**INTRODUCTION**

Work is an essential component of life; it makes a large part of a person’s life and gives a sense of purpose. It makes a person feel accomplished and satisfied. However, if the work causes a person to burn out, then it defeats its purpose. As nurses consider the largest group of healthcare professionals who provide direct patient care in hospitals, therefore, it could be inferred that they suffer from burnout more than any other comparable groups. The profession of teaching, which is viewed as a ‘labor of love,’ has unfortunately also become more stressful today (1).

In broad terms, burnout is defined, as related to nursing burnout, as a condition where a nurse experiences chronic fatigue, exhaustion, tiredness, anger, irritability, frequent headaches, gastrointestinal disturbances, abnormal weight gain or loss, depression, insomnia and breathing difficulties on account of work stress affecting professional performance (2). Thus lead to becoming physical, emotional or psychological demands as well as institutional demands (3).

Causes of burnout in nurses group should be investigated, and intervention and prevention programs should be initiated if necessary. Nursing administrators should pay close attention to the emotional and psychological status of nurses, and try to prevent burnout in nurses through active intervention (4). Improvements in the working environment and nurses’ education are required to reduce the risk of nurses developing burnout in the future (5).

The adverse effect of burnout in nurses include reduced quality of nursing care, absence from work, increased the turnover rate and decreased patient satisfaction (6; 7; 8; 9).

Job burnout widely occurs among nurses (10; 33). One report showed that a total of 65% of nurses perceived that their job...
was stressful, and they quickly fall into job burnout (11). Burnout and engagement among nurses and other healthcare professionals play a vital role in the quality of patient care (12). Aiken et al. (2001) stated that “Burnout in nurses is likely to have negative influences on the quality of care for patients.” On the other hand, Stress can produce energy and urgency. However, burnout produces a sense of helplessness and hopelessness (14). The emotional exhaustion (EE) is associated with decreased retention of nurses and lack of professional commitment (15). Reducing nurse burnout has been found to be in favor of patient care, such as reducing patient infections by 30% (16).

Delivering compassionate care requires nurses to engage in empathic interactions with patients, highlighting the emotional nature of nursing work. For some nurses, emotional work can result in compassion satisfaction (17; 18;19), but for others it increases the risk of burnout, EE and compassion fatigue (20; 21; 22; 18; 23). Experiencing burnout could challenge nurses’ ability to provide compassionate care as it is reported that experiencing the negative consequences of caring impacts on the provision of quality patient care directly (24; 25; 26).

American Healthcare Association, (2012) reported that the turnover rate among the hospital nurses in the United States (US) has increased to 45% in all nursing facilities. Such high rates were reported in other countries including 19.9% in Canada (28), and 36.6% in Jordan (29). Moreover, the 5-year nursing turnover in Taiwan was reported to be 50% (30). These high turnover rates constitute a major contributor to the problem of nursing shortage.

Nurses should not experience burnout because it destroys creativity, decreases productivity, lowers the quality of job performance, and increases opportunities for mistakes or acts of poor judgment. The feeling of having to do better adds further strain because ‘falling short’ in a stressful workplace adds to the degree of burnout (31).

The insufficient number of Saudi nurses available to meet the healthcare needs of the country has led to a reliance on expatriates. Therefore, the Ministry of Health (MOH) and other healthcare agencies need to recruit more national nurses and retain current expatriates to minimize the effect of the nursing shortage. The overall number of registered nurses working in Saudi Arabia, including other governmental agencies and the private sector, is 140389. The number of Saudi registered nurses is 51350, which represents 36.6% of the total number of nurses working in Saudi Arabia (MOH, 2012), Whereas 45875 (89.3% of all the Saudi registered nurses) are working under the affiliation of the MOH. The MOH’s recent statistics report (2012) shows that the total number of nurses in Saudi Arabia reflects a ratio of 48 nurses per 10000 people in the population, with an increase of 35% between the years of 2006 and 2012.

There are many factors that make nursing profession more vulnerable to stress. It like the intense nature of the interpersonal relationship involved, organizational factors, less monetary benefits, lack of proper job description, overloading or staff shortage, no regulated informational flow, time deficits, dealing with very vulnerable and needy patients, handling crisis of patients and their families and personality traits, like low self-esteem, need for approval, perfectionism, impatience, etc.

Burnout is the result of unmanaged work stress, but not is a symptom of work stress. When workloads are too heavy, demands are too high, nursing care suffers and ideals clash head-on with reality. The resulting disappointment and failed personal expectations are a breeding ground for burnout in nurses. It is a debilitating psychological condition brought about by unrelieved work stress, which results in exhausted energy reserves, lowered resistance to illness, increased dissatisfaction and pessimism, increased absenteeism, lack of motivation, negative attitudes, emotional distress, and poor job performance and efficiency (33).

According to researchers so far burnout does not occur in the short term, but gradually escalating, thereby creating long-term problems, such as: exhaustion for both mental and physical; feelings of hopelessness and helplessness; low morale and self-esteem; frequent illness; distress; and failure to work requirements, which have an impact on all areas of human life (34). Accordingly, when a person is burnt out, mental and physical weakness, lack of information, conflict, unreasonable work-loads, boredom, low feedback, punishment, job dissatisfaction, having no rewards, excessive stress and conflict of values all play a significant role.

In the process of time, many demographic varieties have been investigated to get fully aware of burnout such as age, gender, working experience. Physical, social, and psychological stress from work and a sophisticated environment all contribute to burnout in nurses (35; 36). Gender, age, annual income, economic well-being, and the work shift may all result in burnout in nurses (33; 37; and 38). Young and inexperienced nurses tend to have more burnout than others (39).

Furthermore, the differences between various wards of the hospitals such as psychiatric wards, intensive care units and operating rooms which are considered to be highly demanding wards, have been studied in association with burnout several times (40).

**Burnout Effect on the Nursing Profession**

There is a consensus in the literature that EE is the central or core dimension of burnout (41). The negative consequences of burnout are multiple. Apart from a decrease in the quality of care (in case of healthcare jobs), a relationship was found between burnout and the incidence of musculoskeletal disorders, depression, obesity, insomnia, alcohol intake and drug abuse (26; 42; 43). Burnout also has a negative impact on the quality of life of the employee, with more intra-relational conflicts and aggression (44).

Burnout has been identified as a risk factor for various adverse health outcomes, for example, depression, anxiety, neck and back pain, poor self-rated health, sleep disturbance, and perceived memory impairment (45).

Burnout can also lead to a significant economic loss to increased nonattendance, higher turnover rates and a rise in healthcare costs (46). The prevalence of burnout, assessed by use of a self-report instrument in a general working population in Western countries, ranges from 13% to 27% (47; 48; 49; 50). Nurses are known to be at higher risk for the development of burnout than other occupations (51; 52).

Research showed that nurses indeed report high levels of work-related stress (53; 54) and that 30% to 50% reach clinical levels.
of burnout (55; 52). According to several authors, the demands that burden the nurses (in terms of work setting, task description, responsibility, unpredictability and the exposure to potentially traumatic situations) and the resources they can rely on, are strongly related to the content of their job and their nursing specialty (56; 57; 58; 59).

Minimizing Burnout on Nursing Profession

Medical professions due to specific working environments, psychologically, emotionally and physically enormously demanding, the understanding burnout and its impact on their field is essential to all medical institutions in order to appropriately approach, eliminate or mitigate existing or prevent detrimental burnout effects which appear in a form of physical or psychological health problems, work inefficiency, lessened motivation to perform daily tasks, worsening relations with work environment and low life quality in general (60; 61). In the effort to prevent and cope with burnout syndrome, various strategies have been suggested. Social support has been well documented as a highly effective intervention for coping with burnout (62). Social support is referred to the perception that aid provided by others is adequate, or to the perceived quality of one’s support, which may influence adjustment. Research indicates that there are at least two specific aspects of social support: perceived and received social support.

Where perceived social support refers to the perception that the person is cared for, is valued, and is part of a group. Perceived social support has been found to have a consistently positive impact on well-being, such that perceived social support will protect victims of traumatic events from depression, anxiety, and stress. In contrast, those with lower perceived social support have been found to have higher distress levels (63). However, perceived social support is very dynamic and fluctuates easily. Overall, perceived social support has been shown to predict positive health outcomes better than received social support in the literature (64). Since research has found that perceived social support predicts severe life stress and health outcomes, in addition to well-being (Yap and Devilly, 2004). It additionally is indicated that health providers by receiving social support outside of work regarding their family, friends, and coworkers can act positively in the prevention of burnout syndrome.

Maslach has recommended not only informal meetings over lunch and socializing after work but also more formal strategies such as staff meetings, conferences, retreats, and formal support groups led by a trained leader to facilitate the improvement of co-worker relations. Similar to Maslach’s suggestions, Cherniss and Dantzig (1986) provide detailed information on the mutual aid group as another strategy for expanding social support. Mutual aid groups can foster social support among co-workers by providing information on how to deal with problems, material assistance, corrective feedback, reassurance and confirmation (65). The aim of this study is to assess the effect of burnout on Nursing Profession

Research Questions

Specific questions were listed to achieve the aim of the study as

1. What is the status of burnout among nurses?
2. What is the impact of burnout on nurses ‘work? 
3. Are there any differences between some demographic characteristics toward nurses’ burnout?

Research Design

A cross-sectional correlational descriptive design was used for this study

Setting

The research was conducted in all inpatient (Medical, Surgical, Obstetrics/Gynecology (Ob/Gyn), Pediatric, and Intensive Care Units (ICUs)) wards/units at a teaching hospital. It is one of the largest hospitals in Riyadh - Saudi Arabia. This hospital has the most recent technological advancement, for providing quality health services. It assumes that an active leadership role which is available in the hospital’s decision-making structures and processes, making them a suitable setting for conducting such research.

Sampling

Population for this study was included all nursing personnel working in all inpatient wards/units affiliated the selected hospital. Nurses categorized into two main groups - first line managers and staff nurses. Non probability sampling technique was used to collect all first-line nurse managers (head nurses and charge nurses), while sample collected from staff nurses who work in any of the front-line positions to care for patients, where probability sampling technique adopted through using sample size calculator, an official website for public service of Creative Research Systems survey software (https://www.surveysystem.com) to determine how many subjects included in the study. Based on total population = 1336, results obtained that required sample size was equal to 400 nurses.

Instrument

After reviewing the literature, a self – report questionnaire was adopted and used for collecting data for this study. The questionnaire comprised three main parts; The first part included some selected demographic data about the study subjects, namely; personal characteristics (age, gender, social status, nationality, number of children have, educational level), and professional characteristics (years of experience, work setting, position, and shift work).

The second part was the Burnout Questionnaire, namely Maslach Burnout Inventory human services survey for medical personnel (MBI-HSSMP) which was developed by Maslach et al. in 1996. The current edition of the MBI-HSSMP is a self-administered questionnaire, with 22-items that assess burnout among staff working in the human services industry. It contains three subscales, first one namely as: EE (which describes feelings of being emotionally exhausted, overextended, drained by one’s contact with other people, and tired with work). Second subscale is DP (which describes feelings of negative attitudes and feelings and lack of compassion toward work, and an unfeeling and heartless response toward these people who are usually the recipients of one’s service or care). Finally, the third one was PA (which provides a measure of feelings of self-efficacy and achievement relating to one’s occupation, where a low sense of PA; decreased feelings of competence and ineffectiveness and dissatisfaction with one’s work) (66; 67).
Ethical Considerations

Official approval was obtained from authors who had developed the instruments to adapt and use the instrument. As well as official approval was taken from the administration of selected hospital setting. Written informed consent on the first page of the questionnaire was set to obtain approval from subjects of the study before collecting needed data. Participants were verbally reassured about the confidentiality of the information provided, where no names would be mentioned in any report. Only numbers were used to maintain anonymity (details are never passed on to third parties) (27).

Procedures

Data collected through self-administered questionnaire sheets on participants who met the criteria, directly in the selected setting, while they were on duty; by fulfilling the nursing office representatives who were willing to cooperate in data collection. The representative in each unit explained to nurses the purpose of the study and informed participants that they could choose to withdraw from the study at any time without consequences, with maintaining the confidentiality of the participant’s identities through the data collection process. Questionnaires collected from all units in a duration between 3 to 4 months. After receiving the responses, data extracted from the surveys sheet into a spreadsheet after editing and coding. Then, the spreadsheet uploaded to the Statistical Package for Social Science (SPSS® version 24.0) program to examine and analyze the study sample. Completed surveys were kept in a secured locked box, and all data and data derivatives were stored on flash drives, not on the researcher’s computer hard drive, for five years before being destroyed. Flash drive will be kept in a locked cabinet away from the public and other researchers or hospital staff. 440 questionnaire sheets were distributed (400 with 10% added to avoid missing, incomplete, unresponsive from participants, to reach sample size that in need to analyze). 40 questionnaire sheets were had deleted due to incomplete responses based on listwise deletion technique. Therefore, 400 sheets had analyzed.

STUDY RESULTS

Participants Characteristics most of participated nurses were have 30 to 40 years old with 42.3%, and most of participants were females (92.5%), and married (72.3%), with mostly responsible for 1 to 3 children that they have (57%). Expatriate nurses were mostly dominant as only 1.5% from nurses were Saudis. Bachelor degree holders was highest in percentage (58.3%), then 40.5% with diploma degree, and only 1.3% have master degree. It observed that 52.3% have more than six years’ experience, 31% with 3 to 6 years, and only 16.8% with less than three years. Other participants characteristics were represented with work setting, position, and shift work, where most of them were allocated in surgical (30.8%), and ICUs ward (28.3%), While 88.5% were in bed side position, and only 11.5% were have line management position. Lastly, 91.3% from participants were have day and night work shifts, and only 8.8% in day only shifts.

Question 1: What Is The Status Of Burnout Among Nurses?

To find out burn out level, results illustrated means and Stannard Deviations (STDs) for each item in each burnout dimension (i.e. Emotional Exhaustion (EE), Depersonalization (DP), and Personal Accomplishment (PA) to detect the burnout level. Table 1 obtained highest item of EE was exist once a week or less which “I feel used up at the end of the workday” with mean ± STD (3.65 ± 1.898), while lowest item exist with once a month or less in frequency was “Working with people all day is a strain for me” with mean ± STD (1.78 ± 1.860). For obtained highest item of DP was exist once a month or less which “I have become more callous toward people since I took this job” with mean ± STD (2.36 ± 2.064), while lowest item was exist with a few times a year or less in frequency which “I do not care what happens to some patients” with mean ± STD (1.04 ± 1.643). PA as one of burnout dimensions illustrated in table1, where highest item scored with once to a few times a week in frequency occur which “I deal very effectively with the problems of my patients” with mean ± STD (4.52 ± 1.866), while lowest item was exist with a few times a month to once a week frequency which “I feel exhilarated after working closely with my patients.” with mean ± STD (3.24 ± 1.958). Finally, to find out burn out level for each dimension among participants, results stated the means ± STD as: EE with 24.09 ± 11.92 out of 54, DP with 9.60 ± 6.80 out of 30, and PA with 33.90 ± 8.35 out of 48. According to scoring criteria it showed that participants have medium EE and DP levels, while they have medium PA level.

Table 1 Means, and standard deviations of participants perception towards emotional exhaustion

<table>
<thead>
<tr>
<th>Emotional exhaustion</th>
<th>Mean</th>
<th>STD*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I feel used up at the end of the workday.</td>
<td>3.65</td>
<td>1.898</td>
</tr>
<tr>
<td>7. I feel I am working too hard on my job.</td>
<td>3.23</td>
<td>2.083</td>
</tr>
<tr>
<td>1. I feel emotionally drained from my work.</td>
<td>3.21</td>
<td>1.856</td>
</tr>
<tr>
<td>3. I feel fatigued when I get up in the morning and have to face another day on the job.</td>
<td>3.19</td>
<td>2.030</td>
</tr>
<tr>
<td>5. I feel burned out from my work.</td>
<td>2.88</td>
<td>1.963</td>
</tr>
<tr>
<td>6. I feel frustrated by my job.</td>
<td>2.21</td>
<td>1.910</td>
</tr>
<tr>
<td>8. Working with people directly puts too much stress on me.</td>
<td>2.08</td>
<td>1.969</td>
</tr>
<tr>
<td>9. I feel like I am at the end of my rope.</td>
<td>1.89</td>
<td>2.053</td>
</tr>
<tr>
<td>4. Working with people all day is a strain for me.</td>
<td>1.78</td>
<td>1.860</td>
</tr>
</tbody>
</table>

Depersonalization

11. I have become more callous toward people since I took this job. | 2.36   | 2.064 |
| 12. I worry that this job is hardening me emotionally. | 2.33   | 1.990 |
| 14. I feel patients blame me for some of their problems. | 2.18   | 1.877 |
| 10. I feel I treat some patients as if they were impersonal objects. | 1.71   | 2.059 |
| 13. I do not care what happens to some patients. | 1.04   | 1.643 |
| 9.6025   | 6.804  |

Personal accomplishment

16. I deal very effectively with the problems of my patients. | 4.52   | 1.866 |
| 17. I feel I am positively influencing other people’s lives through my work. | 4.51   | 1.642 |
| 22. In my work, I deal with emotional problems very calmly. | 4.46   | 1.619 |
| 15. I can easily understand how my patients feel about things. | 4.39   | 1.863 |
| 18. I feel very energetic. | 4.30   | 1.611 |
| 19. I can quickly create a relaxed atmosphere with my patients. | 4.26   | 1.643 |
| 21. I have accomplished many worthwhile things in this job. | 4.23   | 1.810 |
| 20. I feel delighted after working closely with my patients. | 3.24   | 1.958 |
| 33.9025   | 8.346  |

*Standard Deviation
**Question 2: Are There Any Differences Between Some Demographic Characteristics Toward Nurses’ Burnout?**

To find out if there are any differences between some demographic characteristics toward nurses’ burnout level, ANOVA, Independent t-test, Kruskal-Wallis, and Mann-Whitney test were performed based on nature of variables tested. Table 2 and 3 showed that no statistical significant differences between age groups towards all dimensions of burnout level, where P-value ≥ 0.05. Results demonstrated slightly diminished in burnout level (EE, DP, and PA), as long as age increase. It showed that no statistical significant differences between years of experience groups towards all dimensions of burnout level, where P-value ≥ 0.05. Results demonstrated slightly diminished in burnout level (EE, DP, and PA), as long as years of experience increase. Nurses were stated different perception towards burnout level according to their work setting, where statistical significant differences between work setting groups towards all dimensions of burnout level (P-value ≤ 0.05). According to table, it showed that nurses in medical wards were have highest mean scores for EE, DP, and PA level with 3.64, 2.58, and 4.34, respectively. Nurses stated lowest to EE level in ICU wards with mean = 2.37, lowest to DP level in pediatric wards with mean = 1.58, lowest to PA level in ICU wards with mean = 3.94.

Nurses were stated different perception towards burnout level according to their gender (Table 3). Statistical significant differences between genders towards EE, and DP dimensions of burnout level (P-value ≤ 0.05) were exist, while no statistical significant differences between genders towards PA dimension of burnout level (P-value ≥ 0.05). Accordingly, Males nurses were stated higher EE and DP level than females with mean = 3.43 compared to 2.62, and mean = 2.55 compared to 1.87, respectively. However, no differences between males and females in PA level with mean = 4.55, and 4.21, respectively.

No statistical significant difference was observed between nurses burnout level according to their positions (P-value ≥ 0.05). However, slightly increment in EE and DP level among bed-side nurses with means = 2.68, and 1.96, respectively, while slightly higher PA level among first line managers was observed with mean = 4.52, compared to bed-side nurses with PA mean level = 4.20. No statistical significant difference was observed between nurses burnout level according to their working shifts as in table 2 (P-value ≥ 0.05). However, slightly increment in EE level among who day only work with means = 2.74 compared to who had day and night work with mean = 2.67. On the other hand DP level was slightly higher with who had worked day and night with mean = 1.93, compared to1.85 for who had day only work. Lastly, PA level was slightly higher in day only shifts workers compared to day and night shift workers with mean = 4.40, and 4.22, respectively. The result illustrated also no statistical significant difference was observed between nurses burnout level according to their marital status (P-value ≥ 0.05). However, as Kruskal Wallis test, the mean rank for single nurses was highest in EE and PA levels, and divorced nurses was highest in DP level. The table illustrated that no statistical significant difference was observed between nurses EE level according to the number of children that have (P-value ≥ 0.05), however, slightly increment for EE level observed with who have 7 children and above. In contrast, statistical significant difference was observed between nurses DP and PA level according to the number of children that have (P-value ≤ 0.05), where who have 7 and above children had highest mean rank for DP level, and lowest mean rank for PA level. In addition to no statistical significant difference was observed between nurses burnout level according to their educational level (P-value ≥ 0.05), however, master degree holders stated slightly increment in EE, DP, and PA levels compared to diploma and bachelor degree holders.

**Table 2 ANOVA Test: differences between selected Demographic Characteristics toward burnout dimensions**

<table>
<thead>
<tr>
<th>Age groups</th>
<th>EE(X±SD)</th>
<th>DP(X±SD)</th>
<th>PA(X±SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 – 30 years old (n= 104) (X±SD)</td>
<td>2.94 ±1.46</td>
<td>1.98 ±1.47</td>
<td>4.32 ±0.93</td>
</tr>
<tr>
<td>30 - 40 years old (n=169) (X±SD)</td>
<td>2.52 ±1.33</td>
<td>1.94 ±1.30</td>
<td>4.14 ±1.11</td>
</tr>
<tr>
<td>40 - 50 years old (n=100) (X±SD)</td>
<td>2.72±1.21</td>
<td>1.89±1.37</td>
<td>4.33±1.04</td>
</tr>
<tr>
<td>Above 50 years old (n= 27) (X±SD)</td>
<td>2.49±1.05</td>
<td>1.69±1.30</td>
<td>4.15±1.01</td>
</tr>
</tbody>
</table>

**Table 3 T. Test: differences between the demographic characteristics to ward burnout dimensions**

<table>
<thead>
<tr>
<th>Educational level</th>
<th>EE</th>
<th>DP</th>
<th>PA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diploma (n=162)</td>
<td>187.16</td>
<td>208.05</td>
<td>192.00</td>
</tr>
<tr>
<td>Bachelor (n=233)</td>
<td>208.31</td>
<td>194.40</td>
<td>205.58</td>
</tr>
<tr>
<td>Master (n=5)</td>
<td>268.80</td>
<td>240.10</td>
<td>238.90</td>
</tr>
</tbody>
</table>

Note: *p* value ≤ 0.05, where who have...
DISCUSSION

Based on three dimensions (EE, DP, and PA), the findings of the current study indicated that nurses stated medium burnout level for EE, DP, and as well as for PA scale among nurses. Findings come with nurses feelings that they used up at the workday a few times a month, where they work hard in their time, and emotionally drained from work. This lead nurses fatigue when they get up in the next work day a few times a month. It find as well that nurses are not make sure that they reached burnout, and frustration level because still they may feel that good positive issues are exist such as colleagues in work are not stressful, and they do not a straining people, or at slightest that straining is exist a few times a year or less. It indicated that nurses become feeling that they more callous toward people than before took this job but not so highly level, and may they feel that job is affecting negatively their emotional feelings, and how they are treating patients and how they handling their needs some times. Findings showed some positive attitudes toward patients with frequency once to few times in a week. This results have to be consider, since patients in need for care all times, however, they deal very effectively with the problems of their patients, creating a relaxed atmosphere for patients, and easily to understand how patients feel about things. Even delighted feelings that expressed by nurses after working closely with patients, the frequency of such feeling is just few times in a month. On the other hand, other positive attitudes were exist as very energetic in dealing with colleagues and influencing them, and dealing with emotional problems very calmly, which lead to feel that they have accomplished many worthwhile things in this job.

Findings are matching with Aiken et al. (2001) who found that 40% of the nurses in four countries experienced job burnout. As well as, with Ohue et al. (2011); and Benjamin et al. (2016), who stated that job burnout widely occurs among nurses and doctors. Espeland (2006) stated that stress can produce energy and urgency, which parallel with current findings. Bergard et al. (2015) results matching with current results; and Aiken et al. (2011) stated that burnout and engagement among nurses and other healthcare professionals play a vital role in the quality of patient care. Even burnout produces a sense of helplessness and hopelessness, current findings were not agree with Raftopoulos (2012) findings who reported that a total of 65% of nurses perceived that their job was stressful, and they quickly fall into job burnout.

Results are important to consider since the nurse profession consider one of the largest human resources and departments in medical institutions, and they tend to have the longest and closest contact with patients (68), and reducing nurse burnout has been found to be in favor of patient care, such as reducing patient infections by 30% (16). Nursing is at high risk, high pressure, and labor-intensive profession, and thus, a high occurrence of job burnout be present among nurses, where it associated with decreased retention of nurses and lack of professional commitment (15). According Halbesleben et al. (2013); Nantsupawat et al. (2016); Vahey et al. (2004); and Alharbi et al. (2016), the adverse effect of burnout in nurses will extended to include reduced quality of nursing care, absence from work, increased the turnover rate and decreased patient satisfaction. Therefore, this findings have to be considered for further studies.

Findings showed that no significant differences between age groups towards all dimensions of burnout level, however slightly diminished in burnout level (EE, DP, and PA), as long as age increase. No significant differences between years of experience groups towards all dimensions of burnout level, and only slightly diminished in burnout level (EE, DP, and PA), as long as years of experience increase. Significant differences between work setting groups towards all dimensions of burnout level, where nurses in medical wards were have highest mean scores for EE, DP, and PA level, while nurses in ICU wards stated lowest to EE level, and lowest perceived level to DP in pediatric wards, and lowest perceived level to PA in ICU wards. Nurses were stated different perception towards burnout level according to their gender, where male nurses were stated higher EE and DP level than females, however, no differences between males and females in PA level. No significant difference was observed between nurses burnout level according to their positions, however, slightly increment in EE and DP level among bed-side nurses, while slightly higher PA level among first line managers was observed. No significant difference was observed between nurses burnout level according to their working shifts, however, slightly increment in EE level among who day only work compared to who had day and night work. On the other hand, DP level was slightly higher with who had worked day and night compared to who had day only work. Lastly, PA level was slightly higher in day only shifts workers compared to day and night shift workers. No significant difference was observed between nurses burnout level according to their nationalities, however, Saudis nurses was slightly higher than non-Saudis in related to EE and DP level. While, non-Saudis was slightly higher than Saudis in related to PA level. No statistical significant difference was observed between nurses burnout level according to their marital status, however, single nurses was highest in EE and PA levels, and divorced nurses was highest in DP level. No significant difference was observed between nurses EE level according to the number of children that have, however, slightly increment for EE level observed with who have 7
children and above. In contrast, significant difference was observed between nurses DP and PA level according to the number of children that have, where who have 7 and above children had highest DP level, and lowest PA level. No significant difference was observed between nurses burnout level according to their educational, however, master degree holders stated slightly increment in EE, DP, and PA levels compared to diploma and bachelor degree holders.

**Conclusion and Recommendation**

Findings showed slightly diminished in burnout level (EE, DP, and PA), as long as age, and years of experience increase. Male nurses were stated higher EE and DP level. Nurses in medical wards were have highest EE, DP, and PA level, while nurses in ICU wards were have lowest EE, and PA levels. Slightly increment in EE and DP level among bed-side nurses, while slightly higher PA level among first line managers were observed. Slightly increment in EE level among who had a day only work. On the other hand, DP level was slightly higher with who had worked day and night. Lastly, PA level was slightly higher in day only shifts workers. Saudis nurses were slightly higher than non-Saudis in related to EE and DP level. While, non-Saudis were slightly higher than Saudis in related to PA level. Single nurses was highest in EE and PA levels, and divorced nurses was highest in DP level. Slightly increment for EE level observed with who have 7 children and above, and they have highest DP, and lowest PA levels. Master degree holders stated slightly increment in EE, DP, and PA levels.

The Hospital leaders have to be accountable and are in need to recognize the importance of focusing on nurses’ burnout level, therefore, they have to address a proper actions and plans that will lead to minimize its level as possible. As well as, they need to spend more effort toward cultivating, enhancing, and adopting of a new culture of excellence that interest in nurse’s emotional and personal feelings, so that nurses can work more comfortably.

Since the insufficient number of Saudi nurses available to meet the healthcare needs of the country has led to a reliance on expatriates. Therefore, it is important to recruit more national nurses and retain current expatriates to minimize the effect of the nursing shortage, where the reducing nurse burnout could be a useful strategy to overcome such shortages.

Healthcare policies and regulations should adopt toward enhancing transformational changes (i.e. reducing burnout level) needed to drive the nursing profession toward the best outcomes for patients and nurses.

**References**


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