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PSYCHOLOGICAL PROBLEMS EFFECT ON CONFLICT LEVEL, ITS TYPE AND PERFORMANCE AMONG EMPLOYED NURSES IN RURAL HEALTH SETTING

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ABSTRACT

Background: Nurses play an inevitable role among health care professionals and is consider as one of the main pillars of health system. Conflicts at all levels can affect performance, their heavy workload, can leave them overworked and stressed. The demanding nature of the profession exposes nurses to a higher risk of developing negative psychological states such as depression, anxiety, and stress. **Aim**: Study aimed to (1) assess estimating psychological problems commons among employed nurses in acute and critical units at rural health care setting (2) Determining conflict levels and types among working nurses, and (3) Investigating the effect of psychological problems on conflict level, type and nurse's performance. **Methods**: A quantitative descriptive and correlation research design was used, study setting was in Fayoum General Hospital affiliated to Ministry of Health belong to Fayoum governorate, Egypt. A non-probability purposive sampling technique was used with a total number (98 nurses). The tools used for collecting data were a structured self-administrative questionnaire to assess psychological problem by Depression Anxiety Stress scale (DASS), and to assess conflict using nursing conflict scale (NCS), along with Observational Check List to investigate nurse's performance. **Results:** The study results showed that, regarding to psychological problem 60% of the study sample had severe stress, 32.62% had moderate anxiety and 43.88% had mild depression. Positive correlation between conflict and anxiety (P<0.051), conflict and stress (P<0.001), stress and all types of conflict, and depression and only disruptive conflict type (P<0.022) was found. Also, there is a positive correlation between stress and performance. **Conclusion**: The current study concluded that, psychological problems had a positive effect on conflict types and performance among employed nurses, in rural health settings. Also, a positive correlation between psychological problems and conflict types, and negative correlation between conflict and performance was found, and finally the study finding had answered the research questions **Recommendation**: It is recommended that, hospital administrators should have strategies to cope with psychological problems such as screening program to detect risk factor or early signs of stress related psychological problems and developing training programs that help nurses to improve psychological wellbeing, and performance.

Keywords: Psychological Problems; Conflict; Nurse's Performance

INTRODUCTION

Conflict is an upsetting actuality in any association as individuals make progress toward works, assets, power, lose approach, while each gathering attempt to constrain its own recognition and security, and nursing profession is generally founded on human relation and communication. There are nurses from various ages, having different aptitudes and levels of instructive planning. These distinctions connected with some compromise procedures which make a vital commitment to the successful performance of nursing professions and thus contributes towards the greatness of nursing care. Psychological stress may identify with work and different kinds of requests, which brings about conflicts and lead to physical, mental and social issues in

relationship with helpless job performance, (Khodadadi *et al.*, 2016; Ebrahim *et al.*, 2014; Mulki *et al.*, 2015).

Conflict is certain psychological, procedural and substantive dimensions and it can change structure and type by the individualized impression of the members (El-enin & Mohammed, 2017). Past investigations have endeavored to characterize the sorts of conflict nurses may experience in a hospital setting. The most commonly types of conflict involving nurses are in clinic setting. The most common kinds of contention among medical attendants may involve the emergency clinic setting regarding intrapersonal strife which happens inside one individual, interpersonal conflict which occurs between two or more individuals, intragroup conflict which happens between at least two people, intragroup conflict which happens inside one gathering, intergroup struggle which happens between at least two gatherings, serious clash which happens when at least two gatherings endeavor to arrive at a shared objective, and troublesome clash which comes about because of attempting to lessen or defeat the opponent. The last kind of conflict is normal among nurses and doctors and has been accounted for by the both professions (Zeinhom, 2015; Eleni *et al.*, 2017).

Nurses usually work in circumstances that are described by exorbitant remaining burdens, poor salaries; health risks posed by patients, presented by patients, presented to horrendous circumstances and weakened correspondence with the executives with restricted emergency clinic equipments and assets. These variables can mirror the psychological wellbeing of nurses and influence the nature of care they give to patients. Registered nurses who work in clinics are presented to changing levels of psychological pressure (Seligman & Csikszentmihalyi, 2014; Dlamini & Visser 2017). The reaction to these psychological stressors is distinctive between nurses; some of them adapt to the pressure, while others may neglect it and keep working without focusing on the outcome (Lievrouw *et al.*, 2016).

Literature reviewing uncovered that, high prevalence rate of psychological problems, turn out to be progressively perceived that nurses are influenced by symptoms of stress, depression, and anxiety and its outcomes on nursing in term of patient security, loss of control and miscommunication between medical care individuals and associations, and adversely influenced representatives' psychical conditions, inspiration and responsibility levels may lead them to helpless connections in their workers' attitudes towards not only their social lives but also their working lives (Sarafis *et al.*, 2016; Russell, 2016).

Frequent and prolonged exposure to high level stress depending on the individual's adaptation ability can cause significant maladjustment with anxiety and depression which being the general indicators to measure the status of mental health. Stress can cause several emotional and physical problems including dissatisfaction with self, a sense of failure, severe anxiety, tension, frustration and depression (Khodadadi *et al.*, 2016). With help from their administrators, nurses may turn out to be more prepared to counsel specialists such psychologists or therapists, so that, rising aggravations might be found and treated early (Saifan *et al.*, 2019).

Stress is a perceived as medical condition among nurses, worldwide, its commonness among medical caretakers differs generally somewhere in the range of 9.2% and 68%. Furthermore, work settings and the sociocultural direction of medical caretakers have been accounted for to impact limits for creating pressure across networks and nations, nursing related pressure likewise adds to truancy and high turnover rates. Focused will decrease among medical attendants and they will be aloof towards patients, in this manner expanding their mistake rates in managing therapies. The outcomes are helpless patient, helpless sickness results, and expanded expense of medical care administrations. Prescient factors, for example, work fulfillment, high remaining burdens, move work, rest aggravation, long periods of business, and conjugal status were regularly connected with these psychological problems. (Xie *et al*., 2020; Basil *et al.*, 2019; Maharaj *et al.*, 2018; Sarafis *et al.*, 2016).

High anxiety in nursing professionals is additionally accompanied with pervasiveness going from 20% in Australian birthing specialists to 32-40% in Chinese attendants, 40-46% in Iranian nurses, 44-66% in Brazilian attendants, and 22- 24% of American medical caretakers. Nervousness is a dubious and horrendous sentiment of dread, worry, portrayed by pressure or distress getting from the expectation of risk, of something obscure or unusual. An investigation among nursing experts uncovered that circumstances in the workplace can incite tension, especially, among incalculable conditions, the flimsiness or irritation of patients' ailment, absence of material, hardware and staff and connection

with patients' family members (Shajan & Nisha, 2019; Maharaj *et al.*, 2018).

Depression indications among nurses in the USA was between 35–41%, 11%–80% in Iranian nurses, 35% in Chinese nurses, 17% in Australian Birthing assistants, and 51% in Brazilian nurses, also, around 33% of French nurse's supervisors and 10% Canadian nurses. Depression is portrayed by slowing down of psychic processes, depressive and/or irritable mood, decreased energy, disinterest, apathy, concentration difficulty, negative thinking, with a loss of planning capacity and altered judgments of truth. Nurses experienced burdensome indications twice more than people's rate in different callings (Shajan & Nisha, 2019). Presenteeism is the efficiency misfortune that happens when laborers are available grinding away, however, are not working at top execution in view of medical conditions. Enlisted nurture who report presenteeism are bound to report more prescription mistakes, tolerant falls, and generally speaking less fortunate nature of care (Xie *et al.*, 2020; Basil *et al.*, 2019; Maharaj *et al.*, 2018; Sarafis *et al.*, 2016; Letvak *et al.*, 2013). Working staff may have disabled judgment, and failures to understand the situation in the work environment may create genuine word related occupational injuries (Brandford & Reed, 2016).

Significance of the Sudy

Stress level among nurses can generally range from moderate to high and few prevalence rates are approximately 40-90% (Shah, 2017; Khodadadi, 2016). In Egypt, Psychological symptoms were prevalent among nurses, 79% were depressive and 64.6% were positive for anxiety (Rania *et al.*, 2020). Psychological problems between working nurses is a new contest opposite nursing administrators at time of nurse's shortage. It was observed that, many nurses have thoughtful conflicts with patients which source several problems with hospital administrators, preventing nurses from direct contact with patients was used as a common active solution but, conflicts with colleagues arises, by close observation of these nurses' signs and symptoms of psychological problems appears. In the view of conflict is natural and pervasive phenomena, however, studying the relationship of the emerging conflict between self and other healthcare professionals is important to assess the effect of psychological problems on conflict level, type and performance among employed nurses.

Aim of the study

This study aimed to assess the effect of psychological problems on conflict levels, its type and performance among employed nurses in rural health settings through 1- estimating psychological problems commons among employed nurses in acute and critical unites at rural health care setting, 2-Determining conflict level and types among working nurses, and 3-Investigating the effect of Psychological problems on conflict level, its type and nurse's performance.

Conceptual Framework

Theory of Weick (1979) notes that singular behavior is more a function of the situation than of individual traits or role definitions, People are "loosely connected" in most organizations and have a large autonomy for action. Generally, studying conflict and stress as straight processes, Weick's concept of informative cycle's highpoints the interrelated nature of conflict and stress and the consolidated pressures conflict and stress put on people. Meanwhile, healthcare professions are among the first six most distressful conditions, workplace stress can influence healthcare professionals' physical and emotional wellbeing by diminishing their efficiency and negatively affecting their overall quality of life, and nurses' obligations as occupation stressors, which cycled into conflict with others, and are possible at the focal point of health team conflict, as the responsibility for managing patient care.

METHODOLOGY

Research Design

A quantitative descriptive and correlation research design was used to attain the aims of this study.

Research Settings

The current study was conducted in Fayoum General Hospital affiliated to Ministry of Health under Fayoum governorate (which is considered as rural area), Egypt, that includes multi-specialties as (Emergency, medical radiology, oncology, neurology, internal medicine, cardiac, obstetric, surgical, urology department) as well as intensive care units, operating theater, medical and surgical floors. This setting was selected because of the rural population consider this hospital as central and has a low level of financial cost so, nurses were stressed and overload in their shifts.

Sample

Anon probability purposive sampling technique was used with a total number of nurse's sample size (98 nurse) classified as 28 head nurses and 70 staff nurse. The sample was collected from different hospital departments distributed as (25) of staff nurses working in ICUs and (26) working in Operating Rooms, (17) working in Neonatal departments and (30) working department at Fayoum General Hospital.

Inclusion criteria as both genders nurse, no history of any psychiatric illness, had more than two years of experiences and administrative experiences. Exclusion criteria were nurses less than 20 years of age and less than two years of experience and administrative experience.

Tools of data Collection

To fulfill the aim of the current study, two tools were used First Tool: A structured self-administrative questionnaire was constructed by the researchers based on a review of literature related to the current research problem periodicals and other researches.

Part 1: Included data related to sociodemographic characteristics (age, degree of qualification, residence, years of experience, administrative experience).

Parts 2: Depression Anxiety Stress scale (DASS) originated and developed the scale by Henry & Crawford (2005), with the aim of estimating psychological problems commons among employed nurses in acute and critical units. This consists of 21 items, used to measure as following: 1- Depression (7) items numbered question's (3,5,10,13,16,17,21), Anxiety (7) items numbered question's (2,4,7,9,15,19, 20), Stress (7) items numbered question's (1,6,8, 11,12, 14,18) used four point scale (3 to 0) respectively.

Scoring System: each item is scored on normal 0-4, mild depression 5-7, moderate 7-10, severe 11-13, extreme ≥14, Anxiety items: normal 0-3, mild 4-5, moderate6-7, severe 8-9, extreme≥10, Stress items: normal0-7, mild 8-9, moderate 10-12, severe 13-16, extreme ≥17.

Parts 3: to measure nursing conflict scale (NCS), with the aim to assess the types and level of conflict experienced by nurses based on (El-Shimy, Abdel El-Megid & Mohamed, 2012; Zienhom, 2015). The scale includes 36 items were categorized into five categories of conflicts: Disruptive conflict (5 items), interpersonal conflict (7 items), intrapersonal conflict (6 items), intergroup conflict (6 items), intragroup conflict (6 items), and competitive conflict (6 items) used three-point scales (0-2): 0= no, 1=sometimes, and 2=yes with a total score of (72).

Scoring System: Calculated as: Low conflict experience level ranges from 0 to 24, moderate conflict experience level ranges from 25 to 48, and high conflict experience level ranges from 49-72). Data collections tool was written and translated into simple Arabic to suite the study sample.

Second Tool

Observational Check List: It was constructed by the researcher based on Kahya & Oral, (2018) for investigating the effect of Psychological problems on conflict level, its type and nurse's performance. It included (45) items classified as: (Professional skill (10) items, Clinical skill (7) items, communication (3) items, Problem solving (3) items, Professional ethics (3) items, Teamwork (4) items, Leadership (4) items and Contextual (11) items, used three-point scales (1-3): as (3) done, (2) not done and (1) not applicable.

Scoring system for nurses' performances through observational checklist were calculated for each item and the total scores related to nurses' practices was collected as <60% was considered satisfactory and >60% was considered unsatisfactory. It was written in English language.

Tool Validity and Reliability

Tools were judged by a jury group consisting of five experts; three professors from the Psychiatry Department specialty from faculty of medicine and psychologist Ain Shams University, two professors of administrative Department of Nursing, Faculty of nursing, Modern University, Egypt who reviewed the tools for content accuracy. According to their opinions regarding the tools format, layout, parts, and the clarity of the words of the statements, minor modifications were done.

Ethical Consideration

The necessary approval was obtained from the administrative authority of Fayoum general El- Fayoum University was taken after issuing an official letter from the Dean of Faculty of Nursing, El- Fayoum University. The aim of the study was explained to staff nurse, with emphasis on the confidentiality of any obtained information. A verbal consent was secured from each

subject after explanation of the rights to refuse participation. Ethical approval for this study was obtained from the university's administrators of the hospitals. The questionnaires had an introductory section explaining the purpose of the study, the freedom of choice to fill the questionnaire, and assurance of anonymity of respondent.

Pilot Study

A pilot study was carried out before starting data collection, 10% out of total sample chosen randomly from previous mentioned setting. It was done to estimate the time required for filling the tools and checking the clarity, applicability and relevance of the questions. Based on the results of the pilot study, the necessary modifications were done. The subjects who joined in the pilot study were excluded from study sample.

Procedure

The field work was started after completion of the data collection tool; the data collection was done during the period of October 2019 to December 2019. The researchers met with the director and heads of departments of the selected setting, with an official letter signifying the purpose of the study, and its rationale, their permissions were obtained to start the data collection process. A seminar with nurses was held to describe the purpose of the study and procedure. A total of 106 questionnaires were distributed among working nurses at pre-mentioned hospital, a total of (98) questionnaires were collected resulting in an overall (92.4%) response rate.

Statistical Analysis

Data entry and statistical analysis was done by using SPSS 20.0 statistical software package. Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables and means along with standard deviations for quantitative variables. Qualitative categorical variables were compared using *t*-test, and ANOVA test. Statistical significance was considered at p-value <0.05.

Limitation of the study

The most important limitation of the study is the variability of nurses' educational, professional levels and large sample of assistants. We assumed that nursing assistants may be most vulnerable to stress factors. Fewer professional qualifications could affect their emotional regulation, differently to those with higher educational level that provides more specific training and skills. Sample size was small, since the applicants were selected on basis of purposive, to which extent the study findings have limited generalizability. In addition, Nurses sometimes find it difficult to talk about their feelings. Fewer nurses refused to participate or discontinued their participation.

RESULTS

Table 1: Socio-Demographic Distribution of Studied Nursing (N = 98)

Item		N	%
Age	20-30 Years	56	57.14
	31-45 Years	33	33.67
	46-50 Years	5	5.10
	51-60 Years	4	4.08
Gender	Male	16	16.33
	Female	82	83.67
Marital status	Married	66	67.35
	Single	21	21.43
	Widow	6	6.12
	Divorce	5	5.10
Educational level	Diploma	16	16.33
	Technical Institute	50	51.02
	Bachelor	15	15.31
	Diploma + Specialty	17	17.35
Experience	<10 Years	51	52.04
	11-20 Years	18	18.37
	21-30 Years	23	23.47
	31-40 Years	6	6.12
Unit	Department	30	30.61
	Operation	26	26.53
	ICU	25	25.51
	Pediatric	17	17.35
Position	Staff	70	71.42
	Head nurse	28	28.57
Years in Position	<5 Years	49	50.00
	6-10 Years	21	21.43
	11-15 Years	20	20.41
	16-20 Years	8	8.16

Table 1 showed Socio-demographic distribution of the studied nursing were 57.14% of them age

ranged between 20 to 30 years, 83.67% of studied nurses were females, 67.35% of them were married, and 71.42% were staff nurses while 30.61% were working in inpatients departments, 51.02% had technical nursing, and only 15.31% had bachelor of nursing, 52.04% of study sample had experience less than 10 years, and 50.00% of them had <5 years of their of experience.

Table 2 revealed that 60.20% of study sample had severe level of stress, 32.62% had moderate level of anxiety, and 43.88% of them had mild level of depression.

Table 2: Distribution of Psychological Problems Score among Study Sample (N=98)

	Depression		Anxiety		Stress	
	N	%	N	%	N	%
Normal	7	7.14	13	13.27	10	10.20
Mild	26	26.53	4	4.08	4	4.08
Moderate	43	43.88	32	32.65	11	11.22
Severe	14	14.29	28	28.57	59	60.20
Extremely Severe	8	8.16	21	21.43	14	14.29
Total	98	100.00	98	100.00	98	100.00

Table 3: Relation Between Psychological Problems, Conflict Type, Performance and their Working Units (N=98)

Item	Working units				ANOVA	
	Departments	Operation	ICU	Pediatric		
	Mean ± SD	Mean ± SD	Mean ± SD	Mean ± SD	F	*P*-value
Depression	16.200 ± 7.490	15.538 ± 4.743	15.600 ± 5.000	24.471 ± 8.959	8.179	<0.001*
Anxiety	14.867 ± 7.802	12.538 ± 4.785	14.080 ± 6.794	21.176 ± 7.748	5.872	0.001*
Stress	26.400 ± 8.394	26.846 ± 6.553	27.200 ± 7.303	26.118 ± 6.460	0.094	0.963
Total of psychological problems	28.733 ± 10.184	27.462 ± 6.370	28.440 ± 7.534	35.882 ± 10.781	3.659	0.015*
Disruptive	5.133 ± 1.432	5.077 ± 1.354	5.320 ± 1.725	6.706 ± 1.829	4.606	0.005*
Interpersonal	4.033 ± 2.798	2.538 ± 2.177	3.040 ± 2.937	5.471 ± 4.140	3.872	0.012*
Intrapersonal	3.500 ± 2.675	2.500 ± 2.232	2.360 ± 2.914	3.412 ± 3.759	1.095	0.355
Intergroup	5.000 ± 2.652	4.192 ± 1.812	4.440 ± 2.551	5.588 ± 3.589	1.175	0.324
Intragroup	6.400 ± 2.848	4.962 ± 2.341	4.240 ± 2.728	6.529 ± 2.577	4.270	0.007*
Competitive	5.267 ± 2.196	5.077 ± 1.495	5.520 ± 2.220	7.882 ± 2.233	7.750	<0.001*
Total of conflict	29.333 ± 9.639	24.346 ± 5.782	24.920 ± 11.979	35.588 ± 16.610	4.447	0.006*
Total of performance	70.600 ± 4.190	72.077 ± 5.692	75.080 ± 7.713	77.059 ± 12.392	3.473	0.019*

Table 3 indicated that there is a highly significant difference (*P*<0.001) between depression, anxiety and working units such as anxiety and pediatrics (21.176±7.748) followed by Departments (14.867± 7.802), depression and Pediatric (24.471±8.959) followed by Departments (16.200±7.490), while a statistically significant difference was seen with respect to conflict types and working units as disruptive, (*P*<0.005) at pediatrics (6.706 ± 1.829) followed by ICU (5.320 ±1.725), interpersonal (*P*<0.012) at pediatrics (5.471 ± 4.140) followed by Departments (4.033±2.798), intragroup (*P*<0.007) at pediatrics (6.529±2.577) followed by Departments (6.400± 2.848), and competitive (*P*<0.001) at pediatrics (7.882±2.233) followed by ICU (5.520±2.220), and total of performance, (*P*<0.019) and working units at pediatrics (77.059 ± 21. 392) followed by ICU (75.080± 7.713).

Table 4: Relation Between Psychological Problems, Conflict Type, Performance and Study Sample Age, (n=98)

Item	Age				ANOVA	
	18-30 Years	31-45 Years	46-50 Years	51-60 Years		
	Mean ± SD	Mean ± SD	Mean ± SD	Mean ± SD	*F*	*P*-value
Depression	17.571 ± 6.625	15.091 ± 7.384	20.000 ± 6.782	28.500 ± 5.508	4.971	0.003*
Anxiety	15.071 ± 7.256	13.939 ± 7.026	16.400 ± 7.668	24.500 ± 6.191	2.637	0.054*
Stress	27.214 ± 6.787	26.121 ± 8.215	23.600 ± 8.414	27.500 ± 3.000	0.479	0.698
Scale of psychological problems	29.929 ± 8.534	27.576 ± 9.695	30.000 ± 10.344	40.250 ± 4.193	2.490	0.065
Disruptive	5.554 ± 1.595	5.152 ± 1.439	4.400 ± 1.140	7.500 ± 3.000	3.399	0.021*
Interpersonal	3.214 ± 2.147	3.515 ± 3.355	5.400 ± 4.219	8.250 ± 6.652	4.260	0.007*
Intrapersonal	2.804 ± 2.850	2.606 ± 2.657	4.200 ± 1.924	5.750 ± 4.349	1.862	0.141
Intergroup	4.554 ± 2.280	4.576 ± 2.873	5.400 ± 2.510	8.000 ± 4.082	2.382	0.074
Intragroup	5.196 ± 2.423	5.485 ± 3.154	6.200 ± 1.789	8.750 ± 3.775	2.243	0.088
Competitive	5.875 ± 2.150	5.212 ± 2.058	5.200 ± 1.643	8.750 ± 3.775	3.387	0.021*
Total of conflict	27.196 ± 9.926	26.545 ± 10.975	30.800 ± 8.319	47.000 ± 24.940	4.362	0.006*
Total of performance	73.214 ± 7.832	72.818 ± 5.542	76.000 ± 8.746	74.000 ± 18.903	0.253	0.859

Table 4 revealed that, a highly significant difference was found between depression and age (P<0.003), a significant difference between anxiety and age (P <0.054), also significant difference between disruptive type and age (P <0.021), interpersonal type (P<0.007), competitive type (P<0.021), and non-significant difference was found between total performance and age.

Table 5: Relation Between Psychological Problems, Conflict Type, Performance and Marital Status (n=98)

Item	Marital status				ANOVA	
	Married	Single	Widow	Divorce		
	Mean ± SD	Mean ± SD	Mean ± SD	Mean ± SD	*F*	*P*-value
Depression	17.576 ± 7.698	17.238 ± 5.603	17.000 ± 5.477	14.400 ± 10.714	0.294	0.830
Anxiety	15.091 ± 7.509	14.571 ± 6.485	18.000 ± 7.899	14.800 ± 9.445	0.343	0.795
Stress	26.636 ± 6.813	28.381 ± 4.842	28.333 ± 8.802	18.000 ± 13.711	3.075	0.031*
Total of Psychological problems	29.652 ± 9.337	30.095 ± 5.638	31.667 ± 10.053	23.600 ± 16.365	0.838	0.476
Disruptive	5.606 ± 1.597	5.000 ± 1.643	4.500 ± 1.049	6.200 ± 2.490	1.764	0.159
Interpersonal	3.591 ± 3.083	2.952 ± 1.857	3.333 ± 4.457	7.400 ± 3.912	3.007	0.034*
Intrapersonal	3.015 ± 2.864	2.143 ± 2.351	2.000 ± 2.757	6.200 ± 2.950	3.156	0.028*
Intergroup	4.697 ± 2.517	3.667 ± 1.932	5.667 ± 2.160	8.800 ± 3.564	6.252	0.001*
Intragroup	5.652 ± 2.760	4.333 ± 2.652	5.167 ± 2.041	8.600 ± 1.673	3.698	0.014*
Competitive	5.833 ± 2.351	5.381 ± 1.746	5.833 ± 1.722	5.800 ± 3.633	0.215	0.886
Total of conflict	28.394 ± 11.696	23.476 ± 7.846	26.500 ± 10.291	43.000 ± 13.910	4.328	0.007*
Total of performance	74.091 ± 8.650	71.429 ± 4.467	72.167 ± 6.014	71.200 ± 6.943	0.803	0.495

Table 5 illustrated that, a significant difference (P<0.031), was found between stress and marital status, a highly significant difference (P<0.007) between total conflict and marital status, meanwhile no significant difference was found between performance and marital status.

Table 6: Relation between Psychological Problems, Conflict Type, Performance and Educational Level (N=98)

Item	Qualification				ANOVA	
	Diploma	Technical	Bachelor	Diploma +specialty		
	Mean ± SD	Mean ± SD	Mean ± SD	Mean ± SD	*F*	*P* value
Depression	17.250 ± 7.895	18.440 ± 8.084	15.467 ± 5.579	15.647 ± 5.012	1.020	0.388
Anxiety	15.375 ± 9.458	16.400 ± 7.516	12.667 ± 6.662	13.412 ± 4.169	1.394	0.250
Stress	28.625 ± 5.737	25.120 ± 8.093	27.467 ± 7.150	28.706 ± 4.997	1.699	0.173
Total of psychological problems	30.625 ± 10.105	29.980 ± 10.320	27.800 ± 7.720	28.882 ± 5.146	0.318	0.812
Disruptive	5.000 ± 1.414	5.900 ± 1.657	4.867 ± 1.685	5.000 ± 1.541	2.833	0.042*
Interpersonal	2.813 ± 1.601	4.820 ± 3.707	2.400 ± 1.682	2.000 ± 1.323	6.004	0.001*
Intrapersonal	2.750 ± 2.380	3.660 ± 3.061	2.600 ± 2.694	1.235 ± 2.016	3.421	0.020*
Intergroup	4.188 ± 1.515	5.680 ± 2.945	4.000 ± 2.563	3.176 ± 1.185	5.397	0.002*
Intragroup	5.250 ± 2.978	6.300 ± 2.652	3.800 ± 2.336	4.824 ± 2.604	3.979	0.010*
Competitive	5.000 ± 1.366	6.420 ± 2.627	5.600 ± 1.765	4.529 ± 1.231	4.121	0.009*
Total of conflict	25.000 ± 6.011	32.780 ± 13.198	23.267 ± 8.900	20.765 ± 4.381	7.502	<0.001*
Total of performance	74.375 ± 5.214	73.260 ± 9.634	71.800 ± 4.769	73.471 ± 5.328	0.288	0.834

Table 6 revealed that, a highly significant difference (P<0.001) was found between total conflict and educational level and a non-significant difference between total performance and educational level.

Table 7: Correlation Analysis between Psychology Problems, Conflict and Performance (N=98)

Correlations								
Item	Depression		Anxiety		Stress		Psychological Problems	
	R	*P*-value	*R*	*P*-value	*R*	*P*-value	*R*	*P*-value
Disruptive	0.232	0.022*	0.190	0.062	-0.051	0.619	0.148	0.145
Interpersonal	0.163	0.108	0.144	0.158	-0.414	<0.001*	-0.041	0.687
Intrapersonal	0.079	0.439	0.108	0.288	-0.362	<0.001*	-0.069	0.503
Intergroup	0.088	0.392	0.117	0.253	-0.423	<0.001*	-0.086	0.401
Intragroup	0.126	0.215	0.213	0.035*	-0.247	0.014*	0.038	0.708
Competitive	0.141	0.166	0.145	0.156	-0.266	0.008*	0.009	0.931
Total of conflict	0.174	0.087	0.198	0.051*	-0.414	<0.001*	-0.015	0.881
Total of performance	0.174	0.087	0.209	0.039*	0.036	0.727	0.167	0.099

Table 7 demonstrated that, there was positive correlations among conflict and anxiety (P<0.051), conflict and stress (P<0.001), stress and all types of conflict, and depression and only disruptive conflict type (P<0.022) meanwhile a negative correlation was detected between psychological problems and performance.

DISCUSSION

Nurses are legally responsible for long as well as safe competent health care and is ethically guaranteed to the non-maleficence principle to 'do no harm'. Therefore, there is a duty and responsibility to acclimatize to stimulating circumstances in a professional way, to thwart or resolve conflict, and encourage the health and

wellbeing of patients (McKibben, 2017). Literature opinions that in rural and urban backgrounds, several social, cultural and behavioral factors may be related to common psychological problems (Parreira *et al.*, 2017).

The present study aimed to assess the effect of psychological problems on its level, type and performance among employing nurses in rural setting. The study findings concerning to socio-demographic characteristics of defendants, exposed that, the majority of the respondents were females, more than two third of them were married and nearly two third of them were aged between 20-30 years old, more than two third had obtain technical nursing.

This discovery agree with Bukhari *et al.*, 2019., Shajan *et al.*, (2019) but dissimilar with Bhirange *et al.*, (2016) who found that more than three quarters of nurses were holding Bachelor's degrees or a higher-level degree, and about one quarter of them had diploma-level education. The nurses who were married comprised of majority of the total number of studied nurses. Also, above one half were less than 10 years of experience. The study exemplifies that one half of them had <5 years of their position and one third were working in inpatient department, this finding is in line with Bukhari *et al.*, (2019); Shajan *et al.*, (2019); Sarafis *et al.*, (2016). American Psychological Association, (2015) analogized with Fang, (2017).

As regards, the prevalence of psychological problems among the respondents, the study finding displayed, that two third nurses had severe level of stress, more than one third had moderate level of anxiety, and less than half of them had mild level of depression. This finding is in consistent with Cheung & Yip (2015) who found that, the prevalence of depression, anxiety and stress were as 35.8, 37.3 and 41.1% respectively among nurses in Hong Kong. Also, Xie *et al.*, (2020), who showed that, higher risk of nurses developing symptoms of depression and stress. The finding is in consistent with other studies (Lai *et al.*, 2020; Basil *et al.*, 2019; Saifan *et al.*, 2019; Cheung & Yip, 2015). It was unforeseen to find that the frequency of depressive symptoms among nurses weren't that low as we expected.

First, it is noticeable that, high level of stress leads to anxiety then depression as a normal classification. Therefore, stress management will control anxiety and diminishing its level. This might explain by the fact that nurse's heavy capacity, patient demands, job responsibilities foremost to stressful surrounding environment high responsibilities as a social duty in a short time leads to weakness in relation to disadvantage like pressures leading to psychological problems (El Dahshan & Keshk, 2014; Lahana *et al.*, 2019).

Relating to relation between psychological problems, and their working field, a highly significant differences among depression, anxiety and departments was found. This is in harmonious with Bhirange *et al.*, (2016) and Lai *et al.*, (2020) who determined that, prevalence of low psychological problems between nurses working in the ICU was high. Moreover, Xie *et al.*, (2020) who initiate that, departments with highest level of depressive symptoms among nurses were pediatrics, hemodialysis, ICU, and oncology units. Another finding related to relation between conflict type, and their working units, a statistically significant different was found between total conflict, and ICU and pediatric department.

Regarding psychological problems and nurse's characteristics, a strong relation was found between age and anxiety (Cheung & Yip, 2015). The study stated that, age group was found to be insignificant in relation to depression. Nevertheless interestingly, this was correlated with anxiety and stress. Outcomes of the present study showed an inverse relationship between age and depression, anxiety and stress symptoms. Increase in age lead to decreasing depressive, anxiety and stress symptoms.

Accordingly, the findings of this study a relation between stress and marital status was found. The finding is in line with Morika *et al.*, (2019) who rationalized that, the married nurses have more responsibilities and duties toward their families, and more problems. This is the reason for more interference in their work life with personal problems and increase imbalance in their life than unmarried nurses.

In relation to total conflict among nurses, the study finding showed low conflict level. Nurses experienced a moderate level of conflict according to the NCS scoring system, and in a similar direction, Higazee, (2015) had determine the level of conflict perceived by hospital nurses, who observed that the majority of the studied

nurses have moderately high level of conflict. Few studies had examined conflict type considering to common conflict types among nurses. The finding shows that disruption between nurses and physicians were very common, followed by interpersonal conflicts which occurs between two or more individuals, competitive which occurs when two or more groups to reach a common goal. This finding disagrees with Zeinhom, (2015) who found that intragroup conflict between nurses, competitive conflict followed by disruptive conflict were the most common types of conflict experienced by the study sample. This disagree with El-enin & Mohammed, (2017) who stated that interpersonal then intragroup conflict is the most common.

The finding show a relation between conflict types and nurses' age, education, marital status and working units. This is in accordance with El-Hosany, (2017) who uncovered that there was a great relation between the diverse age groups with respect to taking care of interpersonal conflict. This is in accordance with Eleni, (2017) who expressed that, more noticeable educational attributes expanded to conflict. Additionally, these discoveries were upheld by Mulki *et al.*, (2015) who expressed that experience has a negative relationship with conflict and stress. The study finding is in conflict with El-Hosany, (2017) who introduced that a negative relation between conflict and marital status, where over 66% of attendants with interpersonal conflict were among unmarried., and found a great relation between interpersonal; conflict, work environment stressors, work disposition, work practices, and employment fulfillment. The present study discoveries uncovered relations among conflict types and total performance, and departments. These discoveries are upheld by Shah (2017), who expressed that no direct relationship was found between conflict and performance and turnover, and concluded that conflict outcomes are due to different individual aspects, like poor performance and relationships.

At last, the study results shows that, there are positive relationships between conflict and stress, anxiety and stress, stress and a wide range of conflicts and depression with disruptive conflict type. With respect to nurse's performance the current study found a negative correlation between psychological problems and performance. This is in accordance with El-Ghabbour, (2015) who found no negative relation between stress and performance. Interestingly El-enin & Mohammed *et al.*, (2017), proposed that there is critical relation between total stressors and the performance score of nurses. Additionally, Al-Makhaita (2014), expressed that Nurse's performance was influenced by stress, work moves and working in a particular office then he found that there was no relation between their performance and stressors. According to Kumar (2019) with respects to the occupation and employment, stress indicated a negative relationship among nurses.

CONCLUSION

Based on the study finding it can be concluded that, psychological problems had a positive effect on conflict types and performance among employed nurses, in rural health settings. Also, a positive correlation between psychological problems and conflict types, and negative correlation between conflict and performance. The need for screening and detecting signs of psychological problems among nurses and conducting more training programs were related to coping capabilities with respect to psychological problems.

Recommendation

Hospital administrators ought to have strategies to adapt with psychological problems such as

1. Designing training programs related to coping strategies that help nurses to improve psychological wellbeing, and performance.

2. Screening program to detect risk factor or early signs of stress related to psychological status.

3. Further research is needed to investigate causes and effective coping strategies to minimize poor mental health in the workplace.

4. Though stress, depression, and anxiety experienced by nursing professionals may not be entirely preventable but realizing its prevalence in the workplace is considerably important.

Conflict of Interests

The authors declare that they have no conflict of interest.

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