Relationship between Psychological Resilience and Emotional Labor with Mental Health among Sample of Egyptian Mental Health Nurses

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Abstract

Background: Psychiatric nurses are exposing to a wide variety of possible occupational stressors due to the particular challenges of caring for mentally ill people and working environment. In addition, the mental health nurse is expected to build a collaborative relationship with the patient that can drain emotionally due to boundaries and attachment difficulties and control their emotions. This all affected their mental health. **Aim of the study**: To explore the relationship between psychological resilience and emotional labor with mental health among a sample of Egyptian mental health nurses. **Setting**: the study was conducted at Portsaid Psychiatric Hospital. **Design**: A descriptive cross-sectional design was used. **Subjects**: The study sample consisted of 95 nurses. **Tools**: The nurses asked to response, Demographic data and three questionnaires, Conner and Davidson Resilience Scale, Dutch Questionnaire on Emotional Labor (D-QEL) and General Health Questionnaire. **Results**: The findings revealed that (41.43%, 28.30%, and 26.27%) of studied nurses had good mental health, a somewhat good mental health, and poor mental health, respectively. More than half (56.8%) of studied nurses had low to moderate level of resilience. Most of the nurses had moderate level of emotional lobor. There is a positive relation between psychological resilience and mental health and negatively with emotional labor and there is a negative relation between mental health and emotional labor. **Conclusions**: Nurses with higher level of resilience had good mental health and those with higher level with emotional lobor had poor mental health. **Recommendations**: In light of these findings, continued professional development opportunities that promote resilience and emotion control, as well as a supportive environment, are recommended to improve mental health.

Keywords: Nurses, Mental Health Nurses, Psychological Resilience, Emotional Labor, Mental Health, Egypt.

Introduction

Working in the healthcare field, including nursing, is known to cause a lot of stress. Occupational stressors affect around 93 percent of nurses. These pressures may have a negative impact on their physical and emotional well-being. Psychiatric nurses are at extra threat for experiencing stress because they work directly with psychiatric patients (**Dehvan et al. 2018**). Nurses in most psychiatric institutions confront stresses such as a nursing shortage and unpredictable patient behavior such as hostility and violence on the ward (**Dawood, Mitsu, and Monica 2017**). A variety of interpersonal, practice-related and organizational issues make mental health environments potentially high-stress workplaces for nurses. Stressors include the emotional labor of dealing with difficult situations such as suicidality and the establishment of productive relationships with mental health consumers and their families from an interpersonal perspective (**Foster, Cuzzillo, and Furness 2018**).

Emotional labor in nursing refers to the need for nurses to control their emotions and thoughts in order to maintain professional behavior – which includes being compassionate and caring with patients –, effectively meet patients' and families' emotional needs, establish interpersonal relationships even within the interdisciplinary team, and promote patient's and nurse's wellbeing (**Gonnelli, Raffagnino, and Puddu 2016**). Emotional labor plays vital part in the development of mental health disorders such as depression, suicidal ideation, anxiety disorder, and somatization(**Park, Oh, and Boo 2019**). Emotional labor has been connected to a number of unfavorable work-related behaviors as well as poor health effects like job stress, emotional exhaustion, burnout, memory loss,

depersonalization, hypertension, and heart disease **(Jeung, Kim, and Chang 2018)**.

Resilience in nursing has been highlighted as a human characteristic that assists nurses in dealing with professional difficulties and responsibilities. These demands include the emotional strain of witnessing human pain and distress, as well as interpersonal challenges and disagreement with coworkers. This can be especially difficult for nurses because it requires emotional labor to manage one's own and others' negative feelings **(Delgado et al. 2017)**. Resilience is a main and fundamental element of mental health, such that it is seen as a person's ability to display mental health in conditions that are perceived as terrible by others, and can reduce mental and emotional difficulties and therefore foster mental health **(Dehvan et al., 2018)**.

Positive strategy for coping may not be sufficient to lessen the adverse effects of the workplace stress. For nurses to manage with unpleasant work situations, professional resilience becomes increasingly necessary. Work hardship forces nurses to lower bad results and to improve the beneficial results of stress **(Lin et al. 2019)**.

Obtaining mental health, with its social, psychological, and biological elements, is regarded as one of the most difficult tasks confronting today's society and health-care institutions **(Rudwan & Alhashimia, 2018)**. Workplace stress can be harmful to a person's physical and mental health, and excessive levels of it have been linked to high employee truancy and low productivity **(Sarafis et al. 2016)**.

The significance of the study:

Mental health workers must be sensitive, aware, attentive, and ready to deal with the unpredictable character of a wide range of psychiatric problems. As a result, these individuals are subjected to a wide range of physical and psychological demands, resulting in wear and tear, as well as work-related stress **(Brolese et al. 2017)**. As a major contributor to long-term well-being and mental health, psychological resilience is an important complementary component of mental health, which helps nurses to cope with the challenges

of their jobs and may assist them in developing coping methods for effectively dealing with work tension, allowing them to stay in their field. Therefore, the current study aimed to explore relationship of psychological resilience and emotional labor with mental health among a sample of Egyptian mental health nurses.

The aim of the study:

The current study aimed to explore relationship of psychological resilience and emotional labour with mental health among a sample of Egyptian mental health nurses.

Research Questions

- What is the mental health level of nurses working with mental ill patients?
- What is the psychological resilience level of the nurses working with mental ill patients?
- What is emotional labor level of nurses working with mental ill patients?
- What is relation between psychological resilience and mental health of nurses working in psychiatric hospital?
- What is the relation between mental health and emotional labor of nurses working in psychiatric hospital?
- What is the relation between psychological resilience and emotional lobar among nurses working in psychiatric hospital?

Subject and Methods

Research design:

A descriptive correlation cross-sectional research was undertaken.

A- Setting:

The research was carried out at the Port Said Psychiatric Health Hospital. The hospital treats patients with psychiatric and substance abuse. The hospital has 140 beds and covers three governorates: Port Said, Ismailia, and Suez. The hospital has five inpatient psychiatric departments and one men's substance abuse department (12 beds), five inpatient psychiatric departments, three departments for male psychiatric patients namely economic men's department "A" (35 beds), economic and health insurance men's department "B" (25 beds), and private men's department (20 beds), two departments for female psychiatric patients namely economic

women department "A" (35 beds), economic and health insurance men's department "B (30 beds). Private and health insurance women department are (18 beds).

B- Subjects:

The study's participants were all nurses employed at the Port Said Psychiatric Health Hospital who met the following criteria: consent for participation, work experience of at least 6 months, and no self-reported history of mental illness.

Tools for data collection

Three tools were used to collect the study data, including:

I- Demographic data: Including nurse's age, gender, marital status, educational level, and work experiences.

II- Conner and Davidson Resilience Scale:

The researchers used the Arabic version of this scale, was developed by **(Connor and Davidson 2003)** and adopted by **Hashemi (2017)**. It comprises of 25 items that are scored on a five-point Likert scale: "Completely incorrect," "Rarely correct," "Sometimes correct," "Often correct,", and "Always correct". Total score range of 0 –100, with 0-33, 34-67 and 68- 100 indicating Low, moderate, and high respectively. The Cronbach's alpha value for the reliability score was 0. .985.

III- General Health Questionnaire:

The Arabic version of this scale was used, developed by **(Aziz and Thabet 2005)**. It is a self-reported measure of psychiatric morbidity. There are four subscales with seven items each (28 items in total). Somatic symptoms, anxiety and insomnia, social dysfunction, and sadness were the four subscales that were measured. "Never" (scoring 3), "Same as usual" (scored 2), "Better than usual" (scored 1), and "Much better than usual" (scored 2) were the four potential responses for each item (scored 0). The questionnaire included a total score range of 0–84, with 0–27, 28–55, and 56–88 indicating good, somewhat good, and poor mental health, respectively. The Cronbach's alpha value for the reliability score was 0.96.

III- Emotional Labor Scale:

This scale design to measure emotion regulation strategies, we used the Dutch Questionnaire on Emotional Labor (D-QEL) **(Briët, Näring, Brouwers, and van Droffelaar, 2005)**; **(Näring, Briët, and Brouwers, 2007)**. It consists of four items: surface acting (5 items), deep acting (3 items), suppression (3 items) and emotional consonance (2 items). Items can be answered on a 5-point scale (1 = "never", 5 = "always"). An example of a surface acting item is: "I pretend to have the emotions I need to display for my job". An example of a deep acting item is: "I work hard to feel the emotions that I need to show to others". An example of a suppression item is: "I hide my anger about something someone has done". An example of an emotional consonance item is: "I react to patients' emotions naturally and easily. The questionnaire included a total score range of 0 −100, with 0-33, 34-67 and 68- 100 indicating Low, moderate, and high respectively. The Cronbach's alpha value for the reliability score was 0.915.

Methodology

Pilot Study

The pilot study included 10% of the total study participants (10 nurses). It was carried out to analyze the applicability and clarity of the instruments, to assess the feasibility of fieldwork, and to detect any potential impediments that might face the researcher and interfere with data collecting.

Field work

The questionnaires were given out by the researchers. In regard to the " Relationship between Psychological Resilience and Emotional Labor with Mental Health among Sample of Egyptian Mental Health Nurses," the researchers described the study's goal as well as the characteristics of the instruments acquired. Individuals provided informed consent to the researchers. Participants were assured of their confidentiality and there were no right or incorrect answers. Fill the questionnaires took roughly 10-15 minutes to complete. Nurses were not compensated financially for their times.

Ethical considerations:

Necessary permissions for entering the study setting and collecting the study data were gained from the authorized personnel of Port Said Hospital (Hospital manager). Participants were adequately informed about the study aims and procedures, were ensured about the confidential handling of their information, and were asked to provide written informed consent for participation. All study instruments were anonymous and administered in Arabic.

Statistical Analysis

Data were analyzed with SPSS version 24. The normality of data was first tested with one-sample Kolmogorov-Smirnov test. Qualitative data were described using number and percent. Continuous variables were presented as mean ± SD (standard deviation) for parametric data. The two groups were compared with Student t test. Analysis of Variance (ANOVA test) used for comparison of means of more than two groups. Pearson correlation used for correlation between continuous parametric data. Results were considered significant when the probability of error is less than 5% (p < 0.05).Probability of error is less than 0.1% (p < 0.001) considered as highly significant.

Result

Table (1): demonstrates that less than two-thirds (61.1%) of the nurses surveyed were under the age of 30, that the vast majority (93.7%) were females, and that more than two-thirds (69.5) were married. More over half (53.7%) of the nurses in the study got a technical nursing institute, and two-fifths (60%) of them had experience ranging from one to ten years.

Table (2) indicates that less than half (43.2%) of studied nurses had high level of resilience, more than one quarter (28.4%) of them had moderate level. All responses of the

nurses regarding resilience items were moderate level. Higher response of resilience item was regarding family willing to help to listen and making decisions (2.55± 1.28), while lower resilience item was regarding liking challenges (1.44± 0.54).

Table (3) reply that vast majority of nurses' responses regarding emotional labour items were within moderate level. Higher response of emotional labour item was regarding working hard to feel the emotions which need to show to others (3.45± 1.35), while lower response of emotional labour item was regarding working at conjuring up the feelings that need to show to patients (2.18± 0.85).

Table (4) represents that there was no significant difference regarding resilience, mental health and emotional labor scores of studied nurses in relation to demographic characteristic.

Table (5) shows that resilience score correlated negatively and significantly with deep acting, suppression and surface acting and positively with Emotional consonance. While, mental health score correlated positively and significantly with deep acting, suppression and surface acting and positively with Emotional consonance.

Table (6) illustrates that resilience score correlated significantly and negatively to mental health score while, resilience score correlated significantly and negatively to emotional labor score. Mental health score correlated significantly and positively to emotional labor score.

Figure (1) represents that more than one third (26.27%) of studied nurses had a somewhat good mental health, more than one quarter (28.30%) of them had a poor mental health, other more than one quarter (41.43%) of them had a good mental health.

Table 1: Demographic characteristics of studied nurses (n=95).

	Variables	No.	%
Age	Less than 30 years	58	61.1
	More than 30 years	37	38.9
	Mean ± SD	29.32 ± 9.45	
Sex	Male	6	6.3
	Female	89	93.7
Marital	Single	15	15.8
	Married	66	69.5
	Divorced / Widow	14	14.7
Educational level	Secondary technical nursing school	36	37.9
	Technical nursing institute	51	53.7
	Nursing BSc	8	8.4
Years of experience	Less than one year	19	20.0
	From one year to less five years	19	20.0
	From five year to less ten years	38	40.0
	Ten years or more	19	20.0

Table (2): Resilience among Mental Health Nurses (n:95)

N		Mean	SD
1	I am able to adapt to change	2.46	1.16
2	I have close and secure relationships	1.94	1.22
3	Sometimes fate or God can help	1.76	0.94
4	I can deal with whatever comes	2.14	0.86
5	Past success gives me confidence for new challenges	1.72	1.21
6	I see the humorous side of things	2.26	1.41
7	I feel obligated to assist others in need	2.09	0.88
8	I tend to bounce back after illness or hardship	2.04	1.19
9	Things happen for a reason	2.07	1.12
10	I give my best effort no matter what	1.58	1.33
11	I can achieve my goals	2.49	1.31
12	When things look hopeless, I don't give up	2.51	1.31
13	I know where to turn for help	2.34	1.50
14	Under pressure, I focus and think clearly	1.45	0.82
15	I prefer to take the lead in problem solving	2.43	1.54
16	I am not easily discouraged by failure	1.84	1.25
17	I think of myself as a strong person	1.86	1.25
18	I can make unpopular or difficult decisions	1.87	0.99
19	I can handle unpleasant feelings	1.75	0.55
20	I have a strong sense of purpose	1.72	0.48
21	I have few regrets in life	1.51	0.78
22	I like challenges	1.44	0.54
23	I work to attain my goals	1.47	0.93
24	My friends are willing to help me make decisions and listen to me	1.98	1.16
25	My family is willing to help me make decisions and listen to me	2.55	1.28
	Low (0-33) =28.4% moderate (34-67)= 28.4% high (68-100)=43.2%		
	Total: Mean =1.97 sd=1.08 alpha Cronbach's α= .985		

Low (0- less than 1.33), Moderate (1.33 - less than 2.66), High (2.66 – 4)

Table (3): Emotional Lobour among Mental Health Nurses (n: 95)

N		Mean	SD
	Surface Acting	2.77	0.84
1	I put on a show at work	3.04	1.52
2	I put on a "mask" in order to express the right emotions for my job	2.58	1.29
3	I pretend to have the emotions I need to display for my job	2.60	1.33
4	I put on an act in order to deal with patients in an appropriate way	3.06	1.02
5	I fake a good mood	2.59	0.52
	Deep Acting	2.74	0.82
6	I work hard to feel the emotions that I need to show to others	3.45	1.35
7	I make an effort to actually feel the emotions I need to display toward others	2.73	2.00
8	I work at conjuring up the feelings I need to show to patients	2.18	0.85
	Emotional Consonance	2.78	0.80
9	I react to patients' emotions naturally and easily	3.33	0.76
10	I easily express positive emotions to patients as expected for my job	2.95	1.02
	Suppression	2.91	1.05
11	I hide my anger about something someone has done	3.01	1.77
12	I hide my fear of a patient who appears threatening	3.34	1.40
13	I hide my disgust over something someone has done	2.47	0.70
	Total: Mean =2.80 sd=0.83 alpha Cronbach's α= .915		

Low (1- less than 2.33) , Moderate (2.33 - less than 3.66), High (3.66 – 5)

Table (4): Resilience, mental health and emotional labor scores of studied nurses in relation to personal and demographic characteristics

Variables		Resilience score			Mental health score			Emotional labor score		
		Mean	SD	Test of Sig.	Mean	SD	Test of Sig.	Mean	SD	Test of Sig.
Age	Less than 30 years	50.48	23.15	t= .605 P= .547	40.91	21.59	t= .303 P= .763	37.40	11.63	t= .074 P= .941
	More than 30 years	47.38	25.14		42.32	22.43		37.22	11.58	
Sex	Male	57.00	23.04	t= .847 P= .431	37.17	26.60	t= .413 P= .695	43.50	10.11	t= 1.530 P= .178
	Female	48.75	23.95		41.75	21.60		36.91	11.57	
Marital	Single	50.00	27.35	F= .008 P= .992	41.87	25.67	F= .004 P= .996	40.20	10.73	F= .551 P= .578
	Married	49.12	23.16		41.44	21.10		36.85	11.69	
	Divorced / Widow	49.21	25.05		41.14	22.47		36.50	12.08	
Educational level	Secondary technical nursing school	52.08	23.03	F= .638 P= .531	38.28	20.55	F= .887 P= .415	37.67	12.13	F= .078 P= .925
	Technical nursing institute	46.71	24.23		44.24	22.52		36.92	11.19	
	Nursing BSc	53.00	26.31		38.13	23.12		38.38	12.58	
Years of experience	Less than one year	40.63	23.72	F= 1.745 P= .163	49.00	21.81	F= 1.465 P= .229	33.63	10.82	F= 1.321 P= .272
	From one year to less five years	58.05	20.27		34.42	20.02		39.95	12.46	
	From one year to less ten years	48.74	24.06		41.87	21.38		36.63	11.45	
	Ten years or more	50.21	25.44		40.16	23.54		39.79	11.21	

Table (5): Resilience and mental health in relation to Emotional labor subscales

		Resilience Total Score	**Mental Health Total Score**
Emotional consonance	r	.353	-.297
	P	.000	.003
Deep acting	r	-.805	.775
	P	.000	.000
Suppression	r	-.779	.758
	P	.000	.000
Surface acting	r	-.679	.656
	P	.000	.000

*Significant (P<0.05); ** highly Significant (P<0.001

Table (6): Correlations between resilience, mental health and emotional labor scores

		Resilience score	**Mental health score**
Mental health score	P	-.985[**]	-
	Sig.	.000	-
Emotional labor score	P	-.740[**]	.710[**]
	Sig.	.000	.000

*Significant (P<0.05); ** highly Significant (P<0.001).

Figure (1): Frequency distribution of general mental health levels of studied nurses (n=95)
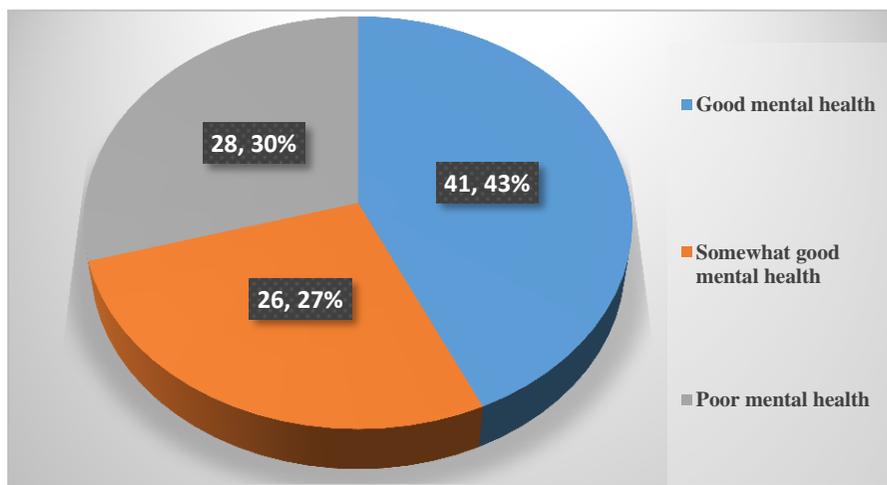
Discussion

There can be no health without mental health, and excellent mental health is essential for individual and community well-being and successful functioning. In order to care for other people, nurses must be in good health. Thus this study aimed to explore relationship between psychological resilience and emotional Labor with mental Health. Our findings found that there is no significant difference of resilience, emotional lobar and mental health in relation to demographic characteristics. This might explained, majority of participants were females, with little experience and only (8.4%) had bachelor degree. These findings are consistent with(**Kaur 2019**) study on 592 nurses, which found that there was no significant difference in the level of emotional labor, marital status, or years of experience.

In study of (**Zheng et al. 2017**), who evaluated 748 mental health nurses. They discovered that nurses over the age of 60 with more than 20 years of experience were the most resilient and contented. Nurses with a high school diploma had a higher mean

resilience score. Similarly, Ireland discovered that older and more experienced workers are more resilient when working in difficult situations because they have higher organizational and emotional control capacity when coping with occupational demands. Conversely, **Brolese et al., (2017)** showed that younger professionals with less experience achieved greater ratings than the rest of the group, and also reported lower average ratings of nursing technicians compared to higher-level professionals.

As the result of our study less than half of studied sample had a good mental health and more than the quarter of the study sample had poor mental health.

Regarding to, resilience our study founded that less than half of the studied sample rating between highly; high resilience and more than quarter of participants had moderate level of resilience and more than one quarter of them had a low level of resilience. These findings consentient with, (**Koen, van Eeden, and Wissing 2011**) who found a significant prevalence of resilience in professional nurses' participation, with 10% displaying low resilience, 47% moderate resilience, and 43% strong resilience. They believe there are two significant issues or hypotheses to consider. To begin with, those who enter the nursing profession or who have previously worked in a challenging nursing environment are often more resilient than the general population. In contrast with, (**Ren et al. 2018**) study, nurses' resilience is low when compared to the general population, and they attribute this to variations in the nature, surroundings, social position, and occupational hazards, as well as the psychological stress that nurses face.

Our current study, found that most of the studied nurses had moderate level of emotional labor. According to,(**Fischer et al. 2019**) reported that little is known about emotional labor demands in mental healthcare professionals and the repercussions of those expectations. There was only one study on emotional labor in mental health care that was found. The association between emotional labor and work stress in mental health nurses was investigated in this study by (**Mann and Cowburn 2005**). Daily emotional labor is reported by 82 percent of nurses. Workplace stress was linked to both surface and deep acting.

Concerning, correlation of resilience scores with mental health scores and emotional labor. Our study showed that resilience correlated significantly and negatively to mental health scores and emotional labor scores. These findings were consentient with (Rudwan and Alhashimia's study of 1,000 students, 403 males and (597) women, which found a positive correlation between mental health and resilience (**Rudwan and Alhashimia 2018**). The study of 983 nurses by Manzano-Garcia and Ayala-Calvo found that resilience is an important protective element against emotional exhaustion and a supportive component that helps nurses adjust to the physically, mentally, and emotionally demanding nature of their employment (**Yılmaz 2017**).

According to our results, there was a positive relation between emotional lobar scores and mental health scores. These findings were in line with prior research that showed a positive relation between emotional exhaustion and surface acting, deep acting, and suppression. Surface acting showed a substantially higher favorable impact on work exhaustion than deep acting, as well as a significantly stronger negative association with job satisfaction. **Park et al., (2019)** found that surface acting was positively associated with psychological distress but deep acting was not, proving that emotional lobar has an impact on mental health.

(**Yoon and Kim 2013**) found that a large percentage of South Korean nurses suffered depression symptoms as a result of their job's emotional demands and the necessity to constantly surface act. (**Kinman and Leggetter 2016**) identified a strong positive association between emotional labor and emotional exhaustion in their research of 351 student nurses (**Balan and Kumar 2017**).

Conclusions

Nurses with higher level of resilience had good mental health and those with higher level with emotional lobor had poor mental health.

Recommendations

In light of current study findings, continued professional development opportunities that promote resilience and emotion control, as well as a supportive environment, are recommended to improve mental health of nurses caring psychiatric patients.

Limitations

Limitations should be considered when generalizing the results of this study. Firstly, this study collected data from self-report assessments, which could be consisted of response bias that affected the results. In future studies, conducting standardized interviews of staff to determine the states of their mental health, resilience and emotional labour would be better option to provide more accurate and detailed information. More than 90% of the study sample who participated in this study was female. The findings of this study cannot be generalized.

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