0
	(10-<20)	37	37.0
	(≥20)	10	10.0
	Mean ± SD	8.67±5.373	
Years of experience in psychiatric nursing	(1-<5)		
	(5-<10)	12	12.0
	(10-<20)	37	37.0
	(≥20)	37	37.0
		14	14.0
Mean ± SD	10.72±6.658		

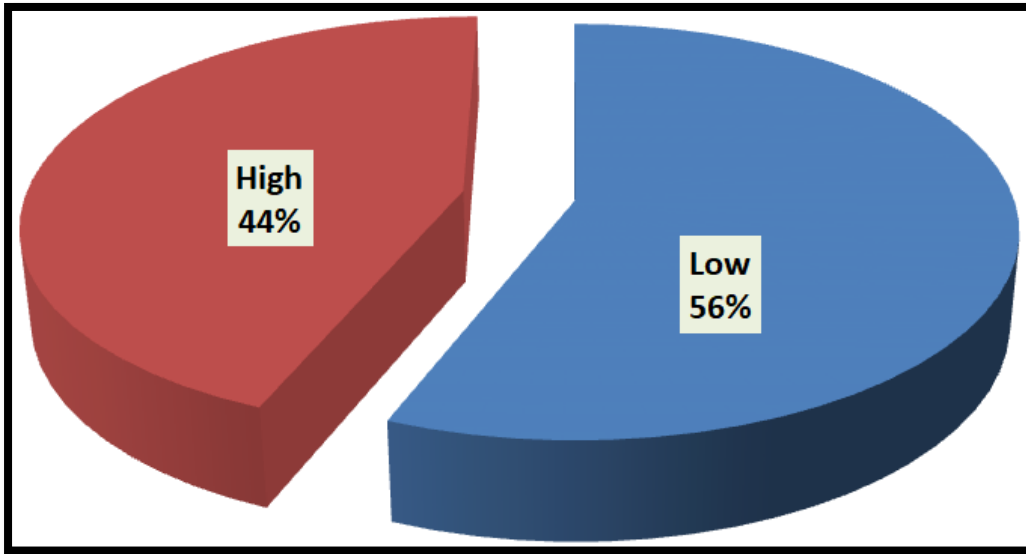


Figure (1) The psychological capital level of studied nurses

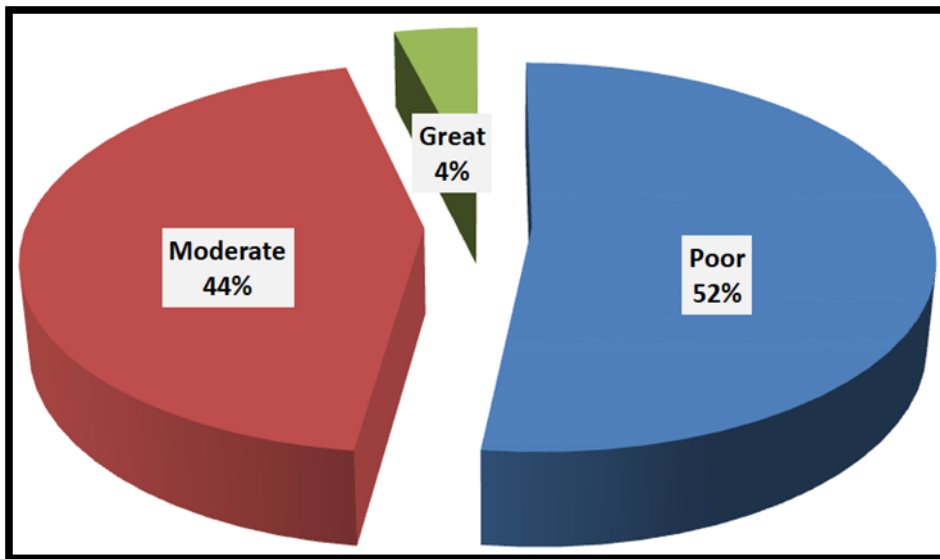


Figure (2) The nurses' level of subjective wellbeing

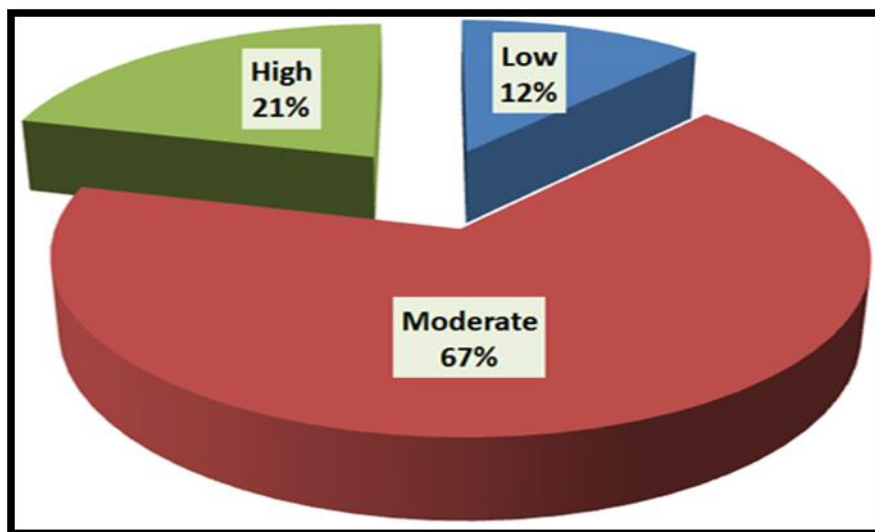


Figure (3) The stress level of studied nurses

Table (2): correlation between studied nurses' levels of psychological capital, subjective wellbeing and their occupational stress level

	expanded nursing stress level (n=100)						Psychological capital level				
	Low		Moderate		High		Low		High		
	N	%	N	%	N	%	N	%	N	%	
psychological capital level											
Low	2	3.5	35	62.5	19	34					
High	10	22.7	32	72.7	2	4.6					
r, P	- 0.462, 0.03*										
χ^2, P	18. 048, 0.004*										
subjective wellbeing level											
Poor	6	11.5	33	48	13	63.5	43	82.7	9	17.3	
Moderate	4	9	33	75	7	16	12	27.2	32	72.8	
Great	2	50	1	25	1	25	1	25	3	75	
r, P	-0.43, 0.04*						0.52, 0.023*				
χ^2, P	7.671, 0.009*						31.333, 0.001*				

* Significant at level $P < 0.05$

Table (3): relationship of socio-demographic characteristics of the studied nurses and their psychological capital, subjective wellbeing and expanded nursing stress.

Socio-demographic characteristics		psychological capital	subjective wellbeing	expanded nursing stress
		F/t P	F/t P	F/t P
Age (in years)	(18-<25)	10.659	4.379	0.429
	(25-<35)	0.000*	0.006*	0.733
	(35-<45)			
	(≥45)			
Gender	Male	6.814	1.935	0.081
	Female	0.010*	0.167	0.777
Marital status	Single	2.430	4.192	0.654
	Married	0.093	0.018*	0.522
	Widow			
Educational level	Nursing diploma		8.852	
	Technical institute	6.089	0.000*	1.459
	Bachelor	0.001*		0.231
	Post studies			
Occupation	Staff Nurse	1.686	8.184	0.759
	Head nurse	0.197	0.005*	0.386
Residence	Rural	5.152	2.510	1.071
	Urban	0.025*	0.116	0.303
Income	Enough	28.435	0.293	0.479
	Not enough	0.000*	0.590	0.491
Years of experience in general	(1-<5)	0.138		
	(5-<10)	0.937	1.794	1.329
	(10-<20)		0.153	0.269
	(≥20)			
Years of experience in psychiatric nursing	(1-<5)	3.804		
	(5-<10)	0.013*	0.488	1.085
	(10-<20)		0.691	0.359
	(≥20)			

* Significant at level P<0.05

Discussion

Occupational stress has a substantial negative impact on both nurses and patients, including infectious infections, malpractice, creativity, productivity, and financial loss; it has gained importance in many mental health care settings. Although a large body of research has demonstrated the detrimental effects of occupational stress on workers' psychological health, relatively little of it has focused on the mental health care sector and health care nurses. The goal of the current study is to ascertain how professional stress, psychological capital, and psychological well-being are related to one another.

Regarding, the stress level of the studied nurses the current study showed that, the majority of them had moderate level of stress. This may be interrelated to several reasons such as, role ambiguity, work-family conflict and physical environment, inadequate staffing, high public expectations, long work hours. Aside from that, the main responsibility of psychiatric nurses is to counsel patients and their families on how to manage the mental health issues that the patients are facing. The stress that comes with being a mental nurse must therefore be minimized and controlled. This study finding come in accordance with study performed by **Kim, S.; Kweon, Y (2020)**, revealed that the levels of stress and burnout among psychiatric nurses were moderate. Another previously study done by **Hasan et al., (2018)**, founded that psychiatric nurses had moderate levels of work-related stress and depression. In contrast, this result disagreed with **Chaudhari et al., (2018)**, showed that above half of studied nurses had mild expanded stress levels. Also, this result was different with **Baker & Alshehri, (2020)**, indicated that the nurses at the hospital experienced low levels of expanded stress.

Regarding of subjective wellbeing level, the present study showed that further than half of the nurses under study had poor level of

subjective wellbeing, while minority of them had moderate level of subjective wellbeing. This may be due to stressful situations and multi-duties nurses have during the day and no time for staff nurses to seek for improving their skills or knowledge and wellbeing. The study finding congruent with **Oates et al., (2017)**, who reported that mental health nurses had low subjective well-being. The result of present study was incompatible with **Blumberga & Olava, (2016)**, who found that the overall sense of psychological well-being among the personnel is on a medium level. Furthermore, this result was incongruent with the study performed by **Lorber et al., (2020)** revealed that nurses self-assessed their well-being as moderate.

Concerning psychological capital level of studied nurses, according to the study's findings, less than half of the nurses under investigation had strong psychological capital, whereas more than half had low psychological capital. This might be due to a unfortunate work environment that is marked by ineffective leadership style, subpar work system, poor organizational culture and interpersonal conflict and staff not have enough time for training learn different ways to solve problems evidenced by lack of staff ability to analyze and solve problem as reported by studied nurses. This result was parallel with the research carried out by **Metwaly & Ahmed, (2018)**, who demonstrated that more than half of studied nurses had low level of psychological capital. Additionally, study done by **Ko JO, Park SK, Lee MH (2019)** is in line with the results of this study. But this result contradicts with the study performed by **Darwish & Elfiky, (2022)**, who revealed that more half of nurses have moderate level of psychological capital. Also, the study finding dissimilar with **Jafarizadeh, et al., (2019)** stated that the psychiatric nurses had high psychological capital level. Also dissimilar with the study conducted by **Ibrahim et al., (2020)**, who

reported that the nurses had high level of psychological capital.

Additionally, the present study indicated that there were a statistically significant negative correlation amongst psychological capital and subjective wellbeing with occupational nursing stress that means that when nurses level of psychological capital and subjective wellbeing decreased their level of stress increased and vice versa increased nurses' stress levels result lowered levels of psychological capital and subjective wellbeing. These results are consistent with **Yim H.-Y. et al. (2017)** who revealed that nurses; high occupational stress levels result in lowered levels of psychological capital. This result was agreed with **Smith (2022)**, indicated that expanded nurses stress was significantly associated with the well-being outcome score. Also, this result was similar to **Kim & Kweon, (2020)**, study that revealed that there was a noteworthy correlation between job stress and psychological capital.

As previously stated, a number of studies have confirmed the links between stress and wellbeing in various contexts. Nevertheless, unresolved occupational stress and psychological issues remain concerning and should be addressed appropriately, as they will have a detrimental impact on both employees and the organization. Occupational stress can also result in low job satisfaction, psychological distress, poor physical and mental health, high absenteeism, a high rate of staff turnover and resignation intention, errors and accidents, and employee burnout if these issues are not handled.

Regarding correlation between psychological capital and subjective wellbeing the result of the present study illustrates that, there was a statistically positive correlation between two variables this result come in congruent with **Tiwari, P. & Kaushik, SH. (2023)** who reveals a significant, positive correlation between psychological capital and subjective wellbeing.

Relating to, effect of socio-demographic characteristics of the studied on their total psychological capital score the current study showed that there was statistically significant relation between the total psychological capital of studied nurses and their age, sex and educational level. Also, there was statistically significant relation between the total psychological capital of studied nurses and their experience in psychiatric nursing, residence and income. This may be due to older age nurses' maturity increased and their performance and skills improved and their relationship with colleagues became stronger which in turn affects their psychological capital.

These findings concur with **Gabal et al., (2023)**, who showed that young nurses had moderate psychological capital level. But this result disagreed with the study performed by **Jafarizadeh et al., (2019)**, illustrated that there were no discernible relationships found between age, work experience, and psychological capital. Furthermore, there was no discernible difference in the average psychological capital score between the male and female participants.

In terms of how the sociodemographic traits of the nurses under study affected their overall subjective wellbeing score, the current study demonstrated a statistically significant relationship between the age and marital status of the nurses under study and their overall subjective wellbeing.

Additionally, there was statistically significant relation between the total subjective wellbeing of studied nurses and their educational level and occupation. This may be due to with older age the nurse's point of view and perception of tasks and situations improved and with high educational levels they think bitterly and can manage their work problems successfully.

This result was corroborated by **Ye-won, (2021)**, who reveals that age, marital status, have the highest level of education, and

position showed a difference in psychological well-being. Also, these results were congruent with **Kwon, (2018)**, discovered that there was a statistically significant relation between the total studied nurses' psychological wellbeing and their age and marital status.

Conclusion

From the study finding, we can conclude that, there was a statistically significant negative correlation between psychological capital and subjective wellbeing with expanded nursing stress. Moreover, there was a statistically significant positive correlation between nurses' level of subjective wellbeing and their level of psychological capital.

Recommendations:

In light of the current study's findings, it was recommended that:

- Training workshops about applying resilience in the workplace are necessary to boost nurses' psychological capitals.
- Implement further ongoing training program for all nurses in order to increase their psychological capital.
- Further researches are required to determine the most effective intervention programs for occupational stress among psychiatric nursing.
- Enhancing stress management for nurses by making time for activities like meditation, mindfulness, exercise, music, reading, or photography. Nurses should be encouraged to participate in these methods.

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