Original Research Article

Difficulties Experienced by Psychiatric Nursing in Mental Health Hospitals and Clinics and Their Relationship to Performance Improvement

Eisa Turqi Ghanem Aldhafeeri[1*], Saadoun Tarqi Ghanem Aldhafeeri[1], Hani Tarqi Ghanem Aldhafeeri[1], Mutar Awaid Asaim Aldhafeeri[1], Ghanim Turki Ghanem Aldhafeeri[1], Shalan Radi Shalan Aldhafeery[1]

[1]Ministry of Health in Hafer AL Batin, KSA

*Corresponding author: Eisa Turqi Ghanem Aldhafeeri
Ministry of Health in Hafer AL Batin, KSA

Abstract

Nurses in the kingdom of Saudi Arabia work in a significantly challenging work environment. This research explored difficulties experienced by psychiatric nursing in mental health hospitals and clinics and their relationship to performance improvement. The study followed the correlation, the descriptive design, the study sample was randomly selected (201) participants from the psychiatric hospitals in Saudi Arabia – Hafar Al –Batan. The researcher used two questionnaires to answer the study questions and achieve their objectives. The first one is the Nurses Work Functioning Questionnaire (NWFQ) it consists of fifty items self-reported survey it contains seven subscale to measure the obstacle arises in work due to common mental illness. The other questionnaire is to measure difficulties and problems it consists of nine items and the scoring system is a five-scale point. Data were analyzed using SPSS 26 version. Results showed that 56% were males while 44% were females. The large percentage according to age was 47.8% to the range age group from 20-29. Then the age group from 30–39 with total number 42 and percentage 20.2%. regarding study sample years of experience, the high percentage was from 5 years- 7 years with 57%. Also , showed that nurses faced a lot of difficulties such as depression, stress and anxiety during their work shift. These symptoms can adversely affect work performance and care quality. But in the current research in general, the results indicate that there is no statistically significant relationship between the overall degree of the mental health scale and the professional performance scale.

Keywords: Nurses, Mental Health, KSA.

INTRODUCTION

Background

All organizations are keen to carry out their work and various activities with a high level of efficiency and effectiveness. One of the most important variables affecting this competence is the employee undergoing performance evaluation. Employee performance assessment is an important and complex process and is one of the most important administrative processes whose impact extends beyond the scope of the individuals under evaluation to cover all the work of the organization (Aqili, 2016, P62).

Mental health nursing is a set of nursing services that are offered to the mental patient. It includes psychotherapy, building therapy, therapeutic behavior, and management of psychotherapy. Nurses work in a variety of hospitals and communities in the mental health sector. People usually need to be hospitalized, obligatory if they are in crisis, they pose a threat to themselves or others directly. However, people may get intensive treatment or rest. Despite changes in mental health policy in many countries that closed psychiatric hospitals, many nurses continue to work in hospitals although the length of stay has decreased significantly.

Mental health nursing is a set of nursing services provided by the nurse to the psychiatric patient, which benefit and help him/her to better compatibility with himself and his environment with good attention to his physical, psychological, and social needs to make him/her accept themselves and others around him. Therefore, psychiatric nursing is more difficult than regular nursing because it requires a lot of effort and time of nurses, nurses in this branch must receive special training in psychotherapy methods and techniques, learn how to build a therapeutic alliance,

deal with difficult patients behaviors, and manage of psychiatric medication and drugs. A mental health nurse must have at least a bachelor's degree in the nursing profession to become a registered nurse and a specialist in mental health.

There are many difficulties faced by psychiatric nursing in mental health hospitals and clinics and their relationship to performance improvement, in this research I will identify these difficulties and discover how to overcome them.

Aims of the study
The nursing profession in mental health practice is a difficult and arduous task, especially for nurses (Mullen 2009). Working nurses who care for patients in the psychiatric unit's environment are too crowded and stressful and face the challenge of having to deal with patients who are suffering from mental and complex mental health problems (McKinlay 2009). This study aims to explore the difficulties facing psychiatric nursing in hospitals, clinics, and mental health and their relationship to improve performance.

Objectives of the study
The objective of this study as following:
- Describe the difficulties experienced by psychiatric nursing in mental health hospitals and clinics.
- Describe the relationship between the difficulties experienced by psychiatric nursing in mental health hospitals and clinics and their relationship to performance improvement.
- Describe the ways to improve the performance of nurses in mental health hospitals.

Study Significance
Effective mental health care requires a high performance thus the importance of this study is evidenced by the importance of the topic you are discussing, namely the difficulties faced by psychiatric nursing in mental health hospitals and clinics and their relationship to improving performance. Depression, stress, and anxiety are famous mental health disorders that can affect the working environment and the nurses. With all these obstacles nurses must be awarded not only financially. This research focuses on nursing attractants for mental health hospitals, such as allowances and benefits (vacations). In addition to the importance of a training program for nurses. Finally changing from the mental health roles that when the patient escapes, the responsibility rests with the nursing without regard to the actual causes of escape. This research focuses mainly on the improvement of the work performance of nurses who directly interact with mentally health disordered people in the kingdom of Saudi Arabia.

Questions of the study
1. What are the difficulties nurses face in mental health hospitals?
2. What are the ways to improve the performance of nurses in mental health hospitals?
3. What is the impact of the difficulties faced by nurses in mental health hospitals on the performance of nurses?

Definition of Terms
For the importance of conducting this study, we will define some terms as follow:

Psychiatric Nursing: this term referred to the healthcare provided once the crisis pass and the person appears to calm down, the process changes to healing and returning the person to his meaningful life in his/her community

A Mental Health patient is "a person receiving care, treatment and rehabilitation services or using a health service at a health establishment aimed at enhancing the mental health status of the user"

Performance Improvement: it is the continuous study and development of the processes of providing healthcare services to meet the needs of patients and others.

Literature Review and Framework
Literature reviews
The literature on nursing working in mental health consists of the difficulties the nurse may face, the impact of those difficulties on the nurse performance, finally how to improve this effect. A limited number of studies were conducted on the support/guidance of the mental health work environment.

According to Keeney (2011), the workforce environment such as patient/staff assault can affect interpersonal character negatively. A large study sample showed that patients are one of the factors to know whether the nurses in a specific area are of a high level of self-efficiency and have better performance shows in care management. Therefore, it is appropriate to understand this aspect for further improvement of healthcare services.

Another study conducted by Fleury et al (2017) focused on the relations between mental health team characteristics and work role performance. The results showed that staff nurse level of productivity and nurse efficacy, which affects the performance skill of the nursing staff. Thus, the staff nurse must be provided with high levels of productivity and efficacy to coop them with the proper attitude and right knowledge for them to perform better.

In 2018, another study was conducted by Perrine *et al.*, to determine the challenge of psychiatric nurses at inpatient psychiatric facilities and its implications for nursing education which the challenges were to be rated by the participants, nurses. The study

results showed that the most common problem faced by psychiatric nursing practice was that "mental health care users deny mental illness" and the challenges associated with exposure to patients' unpredictable behavior. Of significance was that nurses were also exposed to increased levels of aggression and violence. mental health nurses experiencing anger and frustration, and also higher levels of stress. While psychiatric nurses have indicated that they have been properly trained to deal with mental health patients.

Zarea *et al.*, (2017) in their study aims to investigate the obstacles nurses faced while working in acute mental health clinics. a qualitative research design was. Around 15 nurses working in a mental health ward in university hospitals in an urban area of Iran were chosen using purposive sampling techniques. The study tool was semi-structured interviews for data collection. The researcher used inductive content analysis methods to analyze the collected data. Four themes were developed based on the analyzed data: "experiencing psycho-social challenges," "experiencing psychological challenges," "encountering catalysts causing challenges," and "employing various strategies for coping with challenges." Given the importance of the physical and mental well-being of nurses and the moral and professional responsibility of an organization to protect staff health, it is of prime importance to examine the inpatient psychiatric nurses' experiences to better understand them and hopefully use such knowledge to improve their work life.

Hanrahan *et al.*, (2010) made a study to evaluate the influence to which the organizational factors of the inpatient psychiatric setting are correlated with the burnout of the psychiatric nurse. Organizational variables have been assessed by an instrument approved by the National Quality Forum. Robust clustered regression analysis was used to analyze the association between organizational variables in 67 hospitals and burnout levels in 353 psychiatric nurses. Lower levels of psychiatric nurse burnout were significantly correlated with inpatient settings that had a greater overall quality of work conditions, more efficient supervisors, good nurse-physicist relationships, and higher ratios of psychiatric nurse-to-patient workers. These findings indicate that changes to the organizational management of inpatient psychiatric settings could have a beneficial impact on the ability of psychiatric nurses to maintain a healthy and efficient patient care environment.

Slemon *et al.*, (2017) claimed that protection is retained as the prevailing value of risk management and current psychiatric inpatient settings are the foundation of nursing healthcare. Continuous practices that are compatible with the current value are perpetuated as well as legitimized by the safety discourse, despite research that refutes their ability and effectiveness in addition to patient perspectives that demonstrate the damage. To explain this issue in the mental health care sector, the research offered four examples of the risk management techniques used in mental health inpatient settings which are: close monitoring, seclusion, door locking, and protective nursing practice. The use of these techniques shows the need to change views on protection and danger in nursing care. We recommend that, to re-center practical support and treatment for clients, nurses should provide individualized, flexible care that integrates protective measures while also fundamentally re-evaluating the risk management culture that gives rise to and legitimizes unsafe practices.

Bechet *et al.*, (2018) conduct a state-of-the-art analysis study that sums up the qualities of interference research reported between Jan 2011 and Dec 2015 in five psychological nursing journals. Of the 115 intervention trials, 23 tested strategies for mental health workers, while 92 focused on interventions to improve the well-being of clients. A review of the published intervention studies reported 92 intervention studies between 2011 and 2015, compared with 71 customers between 2006 and 2010 and 77 between 2000 and 2005. This systematic analysis found a relatively smaller number of studies from outside the USA, with a significantly higher emphasis on mental health studies relative to those performed by mental health practitioners clients; and a continued trend for testing interventions capturing more than one dimension. Though substantial progress has been made through these years, room to grow remains. With the discussion of background and significance of tracking the progress of intervention research disseminated within the specialty journals, present the study methods used, share their findings, describe the intervention domains and nature of the studies, discuss their findings, consider the implications of these studies, and conclude that continued track of psychiatric and mental health nursing intervention research is essential.

Sabella and Fay-Hillier (2014) came up with a paper that provides a brief history of mental health nursing and a discussion of the current challenges faced within the profession. It will also include how the public's perception of both those who have mental illness and those who treat it is based on the sensationalism of those who are violent, and misunderstanding of current treatments. Mental health nurses must continue to define and educate other health care professionals as well as the general public of the role of the mental health nurse and those who suffer from mental illness. Unfortunately, some of the same bias that was present in the 1930s remains today, but perhaps with perseverance and education, it will not continue.

Farmakas *et al.*, (2014) conduct a study aimed to explore mental health nurses' perceptions of their professional practice environment and examine

differences in perceptions between nurses working at institutions and those practicing in community care. The methodology used was descriptive and comparative. The sample consisted of 248 mental health nurses working within the public sector (76% response rate) drawn from a psychiatric hospital (*n* = 163) and community settings (*n* = 85). We administered the Revised Professional Practice Environment (RPPE) questionnaire. Comparisons of the two groups were made using eight subscales of the RPPE. The results indicated that mental health nurses' ratings of their practice environment were slightly positive (M = 2.69; range = 1–4). Nurses working in a psychiatric hospital perceived the professional practice environment more negatively (M = 2.66) than their colleagues in community care (M = 2.73). A *t*-test comparison revealed statistically significant differences between the two groups within subcategories of *work motivation* (P = 0.04) and *leadership and autonomy* (P = 0.03). Nurses working in the community gave higher ratings in comparison with their colleagues working in institutional settings. In conclusion, an in-depth analysis of differences in practice environments is required to define the causes of these differences and how they might influence nurses' abilities to provide quality care.

The mental health professional would be positioned to work in expert administrations with kids, youngsters and their families, Pacific emotional well-being, essential medical care, and alcohol and other drugs. Their job could likewise incorporate work with bunches with complex necessities that require serious consideration coordination to keep up their recuperation (for instance, marginal character issue or double finding) or those with suffering dysfunctional behavior, (for example, drug safe psychosis) who might profit by mental intercessions not regularly offered in most of the standard administrations. The psychological well-being attendant professional would likewise be unmistakably positioned to work across the essential, optional, and tertiary wellbeing areas and give care that accentuates early intercession, emotional well-being advancement, and deterrent methodologies (Barker 2000).

The success and progress of any institution is due to the quantity and quality of the performance of its employees, and from here many institutions resorted to developing quality development programs and internal education departments during the service and spent a large amount of money on them to raise the level of performance so that it can compete with other institutions, and given the importance of professional performance as a criterion for the success of the institution So, a concept will be discussed in depth that defines performance evaluation as the process of issuing a judgment on the performance and behavior of workers in the work, and the ruling will result in decisions related to retaining employees, promoting them, transferring them to another work inside or outside the organization, or downloading their financial

rank or Ribem and development sees both Pennekton and Edward (2000).

Edward that evaluation is a motivational process that works to form learning experiences that motivate workers to develop themselves and improve their performance. It is clear from the above that job performance evaluation is a ruling that results in a decision to promote the employee or download his degree or training, and from here it becomes clear to the researcher the purpose of performance evaluation, which is to identify the strengths and work to strengthen them and to clarify the aspects of weakness and work to treat them through training to provide the employee with skills New, advanced experiences and modern knowledge.

The process of evaluating the performance of human resources is one of the basic and important processes for all institutions regardless of the nature of their work and its size, and it can not be dispensed in any way as long as each institution has a set of goals that seek to achieve them effectively and efficiently, and in light of the results of evaluating the performance of human resources, the institution can establish policies More objective human resources performance management ensures the best use of these resources and achieve a competitive advantage for them, and to ensure their effectiveness and efficiency in achieving the goals that were previously planned, and to identify distinguished employees and put them in the front of the officials to take a decision There are reports about their promotion or reward, as the performance evaluation provides an opportunity to help the new employee understand what his direct boss expects from him, and the evaluation measures the effectiveness of the institution's use of its human resources, and helps in measuring and evaluating the relationship between the efficiency of the individual's performance of the duties and tasks of the position he occupies and each of the behavior And the ability of the individual to perform better (Al-Salem and Saleh, 2002: 25).

Some scholars believe that performance and mental health are related to each other, and for the individual to perform his duties, he must enjoy healthy mental health free from severe disturbances that may affect in a Sabi manner his giving and his ability to accomplish the tasks required to be performed, and giving is an optional conscious act. It distinguishes the humanity of the individual from the rest of the creatures and thus determines the meaning of his humanity, as giving is one of the most important manifestations of the individual achieving his existence or achieving his humanity, and giving takes various aspects represented in a mental effort that the world exerts and gives to its students, and an effort presented by a worker faithfully (Abdul Ghaffar, 2001: 221, 229, (And the performance Good requires the individual to enjoy psychological and motivating comfort to accomplish what is required of

him in the best way and achieve success and avoid failure, and affect the behavior of the individual, making them in a state of readiness to carry out the tasks entrusted to him, as it pushes the individual to persevere in the performance of business and commitment to his work and a sense of belonging to the institution in which he works (Rabi`, 2000: 96-97. (In this regard, it can be expected that nurses who enjoy high levels of mental health and psychological compatibility will have a high level of performance and

are distinguished by a high ability to accomplish the tasks required of them properly without making mistakes, and that P Meet them friendly with co-workers and with patients and visitors alike

Conceptual Framework
This part presents the conceptual framework developed for this study. The conceptual framework help facilities nursing performance.
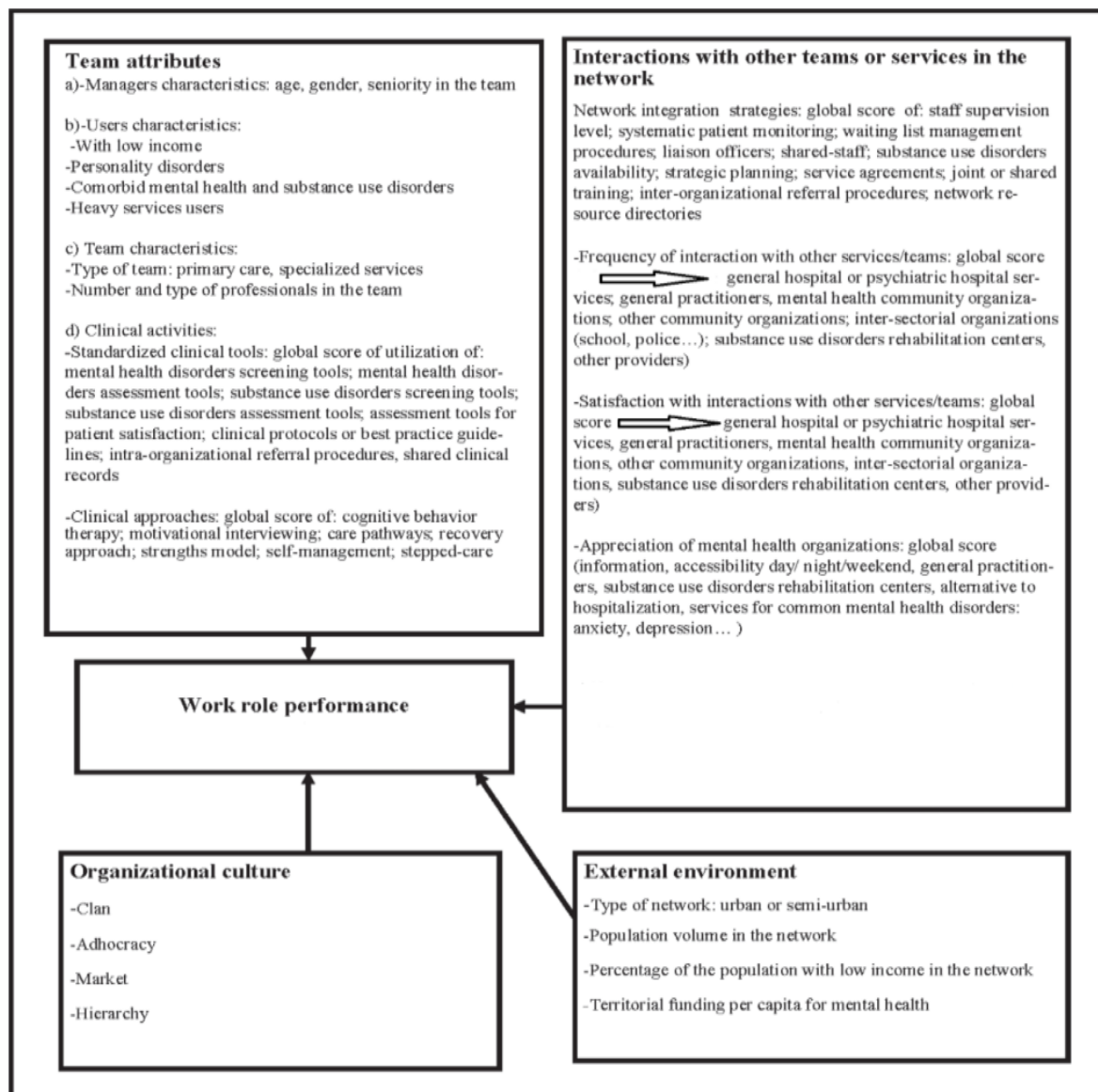
Figure 1: Conceptual framework

METHODS
This chapter presented the methods applied in this research study. The chapter starts with the research design, followed by sample selection and ending with limitations to the study.

Research Design
A correlation, the descriptive design used in this research, study sample was from the psychiatric

hospitals. Researching in Saudi Arabia – Hafar Al – Batan. The correlation descriptive design will help in comparing the study variables, which are difficulties experienced by Psychiatric Nursing in Mental Health Hospitals and Clinics (independent variables) and performance improvement (dependent variable). As well as describing the obstacles, that may face nurses in mental health hospitals and clinics on both level manager and patient.

Sample of the Study

The researcher will choose a cross-sectional study sample. The study sample consisted of 201 participants (nurses) from a Mental Health Hospital in Hafar Al-Batin, king Khaled General Hospital clinic, and Hafr Albaten Central Hospital clinic - Saudi Arabia.

Inclusion criteria

Were as follow
1. Nurses in Mental health hospital in Hafar Al-Batin, king Khaled General Hospital clinic, and Hafr Albaten Central Hospital clinic Saudi Arabia.
2. Also, both males and females can participate.
3. The nurses have at least one year of experience in mental health services.
4. Finally aged 20 years old or more.

Exclusion criteria

All nurses from a place other than the mental health hospital in Hafar Al-Batin, king Khaled General Hospital clinic, and Hafr Albaten Central Hospital clinic - Saudi Arabia is excluded.

Sample size

Sample size calculated according to Steve Thompson formula (2012):

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

Where,

n = sample size?
N = population size
Z= confidence level at 95% (1.96)
d=Error proporation (0.05)
p=probability (50%)

The study population was 500 employees and nurses who work at the Mental health hospital in Hafar Al-Batin. Regarding king Khaled General Hospital clinic and Hafr Albaten Central Hospital clinic, the number of nurses in both clinics is 80 nurses And after calculation study sample was 217 according to Steve Thompson participants only 201 participants answered the questionnaires.

Research Instruments

The research instrument was an online questionnaire. The advantage of using questionnaire distribution techniques is to collect a large number of respondents that will represent the target population in a short time frame. Furthermore, the questionnaire showed the practical way of data gathering when the study was requesting delegates that were answered and participate in the study. The researcher validates all questionnaires to examine the relationship between the instructional leadership skill of nursing administrators and staff nurses' efficacy and performance.

The researcher used two questionnaires to answer the study questions and achieve their objectives. The first one is the Nurses Work Functioning Questionnaire (NWFQ) it consists of fifty items self-reported survey it contains seven subscale to measure the obstacle arises in work due to common mental illness.

The seven subscales were:
1. Task achievement and general incidents
2. Decision-making problems.
3. Work incidence.
4. Avoidance behavior
5. Annoyances and conflicts with colleagues
6. Problems in contact with patients' families and patients themselves.
7. Lack of energy and motivation

With a five scale scoring system as shown in Fig (2):

Five point scale	Verbal interpretation
5	Always
4	Often
3	Sometimes
2	Seldom
1	Never

Figure 2: Five-point scale

Questionnaire validity

Discriminative validity was good in all subscales, based on significant differences between subjects with and without mental health complaints($p<0.001$–$p=0.003$). The other questionnaire is to measure difficulties and problems it consists of nine items and the scoring system is a five-scale point as shown in Fig 2.

Data Collection

The process of data collection was as follow:

Preparation phase:

The questionnaire was used to answer the study questions and achieve its objectives by distributing the questionnaire to the study sample to know their opinions about the difficulties they face during their work and identify the appropriate solutions using the statistical analysis program Statistical package for social sciences (SPSS) version 26.

Second phase

All participants completed the survey questionnaires. The researcher was responsible for the distribution and collection of online questionnaires. The researcher presented to provide any necessary assistance and follow the answered online questionnaires. The questionnaires were to be designed and distributed via emails, WhatsApp groups. The participants need only mark their answers using smartphones or laptops, which was provided to all of them.

Final phase

At the end of each day, the researcher checked the completed questionnaires; the data then exported automatically to the SPSS excel sheet. The data files coded, backed up, and password protected. The laptop was protected with a password only the researcher had access to open it.

Data Analysis

The data reduced, analyzed using the statistical software SPSS 26 version. The researcher carried a descriptive statistic include percentage, frequency, standard deviation, and means.

Ethical Consideration

In this study, the researcher followed all the ethical considerations stated by Maajma University. It started to establish a study sample of trust. All the information related to the study sample was confidentially secure. Besides, all the information collected used for the research was proposed only. The IRP has been attached.

Limitation of the Study

During the research, the researchers faced many obstacles and limitation such as:

- Lacking sufficient time to finish the research.
- Not all participants answer the questionnaire.
- The answer accuracy is not appropriate.
- Limited place as it was conducted in one region in the kingdom of Saudi Arabia, which means we cannot generalize the study results globally.

This chapter includes a presentation of the study results to know the extent of the study hypotheses, and the researcher used to process the data test (T), the Pearson correlation coefficient of scores for the Scheffe comparisons and the raw ANOVA chef test, and the multiple mono-variance analysis test.

Demographic Data

Table 1: Demographic data distribution

Variables	Frequency	Percentage
Age		
< 20	30	14.3%
20–29	100	47.8%
30–39	42	20.2%
40–49	15	7.1%
50–59	17	8.2%
≥60	5	2.4 %
Gender		
Male	109	56%
Female	92	44%
Year of experience		
More than 1 year	50	23%
5 years- 7 years	120	57%
More than 7 years	39	20%

According to a Table (1) which showed the demographic data, 56% were males while 44% were females. The large percentage according to age was 47.8% to the range age group from 20-29. Then the age group from 30–39 with total number 42 and percentage 20.2%. regarding study sample years of experience, the high percentage was from 5 years- 7 years with 57%.

Difficulties face nurses in mental health hospital Questionnaire descriptive statistics

Table 2: Difficulties face nurses in mental health hospital Questionnaire descriptive statistics

Statement	Always	Often	Sometimes	Seldom	Never
I have a Headache all the time	26	25	20	30	100
I suffer from insomnia	21	20	30	20	110
I suffer from workplace violence from patients and their families	6	5	15	15	160
I suffer from Severe tiredness	1	30	40	10	120
I suffer from Anxiety	11	20	15	25	130
I suffer from Depression	5	13	17	11	155
Worrying keeping me awake at night	8	7	20	6	160
I suffer from psychological effect after mixing with patients with delusions	17	13	20	21	130
Long working hours affect my performance	1	7	3	20	170
Total	201				

**Table 3: Personal dimension and work performance relationship**

Dimensions of the professional performance scale	Average score	Standard deviation	Relative weight	Average score	Standard deviation	Relative weight
Work and production	44.0459	1.9070	88.35	44.3370	1.3610	88.67
Matching	13.7982	0.8796	91.89	13.8478	0.8762	92.22
Personal behavior	13.5963	0.8511	90.55	13.7609	0.8691	91.64
Self-characteristics	16.1927	1.1901	80.96	16.4890	1.2140	80.48
Overall score	87.6330	3.7753	87.63	88.0652	3.2910	88.06

There is no statistically significant relationship between the personal dimension, work, and production, and this indicates that carrying out the professional tasks required by the nurse and the amount of production required to produce is not related to the personality of the nurse, but there are professional controls that oblige each nurse to do what is required of him.
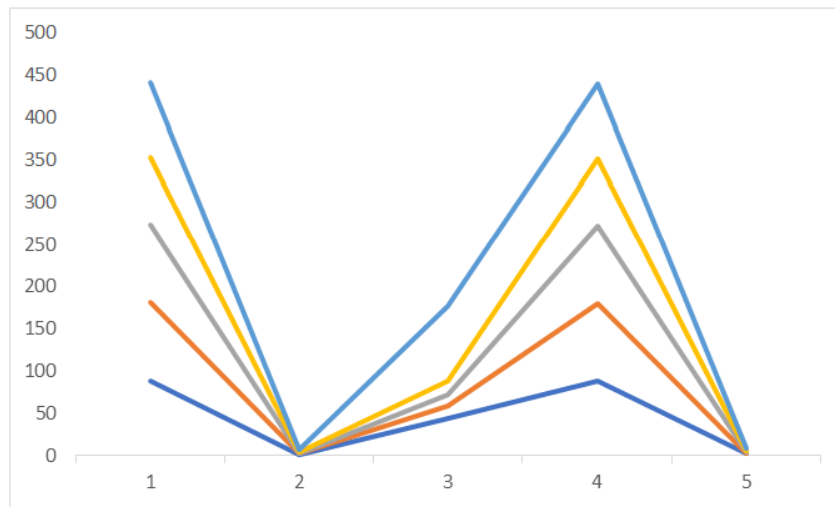
Figure 3: Personal dimension and work performance relationship
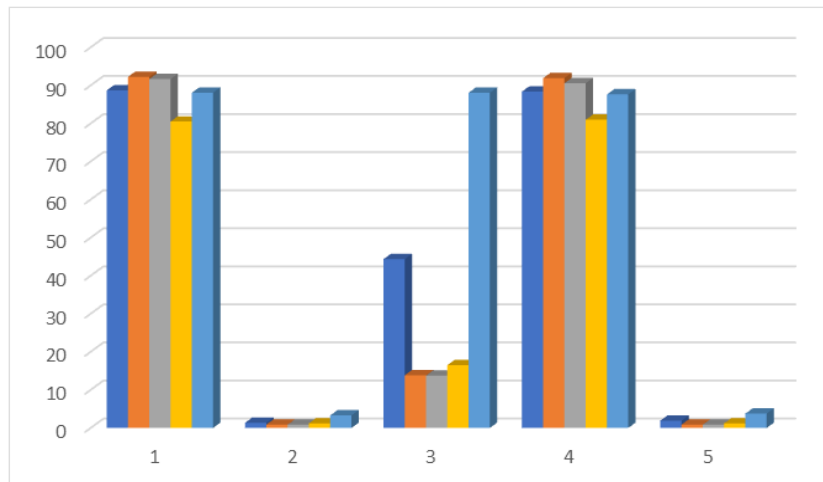
Figure 4: Relation between professional dimension and self-characteristic

There is no statistically significant relationship between personal dimension and attendance, and this indicates that attendance and discipline in work are subject to the official labor laws that define the official working hours and therefore every employee (nurse) is obligated to implement those laws.

There is no statistically significant relationship between the personal dimension and personal behavior, and this indicates that the expected behavior of each nurse is a behavior directly related to the literature and ethics of the profession that determines the professional behavior required to be adhered to during the official work.

Table 4: Relation between mental health dimention and professional dimention

Dimensions of professional performance	Mental health dimensions				
	Personal dimension	social dimension	professional dimension	Spiritual dimension	Overall score
Work and production	0.034-	0.008 -	0.007	0.114-	0.039-
Matching	0.043	0.040	0.047	0.033-	0.046
Personal behavior	0.069-	0.120-	0.059-	0.091-	0.099-
Self characteristics	0.048	0.103	0.095	0.023	0.079
Overall score	0.006	0.017	0.054	0.081-	0.009

There is no statistically significant relationship between the personal dimension and the self-attributes, and this indicates that the individual pathogen traits required of him when dealing with patients or visitors, which are calm and responsive to patient requests and efficiently managing nursing operations that are not dependent on the nurse's personality but are related to ethics The nursing profession stresses those qualities.

There is no statistically significant relationship between the social dimension and between work and production, and this indicates that the amount of work that the nurse produces does not depend on the nurse's social status but rather is required to carry out the required nursing activities depending on the patient's health status regardless of the social relationship.

There is no statistically significant relationship between the social dimension and attendance, as the nurse is required to adhere to the official working hours determined by the labor law and which determines the nurse's relationship with the institution in which he works.

There is no statistically significant relationship between the social dimension and the personal behavior of the nurse, and this can be explained by the fact that the nurse's behavior during formal work is regulated and determined by labor laws and the ethics of the nursing profession.

There is no statistically significant relationship between the social dimension and the subjective traits, and this can be explained by the fact that the traits that are required in the pathogen are not subject to social

factors but are subject to purely professional and human factors.

There is no statistically significant relationship between the professional dimension, work, and production, and this can be explained by the fact that the work is done by the nurse beside it is a formal work, it is also a human dimension, and therefore the nature of the nurse's human work pushes him to do the required work regardless of the requirements that have a professional dimension as well.

There is no statistically significant relationship between professional dimension and attendance, and this can be explained by the commitment and discipline in the work required of each nurse as the nurse deals directly with human life, and any delay or laziness may have irreversible consequences.

There is no statistically significant relationship between the professional dimension and personal behavior, and this can be explained by the fact that the professional requirements to be fulfilled are not subject to individual mood behaviors but are directly related to the roles that the nurse must take during nursing care operations.

There is no statistically significant relationship between the professional dimension and the self characteristics, and this can be explained by the fact that the nurse has professional duties towards the patients that he is required to perform and it has a holistic dimension and is not subject to the nurse's self-characteristics.

Table 5: ANOVA test to show the relation between professional dimension and self-characteristic

Mental health dimensions	Gender	Frequency	Average	Standard deviation	value of (t)	Significance P value
Personal dimension	Male	109	81.7399	11.5443	3.482	*0.000
	Females	92	75.5978	13.4410		
The social dimension	Male	109	33.6881	3.1760	3.733	*0.000
	Females	92	31.8478	3.8142		
The professional dimension	Male	109	24.9266	3.8914	0.399-	//
	Females	92	25.1304	3.2386		
Spiritual dimension	Male	109	34.4312	2.6083	0.230	//
	Females	92	34.3587	1.6547		
Overall score	Male	109	174.7798	17.1039	3.245	*0.000
	Females	92	166.9348	17.0415		

There is no statistically significant relationship between the spiritual dimension, work, and production, and it can be explained that adherence to the religious teachings stipulated in our true Islamic religion is a legal duty for every Muslim, regardless of the nature of the work performed by the individual.

There is no statistically significant relationship between spiritual dimension and attendance, and it can be explained that perseverance in official work is an indication of the employee's discipline and is not subject to a religious dimension as non-Muslims from the east and west also persevere in their work and adhere to it.

There is no statistically significant relationship between the spiritual dimension and personal behavior, and this can be explained by the fact that the nurse's behavior during work is dictated by professional ethics and duties because nurses of different nationalities and religions all perform the same behaviors dictated to them by the nature of their profession in general.

There is no statistically significant relationship between the spiritual dimension and the self-qualities, and this can be explained by the fact that the self-qualities that must be provided in each nurse are subject to professional and human standards regardless of their religion because nurses of different religions have general characteristics that are mental readiness and fitness to work and bear responsibility and ability to Nursing Operations Management.

In general, the results indicate that there is no statistically significant relationship between the overall degree of the mental health scale and the professional performance scale, and it can be explained that the nature of the nursing profession carries with it a human dimension that requires the nurse to perform the duties required of him in a full, forgotten manner while working his concerns, the nurse, when dressed in his white garment, becomes a new person with a new personality, who adheres to the ethics of the profession and performs his human professional duty, leaving behind his back all personal, social, political and economic problems, and his main concern becomes work and ensuring patient comfort and relieving their pain and their suffering. It showed no relationship between job satisfaction and performance.

From the above, it is evident that there are differences in the levels of mental health of nurses, as the level of mental health among nurses was higher than among nurses in both the personal dimension, the social dimension, and the overall degree of the scale, while there were no differences in both the professional and spiritual dimensions, and the overall average was (For the degrees of both male and female nurses in the overall scale of the scale (170.8573 and the relative weight (85.85%)), we can say that the male and female nurses enjoy working and doing their job professionally.

With a high level of mental health, through the previous presentation of the results of the second hypothesis, it becomes evident that this hypothesis is correct. Thus, the researcher accepts the research hypothesis and rejects the zero hypotheses.

Table 6: ANOVA anlaysis

Dimensions	Source of contrast	Sum of squares	Average squares	The value of (t)	P value	Significance
The Personal dimension	Between groups	723.468	361.734			
	Inside the groups	31988.412	161.558			
	The grand total	32711.881		2.239	.01312	significant
The social dimension	Between groups	17.898	8.949			
	Inside the groups	2564.321	12.951			
	The grand total	2582.219		0.691	0.245183	Not significant
The spiritual dimension	Between groups	4.947	2.474			
	Inside the groups	2586.973	13.06			
	The grand total	2591.920		0.189	0.425142	Not significant
The professional dimension	Between groups	20.868	10.434			
	Inside the groups	963.291	4.865			
	The grand total	984.159		2.145	0.016579	significant
	Inside the groups	60422.819	305.166			
	The grand total	61092.816				

From the above ANOVA analysis, it is clear that there are no discrepancies in the level of performance of nurses in the overall degree of the scale and its sub-dimensions, and the overall average of nurses 'degrees in the total degree of the performance scale has reached (87.83) which is a high degree that shows that the performance of nurses working in government hospitals of Hafar Al-Batin mental health hospitals and clinics enjoy with a high level of professional performance.

Through the previous presentation of the results of the third hypothesis, the researcher rejects the research hypothesis and accepts the null hypothesis, which indicates that there is no variation in the levels of performance of nurses working in government hospitals.

DISCUSSION

General discussion of the study results:

The nursing profession occupies an important place in the health system in all countries, whether developed or developing so that it cannot be dispensed in all cases. The nurse is an essential component of the health team along with doctors and technicians. The nursing profession has witnessed a great development in recent years, as most universities have colleges to teach nursing sciences, and nursing education is no longer limited to diploma programs, but it makes strides forward so that the bachelor's degree has become the basis in the nursing profession and has gone beyond that to master's and doctoral programs.

Male and female nurses have great responsibilities in providing the necessary nursing care to patients and health service recipients, whether in mental health hospitals or mental care centers. The burden on nursing increases, especially in light of the current harsh conditions experienced by the Saudi Arabian people in the governorates of Hafar Al-Batin.

In these difficult circumstances, nurses must perform the tasks required of them with skill and high efficiency, and it is customary that any employee to fully carry out his duties must have a suitable work environment and be in a state of calm and psychological integrity.

This study comes in this context in an attempt to reveal the mental health levels of male and female nurses working in government hospitals and their relationship to their professional performance.

The results of the current study showed that male and female nurses enjoy high levels of mental health, where the percentage of nurses reached 87.82% and that of nurses 83.88%, which is a high and reassuring ratio that shows high abilities to adapt to the difficult conditions in which we live, and the results of this study showed a high level of performance among nurses The nurses working in government hospitals in the governorates of Hafar Al-Batin, where the level of professional performance among nurses has increased to 87.63% and the performance rate among nurses is 88.06%, despite the difficult conditions experienced by the health sector and the Ministry of Health, which is represented by the acute shortage of medicines and Medical important addition to the persistent shortage of human resources and a corresponding increase in the number of pathological cases, reluctant to hospitals as a result of the ongoing Israeli aggression against the population centers in the provinces of Hafar Al-Batin.

The results of this study showed that there is no relationship between mental health and occupational performance among nurses, which showed a relationship between job satisfaction and performance, and mental health plays an important role in the performance of workers in various occupations, which is no less dangerous or important than physical diseases.

The results of this study showed that there are no statistically significant differences in the level of mental health due to the type of department in which the nurse works (hot sections, and regular sections) and the researcher believes that nurses are exposed to many pressures at work in all departments, whether hot sections or regular departments, Professional skills and competence are required of all, just as working in hot sections has special privileges and work in regular departments also has special privileges, and therefore the type of department in which the nurse or nurse works does not necessarily lead to differences in mental health levels.

The results of this study showed that there are no statistically significant differences in mental health levels due to the number of years of experience except for the social dimension, as differences were found in favor of nurses who have 15 years of experience or more. This result indicates that male and female nurses have different years of experience with them, but that there has been no variation in their mental health levels, and the researcher believes that the individual's mental health may be affected by other factors related to the economic situation and the prevailing security conditions in the environment surrounding the individual.

RECOMMENDATIONS

In light of the results of this study, the researcher recommends the following:
1. Provide sufficient numbers of male and female nurses to enable them to carry out their duties to the fullest extent.
2. Providing scholarships in different nursing specialties to raise the efficiency of nursing.
3. Working to improve the image of nursing in society through visual and audio media.
4. Increasing the monthly income of nursing in proportion to the workload and the cost of living
5. Activating continuing education departments in hospitals.
6. Urging researchers to pay attention to the nursing segment and conduct more scientific studies to advance the nursing profession.
7. Conducting field studies to measure the quality of the professional performance of nurses and how to

work on the continuous development of performance.

8. Carrying out studies related to the community's awareness of the importance of the nursing profession and working to improve society's view towards this profession

REFERENCES

- Fleury, M. J., Grenier, G., Bamvita, J. M., & Farrand, L. (2017). Relations between mental health team characteristics and work role performance. *PloS one*, 12(10), e0185451.
- Gärtner, F. R., Nieuwenhuijsen, K., van Dijk, F. J., & Sluiter, J. K. (2012). Impaired work functioning due to common mental disorders in nurses and allied health professionals: the Nurses Work Functioning Questionnaire. *International archives of occupational and environmental health*, 85(2), 125–138. DOI:10.1007/s00420-011-0649-0
- Jack-Ide, I. O., Uys, L. R., & Middleton, L. E. (2013). Mental health care policy environment in Rivers State: experiences of mental health nurses providing mental health care services in neuro-psychiatric hospital, Port Harcourt, Nigeria. *International journal of mental health systems*, 7(1), 1-9.
- Joubert, P. D., & Bhagwan, R. (2018). An empirical study of the challenging roles of psychiatric nurses at in-patient psychiatric facilities and its implications for nursing education. *International Journal of Africa Nursing Sciences*, 9, 49-56.
- Kelly, E. L., Fenwick, K., Brekke, J. S., & Novaco, R. W. (2016). Well-being and safety among inpatient psychiatric staff: the impact of conflict, assault, and stress reactivity. *Administration and policy in mental health and mental health services research*, 43(5), 703-716.
- Novaco, R. W., Kelly, E. L., Subica, A. M., Fulginiti, A., & Brekke, J. S. (2015). A cross-sectional survey of factors related to inpatient assault of staff in a forensic psychiatric hospital. US National Library of Medicine National Institutes of Health, 5.
- Sobekwa, Z. C., & Arunachallam, S. (2015), Experiences of nurses caring for mental health care users in an acute admission unit at a psychiatric hospital in the Western Cape Province, African Online Scientific Information Systems (Pty) Ltd t/a AOSIS, 38(2).
- Coffey, M., & Hannigan, B. (2013). New roles for nurses as approved mental health professionals in England and Wales. *International Journal of Nursing Studies*, 50(10), 1423-1430.
- Coffey, M., & Hewitt, J. (2008). 'You don't talk about the voices': Voice hearers and community mental health nurses talk about responding to voice

hearing experiences. *Journal of Clinical Nursing*, 17(12), 1591-1600.
- Fleury, M. J., Grenier, G., Bamvita, J. M., & Farrand, L. (2017). Relations between mental health team characteristics and work role performance. PloS one, 12(10), e0185451.
- Gärtner, F. R., Nieuwenhuijsen, K., van Dijk, F. J., & Sluiter, J. K. (2012). Impaired work functioning due to common mental disorders in nurses and allied health professionals: the Nurses Work Functioning Questionnaire. *International archives of occupational and environmental health*, 85(2), 125–138. DOI:10.1007/s00420-011-0649-0
- Hannigan, B., & Coffey, M. (2011). Where the wicked problems are: the case of mental health. *Health policy*, 101(3), 220-227.
- Jack, I., Omi, U., Leana R., & Middleton, L. E. (2013). Mental health care policy environment in Rivers State: experiences of mental health nurses providing mental health care services in the neuro-psychiatric hospital, Port Harcourt, Nigeria. *International Journal of Mental Health Systems*. ISSN: 1752-4458.
- Joubert, P. D., & Bhagwan, R. (2018). An empirical study of the challenging roles of psychiatric nurses at in-patient psychiatric facilities and its implications for nursing education. *International Journal of Africa Nursing Sciences*, 9, 49-56.
- Kelly, E. L., Fenwick, K., Brekke, J. S., & Novaco, R. W. (2016). Well-being and safety among inpatient psychiatric staff: the impact of conflict, assault, and stress reactivity. *Administration and policy in mental health and mental health services research*, 43(5), 703-716.
- Marie, M., Hannigan, B., & Jones, A. (2016). Mental health needs and services in the West Bank, Palestine. *International journal of mental health systems*, 10(1), 1-8.
- Marie, M., Hannigan, B., & Jones, A. (2017). Resilience of nurses who work in community mental health workplaces in Palestine. *International Journal of Mental Health Nursing*, 26(4), 344-354.
- Murphy, N. (2004). An investigation into how nurses who work in community mental health centers assess the risk of violence from their clients. *J Psychiatr Ment Health Nurs*, 11, 407-413.
- Kelly, E. L., Subica, A. M., Fulginiti, A., Brekke, J. S., & Novaco, R. W. (2015). A cross-sectional survey of factors related to inpatient assault of staff in a forensic psychiatric hospital. *Journal of advanced nursing*, 71(5), 1110-1122.
- Sobekwa, Z. C., & Arunachallam, S. (2015). Experiences of nurses caring for mental health care users in an acute admission unit at a psychiatric hospital in the Western Cape Province. *Curationis*, 38(2), 1-9.