
Work Related Factors Influencing Burnout Among Nurses in Selected Hospitals in Abeokuta, Ogun State

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doi: <https://doi.org/10.37745/ijnmh.15/vol10n22235>

Published March, 09, 2024

Citation: Usifo R.T., and Salawu R.A. (2024) Work Related Factors Influencing Burnout Among Nurses in Selected Hospitals in Abeokuta, Ogun State, International Journal of Nursing, Midwife and Health Related Cases, 10 (2), 22-35

ABSTRACT: *This study aimed to assess work-related factors influencing burnout among nurses in selected hospitals in Abeokuta, Ogun State. Using a Cross-Sectional Descriptive survey, the research examined the relationship between work-related factors and burnout, with specific objectives to determine the level of burnout among nurses. The findings revealed that factors such as higher nurse-patient ratios, working without off days, increased workload, chronic lack of sleep, and an inconducive working environment significantly contribute to burnout. Notably, nurse-patient ratios and working extra hours without rest ranked highest in influencing extreme tiredness and burnout. The study employed Pearson Product Moment Correlation to establish a significant relationship between work-related factors and burnout among nurses. The results demonstrated a strong correlation ($r=0.773$, $p<0.05$), emphasizing the crucial link between workplace conditions and nurse burnout. The prevalence of burnout among nurses was substantial, highlighting challenges in emotional exhaustion, depersonalization, and reduced personal accomplishment. The study recommends interventions, including optimal nurse-patient ratios, policies promoting work-life balance, fatigue management programs, and improvements in the working environment. These recommendations aim to address specific stressors and enhance overall well-being among nurses, emphasizing the importance of organizational policies and practices in mitigating*

KEYWORDS: Work Related Factors, Influence, Burnout, Nurses

INTRODUCTION

Burnout is a prevalent issue in all human societies, particularly among nurses due to the inherent demands of their profession. The nurse's role has a significant impact on the extensive population they attend to. This encompasses the institution they cater to, the local community in which it is

located, their coworkers, patients/clients and their families, as well as the wider public. Nurses often experience burnout, which is a prevalent psychological issue. It is defined as a decrease in physical, emotional, and psychological vitality caused by stress from work, resulting in a negative attitude towards clients and coworkers and a sense of poor self-confidence. Burnout may occur due to excessive job demands, insufficient resources, lack of control and fairness, conflicts in values, and a lack of social support. Mudallal et al. (2017) define Nurse Burnout as a prevalent occurrence marked by a decline in nurses' energy, resulting in emotional weariness, diminished motivation, and emotions of irritation. This condition may potentially lead to decreased job effectiveness.

Granek and Nakash (2022) assert that although every nursing specialisation has unique problems, some specialties inherently entail higher levels of stress. Working in the emergency department with telemetry or intensive care entails encountering aggressive patients, catastrophic injuries, ethical difficulties, and a high death rate. These factors are associated with elevated stress levels and a heightened susceptibility to burnout. The research conducted by Granek and Nakash (2022) in the field of Psycho-oncology revealed that 30% of oncology nurses experienced emotional weariness, while 35% reported experiencing poor personal performance, both of which are indicative of burnout syndrome.

Molina-Praena et al. (2018) did a study to determine the prevalence rate of burnout among nurses in the medical field. Their research revealed that burnout was influenced by characteristics such as occupational tenure, psychological variables, and marital status. Medical area nurses exhibited significant rates of emotional tiredness, depersonalisation, and insufficient personal achievement. The group of nurses most impacted consisted of those who were unmarried and had numerous jobs, as well as those who encountered excessive work demands and lacked significant expertise in the area. This research highlighted the impact of their job on the quality of treatment, patients' well-being, and the occupational health of nurses.

According to Kim and Silchoi (2016), burnout is a chronic outcome resulting from extended exposure to certain work requirements and manifests when an individual reaches a point where they can no longer effectively manage the stress they have been experiencing. Emergency room nurses endure chronic stress after the distressing experience of being exposed to various emergency situations. For instance, Middle East respiratory syndrome coronavirus (MERS-CoV) has the potential to ultimately result in burnout. Emergency room nurses encounter chaotic, unexpected, and constantly changing circumstances more often than nurses in other settings. This is due to their involvement in managing diverse illnesses, traumatic incidents, and critical circumstances, leaving them with few opportunities for recuperation and subjecting them to ongoing stress. Consequently, these nurses are documented to encounter significantly elevated levels of burnout compared to nurses in other hospital departments (Kim & Silchoi, 2016).

Extensive research has been conducted on the many variables that contribute to burnout among nurses in different locations worldwide. However, little attention has been given to the specific

work-related aspects that influence burnout among nurses. According to the U.S. Bureau of Labour Statistics, the employment rate for registered nurses is expected to increase by 12% from 2018 to 2028. According to them, it is positive news for anyone seeking employment in the nursing field. Nevertheless, the rapidity of this escalation has resulted in challenges such as hospitals facing a shortage of personnel, nurses being burdened with excessive workloads, and a rise in nurse burnout. Diehl, et al. (2021) found that burnout is a significant issue in social professions, particularly in the healthcare field, and is consistently linked to nurses' inclination to quit their career. In Nigeria, this phenomenon is often known as "the Japa Syndrome". There is a significant emigration of nurses to other nations, resulting in a greater scarcity of workers in healthcare facilities and an increased workload for the remaining few, perhaps leading to burnout.

While it is well acknowledged that nurses provide care for individuals, it is crucial to consider who provides care for the nurses themselves. While working as a nurse at a hospital, the researcher noticed a recurring pattern of nurses consistently resigning from their positions. Several individuals, when questioned about their departure, expressed dissatisfaction due to exhaustion caused by their workload. Therefore, the need to assess work related factors influencing burnout among nurses in selected hospitals in Abeokuta, Ogun State, in order to curb the incidence of burnout among nurses. The specific objectives of the study are to:

1. assess work related factors influencing burnout among nurses in selected hospitals in Abeokuta; and
2. determine the level of burnout among nurses in selected hospitals in Abeokuta.

Hypothesis

Ho1: There is no significant relationship between work related factors and burnout among nurses in selected hospitals in Abeokuta.

METHODOLOGY

A Cross-Sectional Descriptive survey was used for this study. This was to assess work related factors influencing burnout among nurses in selected hospitals in Abeokuta, Ogun State. Population of the study will consist of all nurses working in Sacred Heart Hospital, Lantoro and Ogun State Hospital, Ijaye, Abeokuta Slovin's Formula was used to determine the sample size (n) which yielded a sample size of 159. Proportionate and purposive sampling techniques were used for sample selection. Proportionate sampling technique is a method of sampling that involves the division of a population into smaller subgroups known as strata. In this case, the nurses being studied were in different wards/clinics and a sample was drawn from each unit. A purposive sampling technique was then used in each ward/unit to include the nurses for this study.

An adapted questionnaire was used in the collection of data from trained nurses in Sacred Heart Hospital, Lantoro and Ogun State Hospital Ijaye. The questionnaire was adapted from the Social Ecological Model and consisted of three sections. Section A sought for socio-demographic data of

the respondents, section B consisted of 12 items on work related factors to burnout among nurses while Maslach Burnout Inventory made up of section C which determined the level of burnout among Nurses in the selected hospitals.

Questionnaire was distributed to the nurses on duty after due permission was obtained from the management of the two Hospitals. Data collected were analysed using descriptive and inferential statistics. Pearson Product Moment Correlation (PPMC) was used to analyze the hypothesis at 0.05 level of significance

RESULTS

Objective 1: Work related factors to burnout among nurses in selected hospitals in Abeokuta

Table 1: Work Related Factors to Burnout among Nurses

Variables	Strongly Agree F (%)	Agree F (%)	Disagree F (%)	Strongly Disagree F (%)	Mean (\bar{x})	Rank
Working permanent shift like Night duty can bring fear towards work leading to burnout.	42(26.4)	85(53.5)	22(13.8)	10(6.3)	3.00	12 th
Higher Nurse-patient Ratio like one nurse to Twenty patients can cause extreme tiredness leading to burnout.	116(73.0)	40(25.2)	1 (0.6)	2(1.3)	3.70	1 st
Working extra time without rest may lead to burnout	122(76.7)	31(19.5)	1 (0.6)	5(3.1)	3.70	1 st
Working without off days in some weeks may influence burnout among nurses.	111(69.8)	44(27.7)	1 (0.6)	3(1.9)	3.65	3 rd
Threats from patients/ their relatives will cause fear in the nurses leading to burnout	46(28.9)	84(52.8)	19(11.9)	10(6.3)	3.04	11 th
Fear of patients absconding can be stressful leading to burnout.	39(24.5)	93(58.5)	23(14.5)	4(2.5)	3.05	10 th

Procrastination of work/keeping work for later can influence anxiety leading to burnout	53(33.3)	75(47.2)	21(13.2)	10(6.3)	3.08	9 th
Chronic lack of sleep may lead to burnout	93(58.5)	62(39.0)	2(1.3)	2(1.3)	3.55	5 th
Increase in work load can cause burnout	105(66.0)	48(30.2)	0(0.0)	6(3.8)	3.58	4 th
In-conducive working environment may influence burnout.	96(60.4)	57(35.8)	2(1.3)	4(2.5)	3.54	7 th
Working under pressure is a cause of burnout among nurses	94(59.1)	60(37.7)	3(1.9)	2(1.3)	3.55	5 th
Having no time to eat at work causes stress leading to burnout	76(47.8)	70(44.0)	4(2.5)	9(5.7)	3.34	8 th

Table 1 revealed the result of work related factors to burnout among Nurses. The responses of the respondents on the work related factors to burnout among Nurses were ranked using the mean score. Higher Nurse-patient Ratio like one nurse to twenty patients can cause extreme tiredness leading to burnout and working extra time without rest may lead to burnout with the (mean=3.70) came both 1st, working without off days in some weeks may influence burnout among nurses with the (mean=3.65) came 3rd, Increase in work load can cause burnout with mean (3.58) came 4th, Chronic lack of sleep may lead to burnout and working under pressure is a cause of burnout among nurses with (mean=3.55) came both 5th, In-conducive working environment may influence burnout with the (mean=3.54) came 7th, Having no time to eat at work causes stress leading to burnout with the (mean= 3.34) came 8th, Procrastination of work/keeping work for later can influence anxiety leading to burnout with the (mean= 3.08) came 9th, Fear of patients absconding can be stressful leading to burnout with the (mean=3.05) came 10th, Threats from patients/ their relatives will cause fear in the nurses leading to burnout with then (mean=3.04) came 11th and Working permanent shift like Night duty can bring fear towards work leading to burnout with the (mean=3.0) came 12th.

Objective 2: Burnout among Nurses in selected hospitals in Abeokuta

Table 2: Assessing Burnout among Nurses using Maslach Burnout Inventory (MBI)

Variable	Everyday F (%)	Several times in a week F (%)	Once a week F (%)	Several times in a year F (%)	At least once a month F (%)	At least a few times a year F (%)	Never F (%)	Mean (\bar{x})	Rank
I feel tired as soon as I get up in the morning and see a new working day stretched out in front of me	76(47.8)	30(18.9)	0(0.0)	31(19.5)	0(0.0)	15(9.4)	7(4.4)	4.49	1 st
I feel stimulated when I have been working closely with my colleagues	85(53.5)	14(8.8)	14(8.8)	15(9.4)	7(4.4)	2(1.3)	22(13.8)	4.38	2 nd
I'm afraid that my work makes me emotionally harder	66(41.5)	20(12.6)	31(19.5)	2(1.3)	0(0.0)	21(13.2)	19(11.9)	4.20	3 rd
I find it easy to build a relaxed atmosphere in my working environment	54(34.0)	34(21.4)	14(8.8)	24(15.1)	13(8.2)	14(8.8)	6(3.8)	4.16	4 th
In my work I am very relaxed when dealing with emotional problems	68(42.8)	10(6.3)	2(1.3)	9(30.8)	15(9.4)	1(0.6)	14(8.8)	4.05	5 th
I have achieved many rewarding objectives in my work	85(52.2)	3(1.9)	14(8.8)	2(1.3)	21(13.2)	21(13.2)	15(9.4)	4.01	6 th
I feel burned out because of my work	72(45.3)	7(4.4)	27(17.0)	14(8.8)	2(1.3)	1(0.6)	36(22.6)	3.91	7 th
I feel frustrated by my work	64(40.3)	22(13.8)	2(1.3)	34(21.4)	0(0.0)	9(5.7)	28(17.6)	3.86	8 th

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Working with people the whole day is stressful for me	53(33.3)	29(18.2)	1(0.6)	36(22.6)	1(0.6)	24(15.1)	15(9.4)	3.78	9 th
Being in direct contact with people at work is too stressful	45(28.3)	30(18.9)	13(8.2)	18(11.3)	13(8.2)	2(1.3)	38(23.9)	3.48	10 th
I feel as if I'm at my wits' end	32(20.1)	17(10.7)	35(22.0)	3(1.9)	41(25.8)	1(0.6)	30(18.9)	3.20	11 th
I deal with other people's problems successfully	38(23.9)	2(1.3)	46(28.9)	16(10.1)	14(8.8)	8(5.0)	35(22.0)	3.18	12 th
I feel that I influence other people positively through my work	49(30.8)	15(9.4)	8(5.0)	10(6.3)	1(0.6)	15(9.4)	61(38.4)	2.82	13 th
I get the feeling that I work too hard	45(28.3)	9(5.7)	16(10.1)	13(8.2)	1(0.6)	21(13.2)	54(34.0)	2.77	14 th
I feel full of energy	15(9.4)	41(25.8)	3(1.9)	28(17.6)	0(0.0)	41(25.8)	31(19.5)	2.72	15 th
I feel emotionally exhausted because of my work	7(4.4)	31(19.5)	0(0.0)	30(18.9)	30(18.9)	38(23.9)	23 (14.5)	2.42	16 th
I have become more callous to people since I have started doing this job	31(19.5)	15(9.4)	16(10.1)	4(12.5)	1(0.6)	28(17.6)	64(40.3)	2.31	17 th
I'm not really interested in what is going on with many of my colleagues	32(20.1)	17(10.7)	2(1.3)	15(9.4)	8(5.0)	22(13.8)	63(39.6)	2.31	18 th

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I feel worn out at the end of a working day	15(9.4)	15(9.4)	15(9.4)	15(9.4)	8(5.0)	60(37.7)	31(19.5)	2.18	19 th
I get the feeling that I treat some clients/colleagues impersonally, as if they were objects	8(5.0)	3(1.9)	14(8.8)	3(1.9)	16(10.1)	25(15.7)	90(56.6)	1.16	20 th
I have the feeling that my colleagues blame me for some of their problems	17(10.7)	1(0.6)	2(1.3)	14(8.8)	1.9	1(0.6)	121(76.1)	1.03	21 st
I can easily understand the actions of my colleagues/supervisors	7(4.4)	2(1.3)	0(0.0)	16(10.1)	16(10.1)	2(1.3)	116(73.0)	0.84	22 nd

Table 2 indicates the result of burnout among Nurses. The responses of the respondents on burnout among Nurses were ranked using the mean score. I feel tired as soon as I get up in the morning and see a new working day stretched out in front of me with the (mean=4.49) came 1st, I feel stimulated when I been working closely with my colleagues with the (mean=4.38) came 2nd, I'm afraid that my work makes me emotionally harder with the (mean=4.20) came 3rd, I find it easy to build a relaxed atmosphere in my working environment with the (mean=4.16) came 4th, In my work I am very relaxed when dealing with emotional problems with the (mean=4.05) came 5th, I have achieved many rewarding objectives in my work with the (mean= 4.01) came 6th, I feel burned out because of my work with the (mean= 3.91) came 7th, I feel frustrated by my work with the (mean=3.86) came 8th, Working with people the whole day is stressful for me with the (mean=3.78) cane 9th, Being in direct contact with people at work is too stressful with the (mean=3.48) came 10th.

Table 3: Categorization of overall burnout among Nurses

Variables	Score range	Status	F (%)
Overall burnout	0-43	Low degree	9(5.7)
	44-85	Moderate degree	147(93.7)
	86-132	High degree	1(0.6)

The table 3 shows the categorization of overall burnout among nurses, with (5.7%) classified as having a low degree, (93.7%) with a moderate degree, and (0.6%) with a high degree of overall burnout.

Test of Hypothesis

Ho1: There is no significant relationship between Work related factors and burnout among nurses

Table 4: Test of significant relationship between work related factors and burnout among nurses

Variables	r-value	P-value	Decision
Work related factors and burnout among nurses	0.773	0.023	S

Results of the hypothesis in the table above that “there is no significant relationship between work related factors and burnout among nurses” were tested using Pearson Product Moment Correlation (PPMC). The significance of the relationship was determined at 0.05 levels. PPMC shows that there exist a significant relationship ($p < 0.05$) between work related factors and burnout among nurses ($r = 0.773$).

DISCUSSION OF FINDINGS***Discussion of work related factors to burnout***

The findings from Table 1 provide insights into the work-related factors contributing to burnout among nurses. The respondents ranked these factors based on mean scores. Notably, a higher nurse-patient ratio, specifically one nurse to twenty patients, and working extra time without rest were identified as the top contributors to extreme tiredness and burnout, both ranking first with a mean score of 3.70. Working without off days in some weeks was the third-ranked factor with a mean score of 3.65, indicating its potential influence on burnout. Other significant contributors include an increase in workload (4th, mean=3.58), chronic lack of sleep and working under pressure (both 5th, mean=3.55), an inconducive working environment (7th, mean=3.54), and not having time to eat at work (8th, mean=3.34). Procrastination of work, fear of patients absconding, threats from patients or their relatives, and working permanent night shifts were also identified as factors contributing to burnout, with varying mean scores ranging from 3.08 to 3.0. These findings highlight specific aspects of the work environment and schedule that should be addressed to mitigate burnout among nurses.

Consistent with the findings of Chen et al. (2019), it has been shown that maintaining optimal nurse-patient ratios may effectively mitigate nurse fatigue and enhance patient satisfaction. Efficient management of workload is crucial in order to avoid excessive exhaustion and burnout. Healthcare organisations have to contemplate the use of workload management techniques, such as patient categorization systems, in order to guarantee an equitable allocation of effort among nurses. Dall'Ora et al. (2020) suggested that the use of workload management techniques, such as patient categorization systems, might effectively mitigate nursing burnout and enhance patient

satisfaction. Babapour et al. (2022) confirmed that work-related weariness is a substantial challenge for nurses and may detrimentally affect their well-being and productivity. Schlak et al., (2021) proposed that a supportive work environment, including elements such as sufficient staffing, controlled workload, and effective communication, might mitigate burnout among nurses. Offering educational and training opportunities may enable nurses to cultivate effective approaches for handling their workload and mitigating burnout. According to Aryankhesal et al. (2019), nursing education and training programmes have been shown to be beneficial in decreasing burnout among nurses. These programmes specifically focus on enhancing stress management abilities, enhancing communication skills, and encouraging a healthy work-life balance. According to Boamah et al. (2022), supporting work-life balance may effectively mitigate burnout and enhance job engagement in nurses, especially by addressing work-life balance, workload management, and fostering a conducive work environment. Ensuring optimal staffing levels and efficient resource allocation is crucial to avoid nurses having to work without scheduled days off. According to Al Sabei et al. (2022), proper allocation of resources may decrease nurse burnout and enhance job engagement. Conversely, insufficient resources can lead to higher workloads and stress among nurses, perhaps causing them to work without taking any days off. Employing efficient overtime management solutions may minimise the need for nurses to work without respite and alleviate burnout. Fukuzaki et al. (2021) assert that the implementation of efficient solutions for managing overtime may decrease burnout and enhance job engagement in nurses. Additionally, maintaining a good work-life balance can eliminate the need for nurses to work without taking days off. According to Yen et al. (2018), nurses who created plans for handling disruptions and effectively managing their time had reduced workload and increased job satisfaction.

Ferri et al., (2016) suggest that nurses who worked consecutive night shifts or had insufficient time for rest between shifts were more prone to encountering sleep disruptions and exhaustion. To facilitate the development of appropriate coping mechanisms, nurses may benefit from the implementation of stress management programmes or the provision of resources such as mindfulness training, relaxation exercises, or counselling services. Implementing these strategies may enhance their ability to effectively handle work-related stressors and reduce the likelihood of experiencing burnout. According to Green and Kinchen (2022), relaxation techniques have been shown to be an effective approach for lowering burnout and stress among nurses. Establishing a conducive work atmosphere that fosters transparent communication, collaboration, and reciprocal assistance may aid nurses in managing job-related stressors. Promoting cooperation, offering tools for task management, and acknowledging the endeavours of nurses may help mitigate stress levels.

Discussion of Burnout among Nurses in selected hospitals in Abeokuta

Table 2 presents the results of burnout among nurses, with respondents' responses ranked based on mean scores. The factors contributing to burnout include feeling tired as soon as waking up in the morning and facing a new working day, ranking first with a mean score of 4.49. Working closely with colleagues was identified as a stimulating factor, ranking second with a mean score of 4.38. Fear that work makes one emotionally harder was the third-ranked factor (mean=4.20). Creating a relaxed atmosphere in the working environment and being relaxed when dealing with

emotional problems at work were ranked fourth (mean=4.16) and fifth (mean=4.05), respectively. Feeling burned out because of work and frustration with work were ranked seventh (mean=3.91) and eighth (mean=3.86), respectively. Other factors contributing to burnout included the stress of working with people throughout the day (ninth, mean=3.78) and the perceived stress of direct contact with people at work (tenth, mean=3.48). These findings shed light on the specific aspects of the work environment and interpersonal interactions that contribute to nurses' burnout, providing valuable insights for addressing and mitigating these challenges.

The data reveals that a significant proportion of nurses (93.7%) encounter a moderate level of burnout. These findings indicate that a considerable number of nurses have difficulties associated with emotional tiredness, depersonalisation, and diminished personal achievement, which are the primary elements of burnout. Nevertheless, it is heartening to see that a meagre proportion of nurses (5.7%) exhibit a low level of general burnout, suggesting that they encounter limited symptoms of burnout. Merely a minuscule proportion (0.6%) of nurses belong to the high degree classification, indicating that they encounter acute symptoms of burnout. This suggests that doing frequent burnout evaluations might help identify nurses who may be at risk of experiencing moderate or high levels of burnout. Offer assistance options, including counselling services, stress management programmes, and peer support groups, to aid nurses in managing signs of burnout. Establish a conducive work atmosphere that fosters transparent communication and offers psychological assistance to nurses. Foster a culture characterised by empathy, respect, and cooperation. Facilitate the achievement of work-life balance by motivating nurses to avail themselves of breaks, use their designated time off, and participate in self-care endeavours. Ensure that nurses are provided with many opportunity to rejuvenate and maintain a balanced and harmonious integration of their professional and personal lives. According to Salaha and Al-Hamdan (2022), achieving work-life balance is an essential element for ensuring the well-being and job satisfaction of nurses.

Specchia et al. (2021) confirm that leadership approaches that highly appreciated and acknowledged the contributions of nurses, consistently offered feedback, and fostered chances for professional development were linked to decreased burnout and heightened work satisfaction among nurses. Alshammari et al., (2023) corroborate the finding that training programmes aimed at enhancing nurses' competencies or focusing on specific domains were linked to heightened work satisfaction and reduced turnover. Zhang et al. (2023) suggest that nurses who got emotional support and used coping mechanisms had reduced levels of stress, anxiety, and burnout in comparison to those who did not get such assistance. According to Delgado et al. (2022), nurses need a variety of emotional assistance and services, such as debriefing sessions, counselling, and peer support groups. According to Thapa et al. (2022), training programmes and workshops have been shown to be useful in enhancing nurses' abilities to handle stress, communicate proficiently, and settle disputes. Consequently, this leads to enhanced job satisfaction and increased quality of patient care.

CONCLUSION

Factors such as higher nurse-patient ratios, working without off days, increased workload, chronic lack of sleep, and an inconducive working environment emerge as key contributors to burnout. The rankings based on mean scores provide insights into the varying degrees of impact these factors have on nurse burnout. Notably, the prevalence of burnout among nurses is substantial, with the majority experiencing a moderate degree of overall burnout. This suggests prevalent challenges related to emotional exhaustion, depersonalization, and reduced personal accomplishment. While a notable percentage of nurses experience moderate burnout, a smaller proportion exhibits minimal burnout symptoms. The presence of only a very small percentage in the high-degree category indicates that severe burnout symptoms are less common among the surveyed nurses. These conclusions underscore the need for targeted interventions to address specific work-related stressors and enhance overall well-being among nurses.

Recommendations

1. Implementing and maintaining optimal nurse-patient ratios is crucial to reducing extreme tiredness and burnout among nurses. Healthcare organizations and hospital administrators should take the lead in implementing and enforcing policies that ensure appropriate staffing levels to alleviate workload stress. Regular assessments and adjustments to staffing levels based on patient acuity and workload should be part of ongoing management practices.
2. Organizations should implement policies that prioritize work-life balance for nurses. This includes ensuring that nurses have adequate off days and breaks between shifts. Hospital administrators and human resources departments should collaborate to develop and enforce policies that promote a healthy work-life balance. Encouraging self-care practices and providing resources for stress management can contribute to a more sustainable and fulfilling work environment.
3. To mitigate burnout associated with chronic lack of sleep and fatigue, healthcare institutions should implement fatigue management programs. This may involve incorporating flexible scheduling, providing education on sleep hygiene, and offering support services for nurses experiencing sleep-related challenges. Hospital administrators and occupational health departments should lead these initiatives.
4. Creating a conducive working environment is essential for reducing burnout. Hospital administrators, facility managers, and healthcare leaders should collaborate to assess and improve the physical and psychosocial aspects of the workplace. This may involve optimizing lighting, ensuring comfortable workspaces, and fostering a positive and supportive organizational culture.
5. Healthcare organizations should implement stress management programs that address specific stressors identified in the study, such as fear of patients absconding, threats from patients or their relatives, and the stress of working with people. Employee assistance programs, mental health services, and regular training sessions can be organized by human resources departments and healthcare leaders to equip nurses with coping mechanisms and support systems.

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