Tianjin Daxue Xuebao (Ziran Kexue yu Gongcheng Jishu Ban)/
Journal of Tianjin University Science and Technology
ISSN (Online):0493-2137
E-Publication: Online Open Access
Vol: 58 Issue: 09:2025
DOI: 10.5281/zenodo.17221830

THE EFFECT OF A STRESS MANAGEMENT EDUCATION PROGRAM ON THE PSYCHOLOGICAL ADAPTATION OF SAUDI PSYCHIATRIC NURSES

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Abstract

Working in demanding settings increases the likelihood that psychiatric mental health nurses would feel stressed and less flexible. They work directly with patients who have mental illnesses and deal with challenging situations such patient seclusion, suicide attempts, and verbal and physical abuse that can lead to feelings of guilt, fear, and inflexibility. Therefore, the aim of this study was to ascertain the effects of a stress management education program on the psychological adaptation of Saudi psychiatric nurses. In the current study, a quasi-experimental research approach was used. Based on the inclusion and exclusion criteria, a purposive sample of eighty psychiatric nurses was selected. Forty nurses were randomly selected for the intervention group. Two instruments that measure nurses' personal information and psychological adaptability were used to gather data for the current investigation. The findings showed that psychological adaptation before and after a stress management education program differed statistically significantly. In conclusion, stress management education program increases the psychological adaptability of nurses. Regular assessments and training programs can help foster a healthy work environment and improve the mental health of the nurses.

Keywords: Stress Management, Education, Nurses, Adaptation.

INTRODUCTION

Although the terms adaptation and adjustment are commonly used interchangeably, they refer to different theoretical concepts. While the latter includes the dynamic interaction between the individual and their surrounding milieu as well as the individual's reactive measures intended to mitigate stimuli present at that particular moment, the former relates to outcomes and suggests a structural, perceptual, or behavioral modification through which an organism better responds to its environment and prevailing conditions or increases its likelihood of survival. (López-Otín, and Kroemer, 2021; Jeste, Lee, and Cacioppo 2020).

Adaptation is viewed as a dynamic and complex process that includes coming to terms with the consequences of a health danger and the outcomes that follow. The cognitive and emotional processes by which people adjust to and deal with the effects of difficult

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life situations are collectively referred to as psychological adaptation. Examples of such situations include being given a clinical diagnosis, learning that a clinical problem has a genetic basis, or dealing with chronic symptoms without a clear diagnosis. In particular, psychological adaptation refers to the set of practices that help nurses achieve homeostasis. It allows individuals to comprehend who they are, be confident and capable in managing the problems they face, and accept their strengths and weaknesses without exhibiting neurotic symptoms. Nurses must be able to reconcile their psychosocial needs and desires with the resources of the environment in order to continue functioning efficiently and allocating their personal energies effectively (Di Fabio and Tsuda, 2018). Similuk, 2023).

Likewise, a variety of outcomes and circumstances are associated with psychological adaptability in the workplace. As a result, psychological problems at work cannot be solely attributed to individual traits. They may also appear while one is still capable of working efficiently and allocating one's own energies effectively. According to (Desrumaux et al. 2015), these problems can also be brought on by unfavorable environmental and work-related elements as well as organizational, psychological, and personal health problems. Higher degrees of psychological adaptation are thought to help nurses perform more constructively and display a healthy perfectionist tendency. Furthermore, it is thought that unhealthy and maladjustment perfectionism pose serious risks to one another, especially for people who suffer from obsessive compulsion condition. (OCD) (Khosravani, 2017).

Psychiatric mental nurses often face stressful work environments that impact their well-being and sense of self, despite their critical role in alleviating the suffering of psychiatric patients. There is a correlation between nurses' performance and psychological adaption (Kelly, Fenwick, Brekke, and Novaco, 2016). As a result, stress management includes a wide range of techniques and psychotherapies meant to control a person's psychological stress, especially chronic stress, with the ultimate objective of improving day-to-day functioning. Various physical and psychological signs of stress might vary based on each person's unique situation. Physical health conditions like depression, headaches, chest pain, fatigue, and difficulty sleeping may be among them. Managing stress is essential to leading a successful and fulfilling life in the modern world. Numerous techniques for reducing anxiety and maintaining overall wellbeing are provided by stress management (Ozden ,2020)

Significance

The results of this study may be novel and novel, with implications for clinical practice and policy, considering the dearth of research on psychological adaptation among Saudi Arabian nurses working in psychiatric and mental health facilities. If the intervention is effective, it can help nurses actively manage stressors. The study's findings can be transformed into practical strategies to improve Saudi Arabian psychiatric nurses' overall wellbeing and psychological flexibility. The findings can be used to support mental health nurses' evidence-based core competency of stress management. Maybe nurse educators could create a lesson plan to help mental health nurses deal with stress.

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Aim

The purpose of this study was to investigate how a stress management education program affected the psychological adaptation of Saudi psychiatric nurses.

Research Hypothesis

-Psychiatric mental health nurses who will receive stress management education program will have better scores in effective coping and psychological adaptation after the training program than pre according to the study groups (experimental and control).

Design

The present study employed a quasi-experimental research design, recruiting 80 nurses to participate. For the intervention, forty nurses were chosen at random to take part, while the other forty will be in the control group, which does not receive the intervention

Sample

All Saudi staff nurses at Irada Psychiatric Hospital who have consented to participate in this study are included in the sample. The following inclusion and exclusion criteria were used to select a purposive sample of 80 psychiatric nurses. Forty nurses were chosen at random to take part in the intervention, while the other forty will be in the control group and not receive it. Sample size

The sample size of 80 participants was the sample size was determined. With a 5 percent margin of error, a 100-person population, and 50 and 95 percent expected outcome level standard of care domains, the estimated sample size is 80 participants, 40 in the study group and 40 in the control group. The sample size is:

The sample size was calculated as follows: =[N*p(1-p) /[(N-1) *(d2/z2) +p(1-p)] where* n: the sample size* N: Population Size =100* d: The allowable error rate in the estimate = 0.05* Z: The standard score corresponding to the confidence level = 1.96* P: The ratio of the property = 0.50, and (100*0.5*0.5)/ ((99*0.05*2)/1.96*2+0.5*0.5) = 80* The sample size

The researcher and participants were unsure of who would be in each group at the time of the pre-intervention assessment. A list of nurses is given to a non-research team member, who then codes each one from 1 to 80. The researcher then chooses a single number and assigns it to the intervention group, while the double numbers are assigned to the control group.

Requirements for Inclusion: • Nationality: Saudi staff nurse. • Both men and women are included. • Nurses who currently work in one of the chosen mental health facilities and have Saudi Arabian Ministry of Health licenses to practice. For more than six months, he or she has been employed at the current mental health facility. Requirements for exclusion • Nurses who have completed stress management programs are excluded; he has no illnesses that could put him at risk for mental health issues. • Nurses who worked in multiple hospitals were not included in the study. • Nurses with a history of mental or physical illness.

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Tools

Both the psychological adaptation scale and the indiidual data sheet, were used to gather data for the current study.

1- Individual data sheet. It was created by the researcher and comprises the following: age, sex, marital status, education level, current employment, years of psychiatric work experience, years spent working as a nurse, and participation in any training workshops aimed at improving psychological adaptation and management

2- Psychological adaptation

The psychological adaptation scale was created in Arabic by the researcher using the Roy adaptation theory, the theory of cognitive adaptation, and a review of relevant research and literature (Biesecker et al. Cemalcilar and Falbo (2012); Briones, Verkuyten, Cosano, and Tabernero (2012); Barbara et al. (2013); Demes and Geeraer (2013). 2008, Hutcheon (2006), and Roy (2009). Ward and Rana-Deuba (1999); Taylor (1983); and Goldberg and Hillier (1979). It is employed to evaluate how well a person has adapted to a risk or medical condition. The cognitive and affective effects of coping are evaluated. The scale has six subscales and forty-four items. Social integration (10 items), coping efficacy (10 items), self-esteem (8 items), general health (6 items), family coping (5 items), and spiritual/existence wellbeing (5 items) are the subscales. Among people, the first subscale, coping, seems to be a significant mediator of people's ability to adapt and cope effectively with the first subscale, Coping, seems to be a significant mediator of people's ability to adapt and informed coping efficacy

Self-esteem, "meaning making," which promotes existential wellbeing, and re-engagement in social interactions comprise the second subscale. Social integration, the third subscale, describes how various groups come together to form society as a whole. The most widely used measure of mental health to identify people who may have or are at risk of developing psychiatric disorders is the fourth subscale, general health, identifies two primary issues: the emergence of novel and upsetting phenomena and the incapacity to perform daily tasks. The sixth subscale, spiritual/existence well-being, refers to broadening one's sense of purpose and meaning in life, including one's morals and ethics. The fifth subscale, family adaptation, describes the outcome of the nurse's meeting the needs of the group as a whole and effectively responding to the demands placed on it by outside forces. Five Likert scales were used to measure the responses, with 1 denoting never and 5 denoting always. It can score as low as zero or as high as two hundred twenty. A higher score denotes greater adaptability. The scale was evaluated for content validity by three PMH professors, and it was classified as follows: low adaptability = less than 100, moderate adaptability = between 100 and less than 160, and high adaptability = more than 160.

Reliability assessment: Cronbach's alpha should not fall below 0 or 60, which is the statistically acceptable limit (Churchill, 1979). The findings indicate that all of the variables and study dimensions have Alpha Cronbach's coefficients greater than 0.60, with the

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items of the psychological adaptation scale, having Alpha Cronbach's coefficients of 0.926.

Ethical Considerations

The proposed study was conducted with primary approval from Cairo University's Faculty of Nursing's Ethical Committee of Scientific Research. The King Khalid Hospital's Institutional Review Board (IRB) has approved the protocol after reviewing the research proposal and concluding that it complies with the GCP ICH guidelines and the ethical standards set forth in the Belmont Report. The approval is valid for a year after this letter is sent. The following ethical guidelines were followed from the start of data collection: The head of the Irada Psychiatric Hospital in Jeddah, Saudi Arabia, gave permission for the study to be conducted. Following an explanation of the study's nature and goal, the nurses gave their written and verbal informed consent. Participation in the study was entirely voluntary, and participants were guaranteed the freedom to decline participation or to leave the study at any time with no in order to protect the confidentiality and anonymity of the research, the researcher made sure that no names appeared on the questionnaire sheet and that each participant who answered the questionnaire was assigned a code number. Data collection and program implementation were followed by final approval from Cairo University's Faculty of Nursing's Scientific Research Ethics Committee

Procedures

Data collection carried out using the chosen standardized measurers for personal data, and psychological adaptation scale. The study will follow a pre-test-post-test research design whereby the selected nurses from both control and intervention groups was assessed with the selected tools.

The findings in the pre-test will serve as the baseline data. After the interventions, during post-test, the nurses in experimental group were further be evaluated if there are improvements using the same tools. Conversely, the control group was answering together the tool but will not be introduced as part of the intervention. After obtaining the needed permissions to conduct the current study, the participant was recruited. The researcher provides information about the goal, scope, and length of the study as well as what was anticipated of the participants.

In order to get the cooperation and acceptance of the eligible nurses, the researcher contacts them and explains the nature and goal of the program and to fill the informed consent. The researcher divided the study groups into two group’s twenty nurses 20 for each for more effective training and practice.

Each session includes information and basic guidelines about stress management program. In the educational stress management package, the forms and sheets were designed to complete the activities within a session and practice the ability to stress management. Participants were given a program matrix.

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Each session of the stress management program included practice and repetition, role-playing, feedback, role models, and additional behavioral and cognitive exercises. Participants in the study group were given a program matrix including brief description of the program stress management were taught in each session through role model provision, role playing, feedback, practice and repetition, and other cognitive and behavioral tasks.

At the conclusion of each session, homework tasks outside of sessions were assigned in proportion to the debates that were covered. Each session begins with, the homework assignments were investigated and feedback was given. After the training sessions, a posttest was promptly delivered to both groups to complete once more.

The control group's participants received the program bundle. After completing post test tools (program description's booklet, pressures and program matrix. Also, the researcher conducts two sessions for program description.

Program aims

- This program aimed to provide PMHNs with the concept of adaptation, factors affecting it and how to enhance nursing abilities adapt to challenging situation in psychiatric settings.
- Practice stress management techniques to improve their coping skills

Program description

The first session will document the relationship between the researcher and the nurses and between the nurses themselves, where the researcher introduces himself to the participating nurses, as well as encouraging the nurses to introduce themselves and get to know each other.

Presenting and discussing the objectives of the program and explaining the training methods that will be used.

Second session: This session aims to explain the concept of psychological adaptation, types, indicators of adaptation and maladaptation, and how to improve it

Third session: This session aims to explain the concept of stress and stress management, types and sources of stress, work stress meaning and its effect on different body system, and how to overcome stress.

The fourth session: this session aims to provide theoretical background about relaxation techniques meaning, types and benefits of it. Also, demonstrate and practice of deep breathing exercise as one of the relaxation techniques.

Fifth session: This session aims to discuss the concept of progressive muscle relaxation, benefits, and how to practice it.

The sixth session: This session aims to explain the meaning of' time management; discuss how to schedule daily activities for nurses using the art of time management, and

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train nurses to arrange tasks according to priorities and plan the daily schedule for the required tasks

The seven sessions: problem solving skills: This session aims to describe the steps involved in solving the problem, explain the effect of the problem on psychological stress and anxiety among nurses. Also, it allows nurses to practicing the steps of solving the problem during the session and training on it

The eighth and ninth sessions: This session aims to explain the concept of proposing solutions and generating alternatives, train nurses on how to suggest solutions.

Ten sessions: This session aims to: Summarize what was presented in previous sessions. - Discuss the activities and homework of the previous session. Discuses nurse 'opinions about the training sessions and the extent to which they are used. Thanking the nurses participating in the program. Create contact links. Evaluate the program in terms of the appropriateness of the activities used, time, and homework. Encourage nurses to apply and practice what was taught during the sessions in their daily lives.

Evaluation phase:

It was done through the same relevant selected tools for personal information and psychological adaptation. This post assessment will be done by the researcher for all participant groups (experimental and control).

Data analysis

Table 1: Personal characteristics of the studied nurses among experimental and control groups

Factor	Category	Experimental Group		Control Group	
		Frequency	Percentage	Frequency	Percentage
Age	20 to ≤ 30 years	11	27.5	27	67.5
	30 to≤ 40 years	24	60.0	10	25.0
	40 to ≤ 50 years	4	10.0	3	7.5
	More than 50 years	1	2.5	0	0.0
	Total	40	100.0	40	100.0
Gender	Male	32	80.0	33	82.5
	Female	8	20.0	7	17.5
	Total	40	100.0	40	100.0
Place of residence	Village	4	10.0	3	7.5
	Governorate	3	7.5	5	12.5
	City	33	82.5	32	80.0
	Total	40	100.0	40	100.0

Table (1) illustrates that 60% compared to 25% of the studied nurses were in age between 30 to ≤ 40 years for experimental and control groups respectively.

80% compared to 82.5% were male for experimental and control group respectively. As regards residence, 82.5% compared to 80% lived in city for experimental and control group respectively

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Table 2: Personal characteristics of the studied nurses (marital status, educational level, and current position) among experimental and control groups

Factor	Category	Experimental Group		Control Group	
		Frequency	Percentage	Frequency	Percentage
Marital status	Single	17	42.5	23	57.5
	Married	22	55.0	16	40.0
	Divorced	1	2.5	1	2.5
	Total	40	100.0	40	100.0
Educational level	Diploma	13	32.5	5	12.5
	Bachelor's	27	67.5	34	85.0
	Master's	0	0.0	1	2.5
	Total	40	100.0	40	100.0
Current position	Nurse	27	67.5	38	95.0
	Head of department	9	22.5	0	0.0
	Nursing Supervisor	4	10.0	2	5.0
	Total	40	100.0	40	100.0

Table (2) demonstrates that 55% compared to 40% of the studied nurses were married for experimental and control group respectively. 42.5% and 57.5% of them were single for study and control group respectively. As regards educational level, 67.5% and 85% of participated nurses have a bachelor's degree for experimental and control group respectively. However, 32.5% and 12.5% of them have a diploma for experimental and control group respectively. 67.5% compared to 95% were nurses for both experimental and control groups respectively.

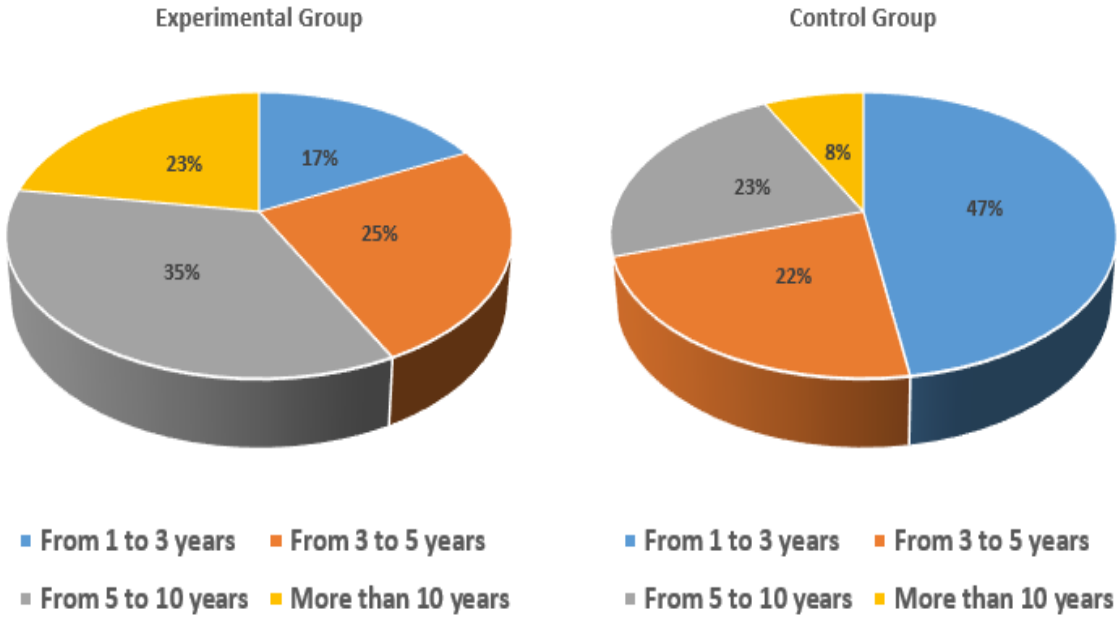

Figure 1: Distribution of the study sample according to years of work in a psychiatric hospital for experimental and control groups.

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Figure (1) illustrates that 35% and 23% of nurses have 5 to ≤ 10 years of work in a psychiatric hospital for experimental and control group respectively. 17% and 47% of them have 1 to ≤ 3 years of work in a psychiatric hospital.25% and 22% of nurses have 3 to ≤ 5 years of work in a psychiatric hospital for experimental and control group respectively. Also, 23% and 8% of nurses have more than 10 years of worked in a psychiatric hospital for experimental and control group respectively.

Table 3: Levels of psychological adaptation among nurses at pre-training and post stress management training program for experimental and control groups

Levels of psychological adaptation	Groups	Experimental group		Control group	
		No	%	No	%
Low	Experimental	25	62.5	0	0
	Control	24	60	22	55
Moderate	Experimental	15	37,5	17	42.5
	Control	15	37.5	17	42.5
High	Experimental	0	0	23	57.5
	Control	1	2.5	1	2.5

Table (3) illustrates that 62.5%, 37.5% and zero % at pre- training compared to zero %, 42.5% and 57.5% among nurses have low, moderate and high adaptability at post- stress management training program for experimental group respectively. Also 60%, 37.5% and 2.5% of nurses have low, moderate and high adaptability at pre-training compared to 55%, 42.5% and 2.5% at post-stress management for control group respectively.

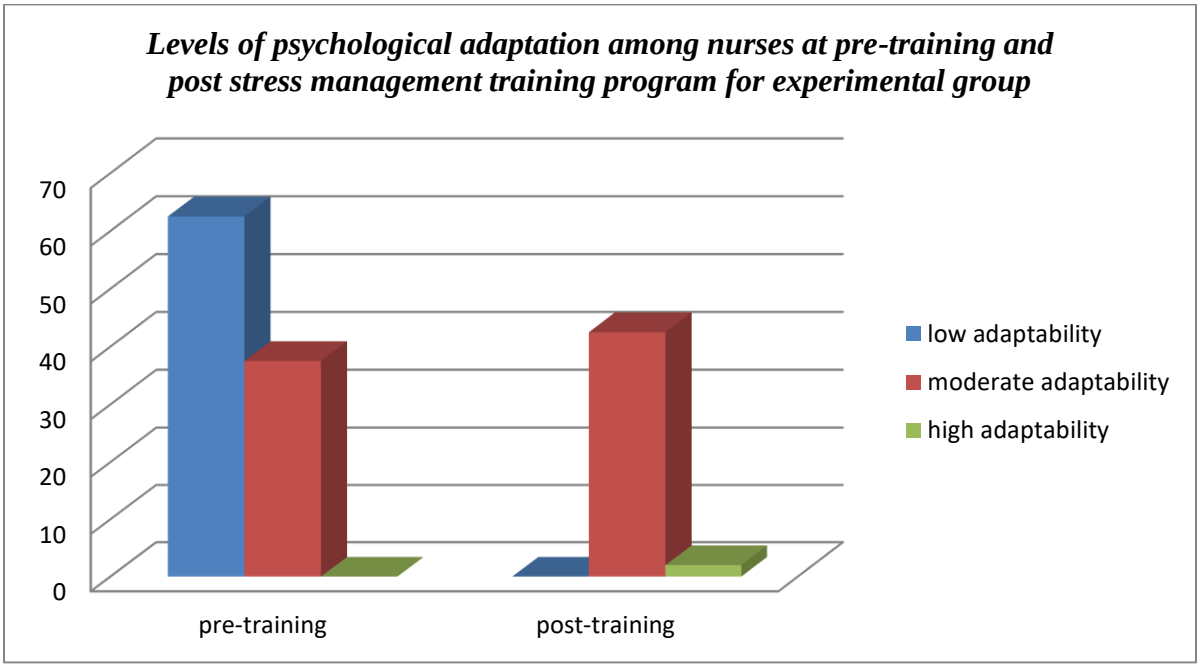

Figure 2: Levels of psychological adaptation among nurses at pre-training and post stress management training program for experimental group

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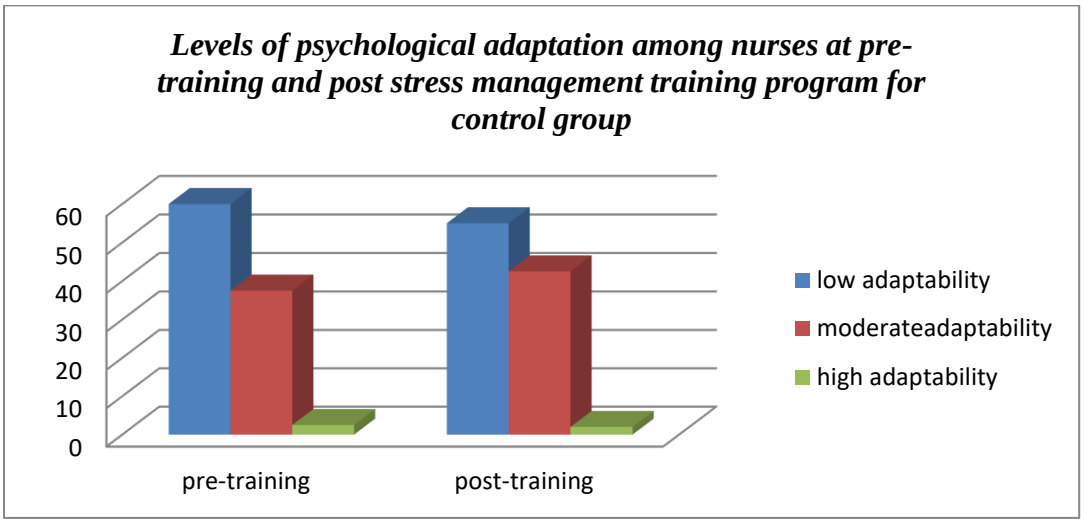

Figure 3: Levels of psychological adaptation among nurses at pre-training and post stress management training program for control group

Table 4: Table Differences between psychological adaptation among nurses in experimental and control group at pre/post stress management training program

Two Way ANOVA with Repeated Measures					
Source	**Group**	**Mean ± SD**	**Wilks' Lambda**		**Partial Eta Squared**
			F	**Sig.**	
				(η^2)	
Psychological Adaptation Scale (Pre-Training)	Experimental	91.95 ± 21.849	513.423	.000	.868
	Control	93.35 ± 33.711			
	Total	92.65 ± 28.235			
Psychological Adaptation Scale (Post-Training)	Experimental	159.52 ± 15.089			
	Control	93.75 ± 33.770			
	Total	126.64 ± 42.079			
Training * Group			501.409	.000	.865

Table (4) is illustrates that the level of significance of F-test (Wilks' Lambda) between the psychological adaptation at pre-training and post stress management training is less than 0.05 (Sig. < 0.05), indicating that there is a statistically significant difference in psychological adaptation between pre-training and post-training this difference in favor of psychological adaptation after the training, where the results show that the total mean of psychological adaptation after the training is more than the total mean of it before the training, with a total mean (standard deviation) of 126.64 (42.079) and 92.65 (28.235), respectively. In addition to the level of significance of F-test (Wilks' Lambda) is less than 0.05 (Sig. < 0.05), indicating that there is an interaction between the training and the study groups (experimental and control), that is, the effect of training on control and experimental groups is not equal, where the mean of psychological adaptation scale after the training according to experimental group is more than the mean of it according to control group, with a mean (standard deviation) of 159.52 (15.089) and 93.75 (33.770), respectively.

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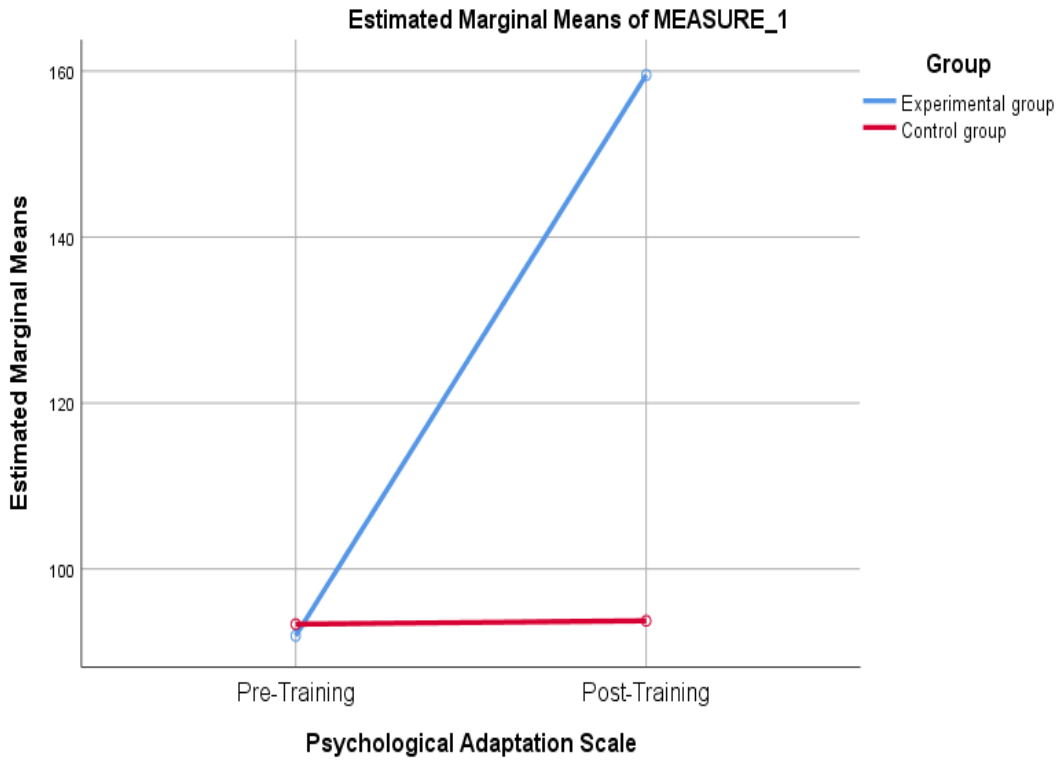

Figure 4: Estimated marginal means of psychological adaptation scale before and after the training according to the study groups (experimental and control).

Figure (4) demonstrates the effect size of the training on reducing / increasing psychological adaptation among nurses pre-training and post-training is large, as the partial Eta squared (η^2) equal to (0.868) where ($\eta^2 > 0.14$), in addition to the effect size of the interaction between the training and group is large, with the partial Eta squared (η^2) equal to (0.865) where ($\eta^2 > 0.14$).

Table 5: Differences in effectiveness of confrontation among nurses in experimental and control group at pre/post stress management training program

Two Way ANOVA with Repeated Measures					
Source	**Group**	**Mean ± SD**	**Wilks' Lambda**		Partial Eta Squared (η^2)
			F	**Sig.**	
Effectiveness of Confrontation (Pre-Training)	Experimental	23.55 ± 6.156	255.716	.000	.766
	Control	23.83 ± 8.545			
	Total	23.69 ± 7.401			
Effectiveness of Confrontation (Post-Training)	Experimental	38.25 ± 4.623			
	Control	23.95 ± 8.602			
	Total	31.10 ± 9.942			
Training * Group			247.164	.000	.760

Partial Eta Squared: (0.01: Small effect size, 0.06: Medium effect size, 0.14: Large effect size)

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Table (5) illustrates that the level of significance of F-test (Wilks' Lambda) between the effectiveness of confrontation pre-training and post-training is less than 0.05 (Sig. < 0.05), indicating that there is a statistically significant difference in effectiveness of confrontation between pre-training and post-training this difference in favor of effectiveness of confrontation after the training, where the results show that the total mean of effectiveness of confrontation after the training is more than the total mean of it before the training, with a total mean (standard deviation) of 31.10 (9.942) and 23.69 (7.401), respectively.

In addition to the level of significance of F-test (Wilks' Lambda) is less than 0.05 (Sig. < 0.05), indicating that there is an interaction between the training and the study groups (experimental and control), that is, the effect of training on control and experimental groups is not equal, where the mean of effectiveness of confrontation after the training according to experimental group is more than the mean of it according to control group, with a mean (standard deviation) of 38.25 (4.623) and 23.95 (8.602), respectively.

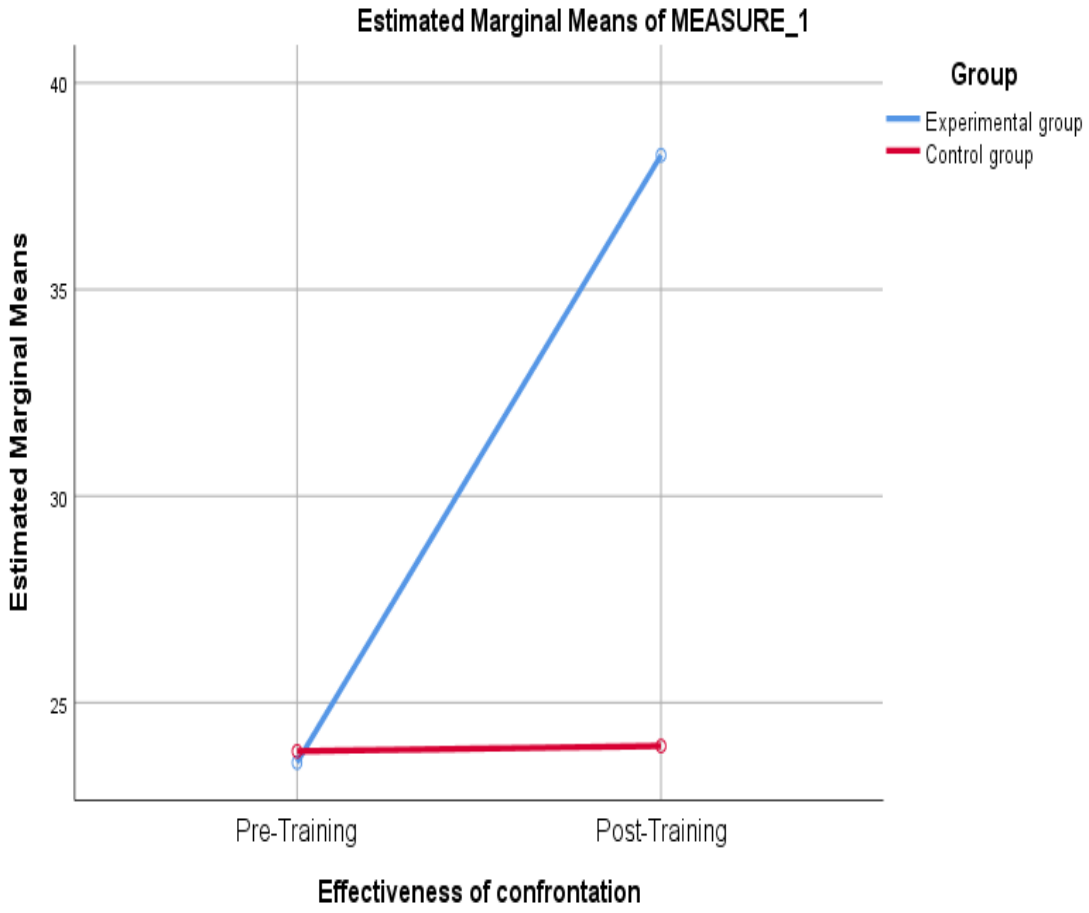

Figure 5: Estimated marginal means of effectiveness of confrontation before and after the training according to the study groups (experimental and control).

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Figure (5) illustrates the effect size of the training on increasing the effectiveness of confrontation among nurses pre-training and post-training is large, as the partial Eta squared (η^2) equal to (0.766) where ($\eta^2 > 0.14$), in addition to the effect size of the interaction between the training and group is large, with the partial Eta squared (η^2) equal to (0.760) where ($\eta^2 > 0.14$).

Table 6: Differences in self-esteem pre and post stress management training among nurses according to the study groups (experimental and control).

Two Way ANOVA with Repeated Measures					
Source	**Group**	**Mean ± SD**	**Wilks' Lambda**		**Partial Eta Squared (η^2)**
			F	**Sig.**	
Self-esteem (Pre-Training)	Experimental	16.08 ± 5.196	322.485	.000	.805
	Control	16.73 ± 7.016			
	Total	16.40 ± 6.143			
Self-esteem (Post-Training)	Experimental	29.03 ± 3.577			
	Control	16.80 ± 6.992			
	Total	22.91 ± 8.263			
Training * Group			315.100	.000	.802

Partial Eta Squared: (0.01: Small effect size, 0.06: Medium effect size, 0.14: Large effect size**)**

Table (6) demonstrates that the level of significance of F-test (Wilks' Lambda) between the self-esteem pre-training and post-training is less than 0.05 (Sig. < 0.05), indicating that there is a statistically significant difference in self-esteem between pre-training and post-training this difference in favor of self-esteem after the training, where the results show that the total mean of self-esteem after the training is more than the total mean of it before the training, with a total mean (standard deviation) of 22.91 (8.263) and 16.40 (6.143), respectively.

In addition to the level of significance of F-test (Wilks' Lambda) is less than 0.05 (Sig. < 0.05), indicating that there is an interaction between the training and the study groups (experimental and control), that is, the effect of training on control and experimental groups is not equal, where the mean of self-esteem after the training according to experimental group is more than the mean of it according to control group, with a mean (standard deviation) of 29.03 (3.577) and 16.80 (6.992), respectively.

Tianjin Daxue Xuebao (Ziran Kexue yu Gongcheng Jishu Ban)/
Journal of Tianjin University Science and Technology
ISSN (Online):0493-2137
E-Publication: Online Open Access
Vol: 58 Issue: 09:2025
DOI: 10.5281/zenodo.17221830

Figure 6: Estimated marginal means of self-esteem before and after the training according to the study groups (experimental and control).

Figure (6) illustratess the effect size of the training on increasing the self-esteem among nurses pre-training and post-training is large, as the partial Eta squared (η^2) equal to (0.805) where ($\eta^2 > 0.14$), in addition to the effect size of the interaction between the

Table 7: Differences in social inclusion at pre/post stress management training among studied nurses for both experimental and control groups

Two Way ANOVA with Repeated Measures					
Source	**Group**	**Mean ± SD**	**Wilks' Lambda**		**Partial Eta Squared (η^2)**
			F	**Sig.**	
Social Inclusion (Pre-Training)	Experimental	19.85 ± 5.442	384.542	.000	.831
	Control	19.80 ± 7.753			
	Total	19.82 ± 6.656			
Social Inclusion (Post-Training)	Experimental	35.82 ± 4.126			
	Control	20.00 ± 7.716			
	Total	27.91 ± 10.060			
Training * Group			365.759	.000	.824

Partial Eta Squared: (0.01: Small effect size, 0.06: Medium effect size, 0.14: Large effect size)

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DOI: 10.5281/zenodo.17221830

Table (7) demonstrates that the level of significance of F-test (Wilks' Lambda) between the social inclusion pre-training and post-training is less than 0.05 (Sig. < 0.05), indicating that there is a statistically significant difference in social inclusion between pre-training and post-training this difference in favor of social inclusion after the training, where the results show that the total mean of social inclusion after the training is more than the total mean of it before the training, with a total mean (standard deviation) of 27.91 (10.060) and 19.82 (6.656), respectively.

In addition to the level of significance of F-test (Wilks' Lambda) is less than 0.05 (Sig. < 0.05), indicating that there is an interaction between the training and the study groups (experimental and control), that is, the effect of training on control and experimental groups is not equal,

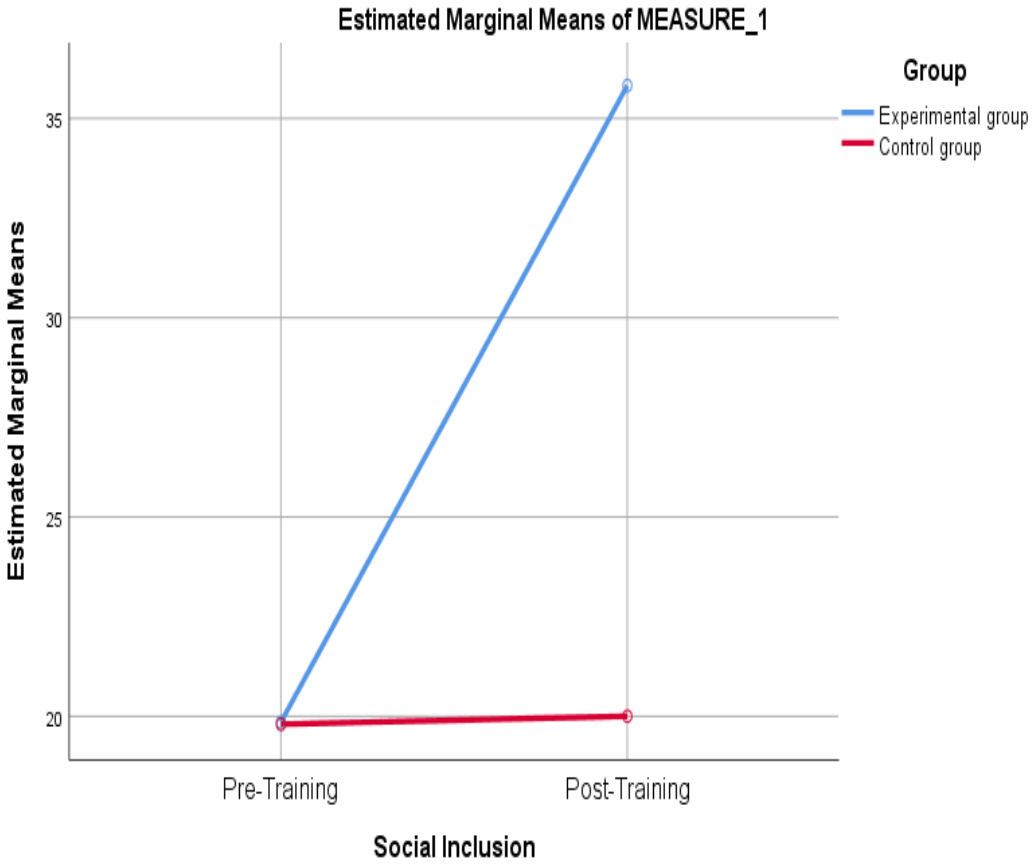

Figure 7: Estimated marginal means of social inclusion before and after the training according to the study groups (experimental and control).

Figure (7) shows the effect size of the training on increasing the social inclusion among nurses pre-training and post-training is large.

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Journal of Tianjin University Science and Technology
ISSN (Online):0493-2137
E-Publication: Online Open Access
Vol: 58 Issue: 09:2025
DOI: 10.5281/zenodo.17221830

Table 8: ***Ddifferences in public health at pre/ post stress management training among studied nurses for both study groups (experimental and control).***

Two Way ANOVA with Repeated Measures					
Source	**Group**	**Mean ± SD**	**Wilks' Lambda**		**Partial Eta Squared (η^2)**
			F	**Sig.**	
Public Health (Pre-Training)	Experimental	12.95 ± 4.397	260.094	.000	.769
	Control	13.30 ± 4.598			
	Total	13.13 ± 4.473			
Public Health (Post-Training)	Experimental	21.55 ± 2.846			
	Control	13.30 ± 4.598			
	Total	17.42 ± 5.627			
Training * Group			260.094	.000	.769

Partial Eta Squared: (0.01: Small effect size, 0.06: Medium effect size, 0.14: Large effect size**)** Table (8) demonstrates that the level of significance of F-test (Wilks' Lambda) between the public health pre-training and post-training is less than 0.05 (Sig. < 0.05), indicating that there is a statistically significant difference in public health between pre-training and post-training this difference in favor of public health after the training, where the results show that the total mean of public health after the training is more than the total mean of it before the training, with a total mean (standard deviation) of 17.42 (5.627) and 13.13 (4.473), respectively. In addition to the level of significance of F-test (Wilks' Lambda) is less than 0.05 (Sig. < 0.05), indicating that there is an interaction between the training and the study groups (experimental and control), where the mean of public health after the training according to experimental group is more than the mean of it according to control group, with a mean (standard deviation) of 21.55 (2.846) and 13.30 (4.598), respectively.

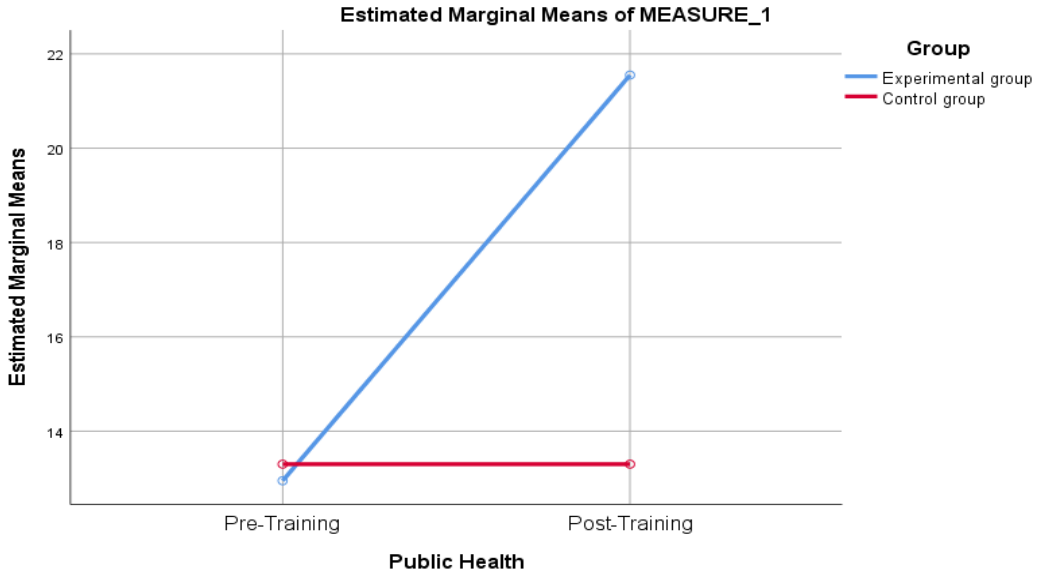

Figure 8: Estimated marginal means of public health before and after the training according to the study groups (experimental and control)

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Journal of Tianjin University Science and Technology
ISSN (Online):0493-2137
E-Publication: Online Open Access
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DOI: 10.5281/zenodo.17221830

Figure (8) illustrates the effect size of the training on increasing the public health among nurses pre-training and post-training is large, as the partial Eta squared (η^2) equal to (0.769) where ($\eta^2 > 0.14$), in addition to the effect size of the interaction between the training and group is large, with the partial Eta squared (η^2) equal to (0.769) where ($\eta^2 > 0.14$).

Table 9: Ddifferences in family adaptation at pre/ post stress management training among studied nurses for study groups (experimental and control).

Two Way ANOVA with Repeated Measures					
Source	**Group**	**Mean ± SD**	**Wilks' Lambda**		**Partial Eta Squared (η^2)**
			F	**Sig.**	
Family Adaptation (Pre-Training)	Experimental	9.90 ± 4.272	229.655	.000	.746
	Control	9.58 ± 4.739			
	Total	9.74 ± 4.486			
Family Adaptation (Post-Training)	Experimental	17.48 ± 2.810			
	Control	9.58 ± 4.739			
	Total	13.53 ± 5.548			
Training * Group			229.655	.000	.746

Partial Eta Squared: (0.01: Small effect size, 0.06: Medium effect size, 0.14: Large effect size**)** Table (9) demonstrates that the level of significance of F-test (Wilks' Lambda) between the family adaptation pre-training and post-training is less than 0.05 (Sig. < 0.05), indicating that there is a statistically significant difference in family adaptation between pre-training and post-training this difference in favor of family adaptation after the training, where the results show that the total mean of family adaptation after the training is more than the total mean of it before the training,.

In addition to the level of significance of F-test (Wilks' Lambda) is less than 0.05 (Sig. < 0.05), indicating that there is an interaction between the training and the study groups (experimental and control), that is, the effect of training on control and experimental groups is not equal, where the mean of family adaptation after the training according to experimental group is more than the mean of it according to control group, with a mean (standard deviation) of 17.48 (2.810) and 9.58 (4.739), respectively.

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ISSN (Online):0493-2137
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DOI: 10.5281/zenodo.17221830

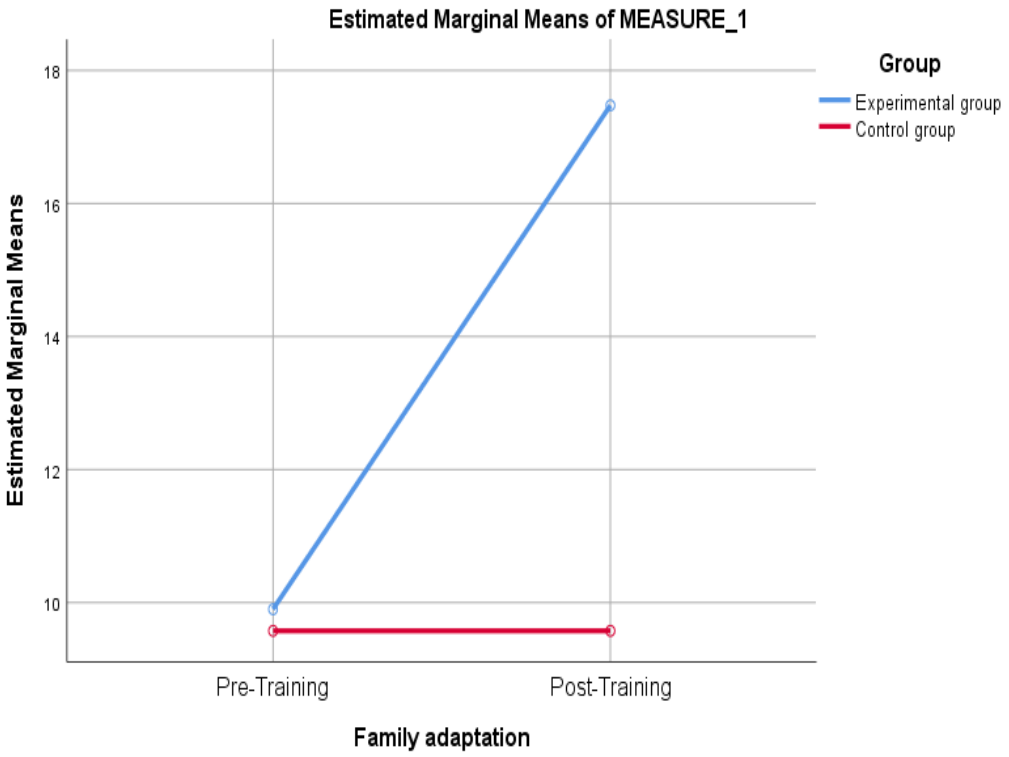

Figure 9: Estimated marginal means of family adaptation before and after the training according to the study groups (experimental and control).

Figure (9) illustrates the effect size of the training on increasing the family adaptation among nurses pre-training and post-training is large

Table 10: ***Differences in existential spiritual well-being at pre/ post stress management training among studied nurses for study groups (experimental and control).***

Two Way ANOVA with Repeated Measures					
Source	**Group**	**Mean ± SD**	**Wilks' Lambda**		**Partial Eta Squared (η^2)**
			F	**Sig.**	
Existential Spiritual Well-being (Pre-Training)	Experimental	9.63 ± 3.224	295.644	.000	.791
	Control	10.13 ± 4.719			
	Total	9.87 ± 4.023			
Existential Spiritual Well-being (Post-Training)	Experimental	17.40 ± 2.649			
	Control	10.13 ± 4.719			
	Total	13.76 ± 5.278			
Training * Group			295.644	.000	.791

Partial Eta Squared: (0.01: Small effect size, 0.06: Medium effect size, 0.14: Large effect size)

Table (10) demonstrates that the level of significance of F-test (Wilks' Lambda) between the existential spiritual well-being pre-training and post-training is less than 0.05 (Sig. <

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0.05), indicating that there is a statistically significant difference in existential spiritual well-being between pre-training and post-training this difference in favor of existential spiritual well-being after the training, where the results show that the total mean of existential spiritual well-being after the training is more than the total mean of it before the training, with a total mean (standard deviation) of 13.76 (5.278) and 9.87 (4.023), respectively.

In addition to the level of significance of F-test (Wilks' Lambda) is less than 0.05 (Sig. < 0.05), indicating that there is an interaction between the training and the study groups (experimental and control), that is, the effect of training on control and experimental groups is not equal, where the mean of existential spiritual well-being after the training according to experimental group is more than the mean of it according to control group, with a mean (standard deviation) of 17.40 (2.649) and 10.13 (4.719), respectively

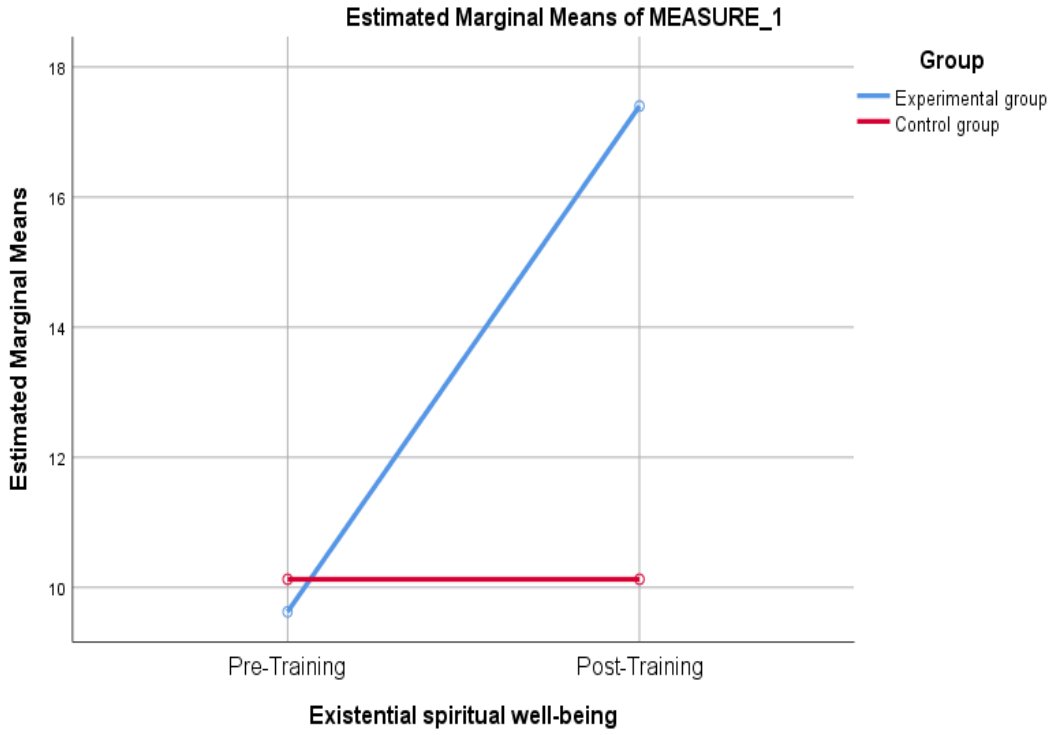

Figure 10: Estimated marginal means of existential spiritual well-being before and after the training for the study groups (experimental and control)

Figure (10) illustrates the effect size of the training on increasing the existential spiritual well-being among nurses pre-training and post-training is large.

DISCUSSION

Psychiatric mental health nursing is a demanding profession that can lead to both mental and physical health issues. Patients with various mental illnesses are becoming increasingly prevalent as a result of the growing pressure in all facets of society.

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Psychiatric nurses are crucial members of the medical team who take on the primary roles of patient managers, educators, and caregivers. Psychiatric mental health nurses work with a unique population that frequently encounters a range of crises, putting them in a high-stress state over extended periods of time. This is more likely to result in anxiety and melancholy as well as less adaptability.

According to the current study's findings, sixty percent of the nurses in the experimental group and twenty-five percent of the control group were between the ages of thirty and under forty. The age and level of maturity of the nurses under study may indicate that they were able to establish a certain level of professional isolation. Navigating the demands of the profession and learning coping techniques might provide special challenges for younger or less experienced nurses. Due to greater duties or possible career plateaus, older nurses may be more stressed even though they may have more experience.

The study's sample profile is noteworthy, though, particularly the high male ratio—in the experimental group, 80% of participants were male, while in the control group, 80% were. This outcome might be the result of a male nurse's physical development, which is seen to be advantageous when working with aggressive patients and handling difficult circumstances. Additionally, they are aware of the needs of male patients and act as an example for them when it comes to teaching them healthy habits.

The current study's findings showed that, for the experimental and control groups, respectively, 55% and 40% of the nurses under investigation were married. For the research and control groups, respectively, 42 and a half and 57 and a half percent were unmarried. According to a number of studies, nurses who are bereaved, divorced, or single may have increased levels of anxiety and sadness. This could be brought on by a lack of social support or more stress from dealing with life's obstacles alone.

On the other hand, because they may have more social support and companionship, married nurses might be more adaptable. Married mental health nurses, on the other hand, reported higher levels of burnout than single ones, according to a study conducted among mental health nurses in Saudi Arabia (Alqahtani, Al-Otaibi, Zafar, 2020) and Abuzied et al., 2020). According to Fagan (2009), marriage is linked to a low prevalence of mental illness and probably lessens the negative effects on one's health because of the benefits it provides, such as financial resources and psychosocial support, which lessen the impact of negative life events and enable married people to have better coping mechanisms, religious participation, relationship stability, and a lower risk of depression (Kamiya, Doyle, Henretta, Timonen, 2013).

Thirty-five percent of the nurses in the study had five to fewer than 10 years of experience in experimental psychiatric nursing. Additionally, seventeen percent, twenty-five percent, and twenty-three percent had worked as psychiatric nurses for one to three years, three to five years, and more than ten years, respectively, in a psychiatric institution. Nurses with more years of experience may have higher levels of self-efficacy, better self-regulation, and improved adaptability to the work environment, even though their ratios

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are closer to one another. While more seasoned nurses may have superior coping strategies, they also acquire a wider knowledge base that enables them to employ more effective coping strategies.

Experienced nurses, especially those with more years of experience, typically exhibit greater levels of clinical competency in psychiatric settings, claim Eita and Alhalawany (2021). This covers the ability to diagnose, arrange, and carry out care for families, organizations, and people.Individual adaptability has been found to have a negative correlation with new hire turnover intentions and a positive correlation with job satisfaction and performance (Wang et al., 2011; Cullen et al., 2014)..

The current study's findings demonstrated that, for both the study and control groups, sixty-and-half percent, thirty-two to sixty percent, thirty-seven percent, and two and a half percent of nurses had low, moderate, and high adaptability prior to training. Because psychiatric nursing is a hard and stressful profession that affects nurses' professional quality of life, a high percentage of decreased adaptation for both experimental and control groups may be the cause. Because of their stressful work environment and direct involvement with psychiatric patients, psychiatric mental health nurses are more likely to experience stress, anxiety, depression, and inefficient coping. These variables are thought to hinder psychiatric nurses' ability to adapt.

In line with the findings, a study by Stewart (2021) found that demanding units are a difficult setting for nurses, and that building supportive social networks is crucial to enhancing adaption to this intricate clinical setting. Individual adaptability has been found to have a negative correlation with new hire turnover intentions and a positive correlation with job satisfaction and performance (Wang et al., 2011; Cullen et al., 2014). Additionally, it has been demonstrated that general depressive symptoms—such as anxiety, negative thoughts, and a fear of being unimportant—are inversely correlated with individual adaptation.

According to AllahBakhshian et al. (2017), nurses' adaption process is impacted by managers' lack of support, which increases their capacity to attain professional independence in a supportive work environment. Additionally, it has been demonstrated that nurses' well-being can boost motivation, enhance work engagement, and ultimately enhance the standard of care. (DePuccio, Gabriel, and McClelland, 2018). Nurses' performance and adaptability are indirectly impacted by managers (Wall et al., 2016) demonstrated that nurses will find it simpler to adjust to the hospital setting if interpersonal relationships are managed more thoroughly. Coercive behaviors and the dominating perspective in the nursing profession are demonstrated by a doctor or manager toward a nurse, a nurse to a patient, a nurse to a colleague, and a patient to a nurse,

Building resilience is a crucial strategy for assisting and keeping nurses in the nursing profession, per a 2019 study by Di Fazio et al. It is the process of successfully navigating, adjusting to, and handling major stressors or traumatic events. It encompasses the ability of a person to recover from stressors by adjusting to difficult situations, preserving their

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wellness in the face of hardship, and performing well under trying conditions. (Mealer and others, 2020).

According to the study's findings, there is a statistically significant difference in psychological adaptability and successful coping between pre- and post-training, with the latter being more favorable. The methods employed in the training may have contributed to the current study's findings by giving nurses the abilities and information needed to handle challenging circumstances. Additionally, it improves their capacity for coping, which results in improved psychological adaption. In order to better manage difficult situations, nurses in the training program learn and practice a variety of coping mechanisms, including cognitive restructuring, relaxation techniques, time management skills, and problem-solving procedures.

Psychological resilience, as defined by Southwick et al. (2014), is a dynamic process that encompasses developable traits, healthy adaptation processes to trauma or challenging life circumstances, and successful coping. In addition to having a variety of personality traits that are characterized as protective factors for psychological resilience, nurses are exposed to risk or difficulty for the development of psychological resilience and succeed in various aspects of their lives by adjusting to the circumstances. The idea of psychological resilience emphasizes two fundamental elements (Sisto et al., 2019). The ability to concentrate on recuperating from stressful life events and to swiftly achieve equilibrium and recuperate so that one can return to the beginning point in a healthy manner is the first of these; sustainability is the second. According to Litwic-Kaminska et al. (2023) and Sahin-Bayindir & Buzlu (2019), sustainability is the capacity to sustain similarly healthy reactions in additional stressful situations as a result of healthy responses to stressful life events.

The study's findings showed that self-esteem (a sub-dimension of psychological adaptation) differed statistically significantly between pre- and post-training, with the difference favoring self-esteem following training. A significant increase in PMHNs' self-esteem following the training indicates that having a high sense of self-worth helps nurses become more confident and satisfied with themselves, which in turn helps them manage stress. This outcome may also be the consequence of psychiatric mental health nurses' increased confidence in their capacity to manage difficult circumstances and fulfill the demands of their jobs as a result of learning efficient stress management practices. A stronger sense of personal and professional competence as well as higher self-esteem might result from this enhanced self-efficacy. Since low self-esteem can result in attitudes of pessimism, uselessness, and feelings of scantiness, nurses who experience it typically lack fulfillment in life (Al-Sayaghi1, et al., 2023, Nordstrom, Goguen & Hiester, 2014). These views make it impossible for students to form any kind of social connections, which results in feelings of loneliness and isolation.

Furthermore, low self-esteem may be a contributing element to an existing issue, a symptom of another issue, or a problem unto itself and for other issues. Additionally, it may negatively affect a person's self-esteem and level of distress, as well as their relationships, employment, leisure activities, and self-care. Frustrated success and a lack

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of self-acceptance are the main causes of low self-esteem (Sihera, 2015). Consistent with the research conducted by Ali1, Abu Almakarem, Elnabawey, and Salama (2024) regarding the impact of a mindfulness stress management program on nurses' feelings of anxiety, anger, and self-worth. According to the study group's self-esteem, the mindfulness stress management training program saw an increase in the proportion of participants with high self-esteem. There was a notable difference between the research and control groups' post-mindfulness program self-esteem. This might be explained by the fact that the study groups were given a mindfulness program that taught them how to deal with negative emotions in a healthy way and boost their self-esteem by thinking positively and communicating clearly. This result is comparable to that of (Ali et al., 2024), who demonstrated that less than half of the students in the study had high self-esteem before the program and rose after it. This finding, however, is comparable to that of Mohammed et al. (2022), who demonstrated that the self-esteem of less than half of the students under study was moderate before the program and rose after it. These findings are consistent with those of Esmaeil-Nezhad et al. (2019), who discovered a significant increase in the research group's self-esteem score between the pre- and post-tests. However, the control group showed a little increase between the pre- and post-tests. Consequently, there are statistically significant differences between the study and control groups in terms of the self-esteem levels. The current study's findings contradict those of Laundy, Friberg, Osika, and Chen (2021), who discovered no statistically significant changes in the study and control groups' self-esteem levels.

According to the current study, stress management programs give nurses a range of skills training in handling and managing obstacles and challenging situations. This enhances their interpersonal skills, lowers their anxiety and fear, boosts their confidence and self-efficacy, and has a positive effect on their self-esteem. More self-efficacy and confidence in their professional skills can be fostered by the training. Additionally, it improves their coping mechanisms and stress management skills. In Turkey (2021), a 14-session hybrid assertiveness training program that was 35% in-person and 65% online resulted in a statistically significant increase in self-esteem and assertiveness (Ayhan, Seki Öz, 2021).

Furthermore, the F-test's level of significance (Wilks' Lambda) is less than 0.05 (Sig. < 0.05), suggesting that the training and study groups (control and experimental) interact. Although psychiatric mental nurses are essential in reducing the suffering of psychiatric patients, they frequently encounter stressful situations at work that affect their wellbeing and sense of self (Kelly, Fenwick, Brekke, & Novaco, 2016). Nurses' psychological adjustment and performance are related (Needham, Abderhalden, Halfens, Fischer, & Dassen, 2005). Therefore, research on nurses' adjustment needs to be a top priority in order to minimize burnout and guarantee high-quality patient care (Jackson, Clare, & Mannix, 2002). According to theoretical models, if highly stressful situations are perceived as having a significant impact on self-understanding, they may raise the risk of PTSD, anxiety, depression, and other mental health issues (Gehrt, Berntsen, Hoyle, & Rubin, 2018). Pre-training and post-training family adaptation (a sub-dimension of the psychological adaptation scale) differed statistically significantly, according to the study's findings. This difference favors family adaption following training, which may be because

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the rigorous nature of psychiatric nursing might make it challenging to strike a balance between work and home duties, which can affect their family's pre-training adaption and result in less quality time and more stress for the whole family. While providing care for patients, psychiatric nurses must continuously control their own emotions, which can result in emotional depletion and even compassion fatigue. The current study demonstrated that stress management training enhanced the self-esteem and role flexibility of psychiatric nurses. An effective intervention strategy to help nurses become more self-assured and adaptive to their roles is to provide them advice on how to take care of them. It has been shown that nurses are more concerned about work conflicting with their personal lives than they are with work conflicting with personnel life (Jacobsen et al., 2014). Family conflict has a number of detrimental effects. According to one study, 11% of nurses have chronic family interference with work, and 50% of nurses experience chronic work interference with family (Zhang, Punnett, Nannini, 2016). Previous research has shown a favorable correlation between WFC and depressed symptoms (Zhang, Duffy, De Castillero, 2017).

Stress can cause impatience, communication problems, and retreat from family members, which can damage relationships with spouses, kids, and other relatives, according to Zhang et al. (2023). It might be difficult for nurses who suffer from anxiety or depression to remain emotionally present and attentive to the needs of their families. It has an impact on the home environment and creates a bad mood for family members. A stress management program may equip nurses with the fundamental knowledge and abilities needed to manage stress, improving their capacity to deal with difficult circumstances with competence and assurance. It promotes mental clarity and lowers anxiety by assisting nurses in becoming more conscious of and accepting of their thoughts and feelings. Nurses can better manage stress and encourage improved family adaptability by cultivating resilience, which includes healthy coping mechanisms and strong social support.

Stress management training has been shown to be a successful method of giving a wide range of nurses the skills they need to deal with work/life conflicts (Pahlevani, Ebrahimi, Radmehr, Amini, & Yazdani, 2015). Moreover, stress management programs are founded on the idea that although stressful situations in a person's life and profession cannot always be avoided, their unhelpful perspective and response to them can. In addition to increasing their job performance, nurses who are equipped with the skills necessary to identify and manage stress, anxiety, and depression are less likely to experience stress-related disorders and subjective sensations of tension or pressure.

There is a statistically significant difference in public health between nurses who participated in the pre-training and post-stress management training program. The results indicate that the total mean of public health after the training is higher than the total mean of public health before the training, suggesting that there is an interaction between the study groups (experimental and control). This could be because the training taught nurses about stress, anxiety, and depression and how to manage them. Their public health, psychological well-being, family relationships, and professional experience can all be

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improved by this program. Additionally, assist in improving work satisfaction and lowering their levels of anxiety and sadness. The study's findings demonstrated a statistically significant difference in confrontation effectiveness between pre- and post-training, favoring confrontation effectiveness following training. This may be because nurses who receive stress management training are far more equipped to handle difficult situations at work. The program trains and equips nurses with techniques to control and lessen anger, improve psychological well-being, and improve coping mechanisms and stress management techniques. Improved communication, problem-solving, and conflict-resolution abilities can follow, which can foster a more cooperative and effective work atmosphere. By learning stress-reduction strategies, nurses can better control their emotional reactions in conflict situations, which promote more productive dialogue and problem-solving.

Since psychiatric nurses spend the majority of their time talking with patients, it was determined that effective communication skills were the most crucial component of the interventions in empowering them. It contributes to the development of a nurse-patient relationship and mutual understanding (Alshammari, Duff & Guilhermino 2019:2; Yao et al. 2021). According to a study by Ghazavi, Lohrasbi, and Mehrabi (2010), nurses with better communication skills saw a successful reduction in stress that lasted for a month following the training. Additionally, when a communication-based group intervention was put into place, research participants were improving their communication skills (Baby, Gale & Swain 2019). (Tolli, Partanen, Kantio, & Haggma-Latila, 2017) In addition, a review by (Tolli, Partanen, demonstrated that training treatments had a higher chance of improving staff members' communication skills and boosting their confidence in handling violent situations.

The current study's findings demonstrated a statistically significant difference in social inclusion between pre- and post-training, with the difference favoring social inclusion following training. The total mean of social inclusion following training is higher than the total mean of social inclusion prior to training. Nurses' social inclusion may be improved by training programs, which is crucial for their security, dignity, and chance to live better lives. It addresses any social exclusion that nurses face on a daily basis and helps them feel appreciated and connected inside the hospital. This outcome might be the consequence of a training program that incorporates a range of behavioral exercises, knowledge, and abilities that have a beneficial effect on social inclusion. This outcome might be the consequence of a training program that incorporates a range of behavioral exercises, knowledge, and abilities that might enhance nurses' social inclusion. It facilitates nurses' constructive interactions with patients and coworkers. Additionally, it fosters a more welcoming atmosphere and enhances their communication abilities. Better teamwork, more job satisfaction, and higher-quality care are all possible outcomes of this, and they all help to create a more welcoming and upbeat environment for nurses. Programs for stress management training can significantly improve nurses' social integration, creating a happier, more fulfilling, and productive workplace. This kind of training can encourage nurses to ask for help from friends, family, and coworkers, which fosters a sense of community and lessens feelings of loneliness. Both physical and

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mental strain can be successfully reduced with methods like progressive muscle relaxation and deep breathing exercises. By addressing the root causes of stress and providing practical tools for managing it, stress management training programs can significantly enhance social integration among nurses, resulting in a more positive, and productive and satisfying work environment.

Training in stress management helps improve nurses' critical thinking and decision-making skills, which are essential for handling problems in high-pressure healthcare settings. Particular Methods in Stress Management Training: This outcome might be the consequence of a training program that incorporates a range of behavioral exercises, knowledge, and abilities that might enhance nurses' social inclusion. Nurses who experience less stress are better able to interact with patients and coworkers in a constructive way. Additionally, it enhances communication skills and creates a more welcoming atmosphere. Better teamwork, more job satisfaction, and higher-quality care are all possible outcomes of this, and they all help to create a more welcoming and upbeat environment for nurses.

Among the things in our program were Psychiatric nurses who receive problem-solving skills training are more equipped to meet patient requirements, communicate more effectively, and create a more encouraging atmosphere, all of which have a beneficial effect on social inclusion. Both nurses and their patients may benefit from this training in terms of better patient outcomes, boosted self-esteem, and enhanced coping mechanisms. These results can be explained by the fact that training in problem-solving skills gives nurses the confidence to use their current skills and resources during the process of transformation, which instills hope. By giving nurses the freedom to design and develop their own solutions, the program increases their sense of autonomy and self-efficacy. The ability of problem-solving skills training to inspire clients by fostering a sense of self-efficacy and autonomy in coming up with and organizing answers is perhaps what makes it so successful.

A study on the impact of problem-solving skills development training on nursing students' resilience, perceived stress, and self-efficacy was conducted by Ümit Şenocak and Demirkıran in 2023. A controlled, randomized experiment Their research found that nurses who received issue-solving skills training based on a social problem-solving model had higher levels of resilience, self-efficacy, and social problem solving as well as lower levels of perceived stress. In order to effectively manage their emotional needs, show off their professional competencies, enhance their well-being, acquire useful coping mechanisms, and assist patients in maintaining their best possible health, nurses must possess resilience (Park et al., 2019, Li and Hasson, 2020, Walsh, Owen, Mustafa, Beech., 2020). As nurses become more resilient, their psychological health and general well-being improve, they are able to form stronger professional relationships, and their quality of life and job satisfaction rise (Delgado et al., 2017; Li and Hasson, 2020). These findings are consistent with a number of studies that examined the effects of stress management training and psychosocial interventions on the mental health and well-being of nurses employed in psychiatric settings (Brady et al. 2012; Guay, Goncalves, & Boyer

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2016; Sailaxmi & Lalitha 2015) and found that these interventions had a positive effect. Numerous programs that offer short-term, time-limited therapies targeted at enhancing psychological well-being have demonstrated the effectiveness of mindfulness-based stress reduction techniques. Nursing staff reported that a structured yoga program consisting of 20 sessions spread over 12 weeks improved their quality of life and reduced stress (Mandal et al. 2021). Research has demonstrated that mindfulness-based stress reduction programs can lower anxiety and depression levels (Yang, Tang, & Zhou 2018) as well as psychiatric nurses' perceptions of stress and burnout (Edwards 2015). Research on the efficacy of stress management training programs designed to enhance nurses' psychological health revealed that the interventions improved nurses' coping mechanisms (Alkhawaldeh et al. 2019; Pahlevani et al. 2015). The current study's findings showed that existential spiritual well-being differed statistically significantly between pre-training and post-training, with the difference favoring existential spiritual well-being following the training. Along with the F-test's significance level (Wilks' Lambda) being less than 0.05 (Sig. < 0.05), this suggests that there is an interaction between the training and the study groups (experimental and control).

This means that the training's impact on the control and experimental groups is not equal, with the experimental group's mean existential spiritual well-being following training being higher than the control groups. Psychiatric mental health nurses deal with a range of stressful situations and draining stimuli on a regular basis. They may use spiritual or religious coping mechanisms to lessen the harmful effects of work-related stress. As a result, spirituality could be a useful coping mechanism in stressful situations. A stronger feeling of meaning, purpose, and wellbeing can be attained through spirituality, which may lessen the detrimental effects of stress on mental health. Approximately 50% of nurses who work in mental wards report feeling overly stressed and emotionally exhausted, according to the findings of multiple research (Hannigan, Edwards, 2000). Research indicates that stress not only poses a health danger to nurses but also significantly affects their capacity to cope with it (Sutherland, Cooper, 2007). Thus, stress management programs are likely to help nurses feel better, which will help them maintain and improve the quality of care they provide.

Similarly, McFarland says that methods including humor, good feedback from managers, collaboration coping, recreational activities, and taking part in stress management programs have helped nurses and doctors feel less stressed (MacFarlane, Duff, Bailey, 2004). AbuAlRub (2004). According to Douglas et al., nurses employ relaxation techniques, socializing with friends and family, and leisure activities to deal with stress. Research indicates that spirituality and religious views have a significant impact on people's mental and physical health. They are thought to be a typical way to solve issues (Mahbobi, Etemadi, Khorasani, Ghiasi, 2012). Spiritual workplace programs can result in positive effects like more enjoyment, relaxation, job satisfaction, commitment, and productivity, according to the findings of a study by Hill, Dik, and Dik (2012). Healthcare workers' stress and burnout are also lessened by spiritual therapies.Spiritual training programs have been shown to improve people's mental states, with one of the signs being a reduction in stress (Hill, Dik, Dik, 2012; Moritz, Kelly, Xu, Toews, Rickhi, 2011). As

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stated by Rahim, Nouhi, and Nakhaee (2013). In addition to having a beneficial impact on enhancing mental health and lowering mental diseases, spiritual wellness is essential for managing stress. This is due to the fact that spiritual and religious beliefs boost self-confidence and self-control and are strongly linked to mental health symptoms like anxiety and depression. Spirituality generally has a significant impact on people's physical and emotional well-being. It is considered a common way to deal with problems

Numerous healthcare facilities have put in place stress management programs to try to lessen the negative impacts of tension, worry, and a lack of adaptability on nursing staff and patient results (Kelly, 2020). Time management, problem solving, and relaxation techniques are just a few of the strategies that are commonly included in the current study program to assist nurses deal with the demands of their jobs. The idea is that nurses' well-being may be improved by giving them efficient stress-reduction techniques, which will increase their job satisfaction and improve patient care.

CONCLUSION

Insightful findings from a study on the efficacy of stress management training for nurses working in psychiatric wards highlight the need of these kinds of treatments in high-stress medical settings. The results show that the stress management program greatly improves psychological adaptability, effective coping, and all other sub-dimensions among nurses. Psychiatric nurses who complete the training program get useful skills like time management, problem-solving approaches, and relaxation techniques to effectively manage stress. According to this study, regular stress management training can improve the mental health of Saudi Arabian psychiatric nurses, who work in some of the most emotionally and physically challenging healthcare environments. The exercise regimen improved psychological flexibility. These enhancements showed notable increases in nurses' resilience and effective coping skills to manage psychiatric care, and they were statistically significant and clinically meaningful.

Recommendations

Programs must be created to teach psychiatric nurses how to manage work-related pressures and their consequences, as well as to improve their coping and problem-solving skills.

- It is highly advised that stress management instruction be incorporated into the curricula of all health-related psychiatric nursing programs.

Psychological support groups and problem-solving techniques training may be useful in helping psychiatric mental health nurses cope. Interventions should be implemented to promote both physical and mental wellbeing. In order to improve mental health resilience and lessen the detrimental effects of depression symptoms among nurses, indicated interventions to improve social support networks, psychological well-being, and occupational factors are required. The elements and determinants influencing PMHNs' ability to cope and adapt in the workplace require more research.

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