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Relationship Between Work Environment and Burnout among Nurses Working at Teaching Hospitals in AL-Nasiriya City

A Thesis

Submitted to the Council of /College of Nursing/University of Babylon

Partial Fulfillment of the Requirements for Degree of Master Sciences in Nursing

By

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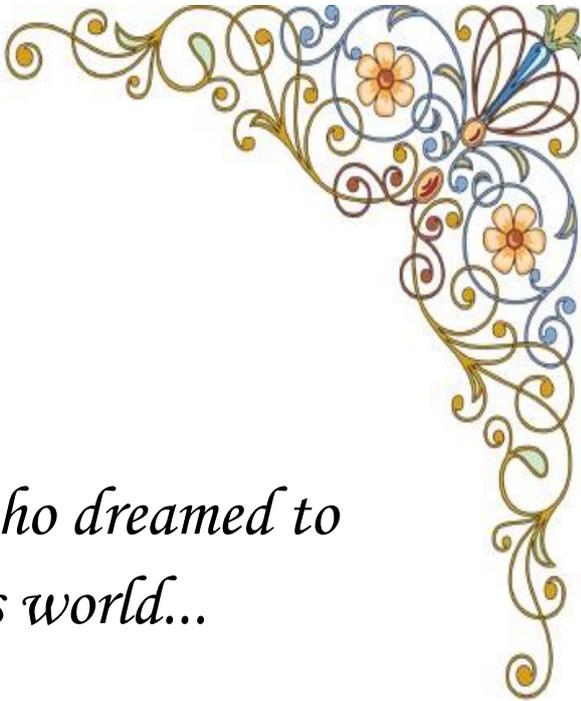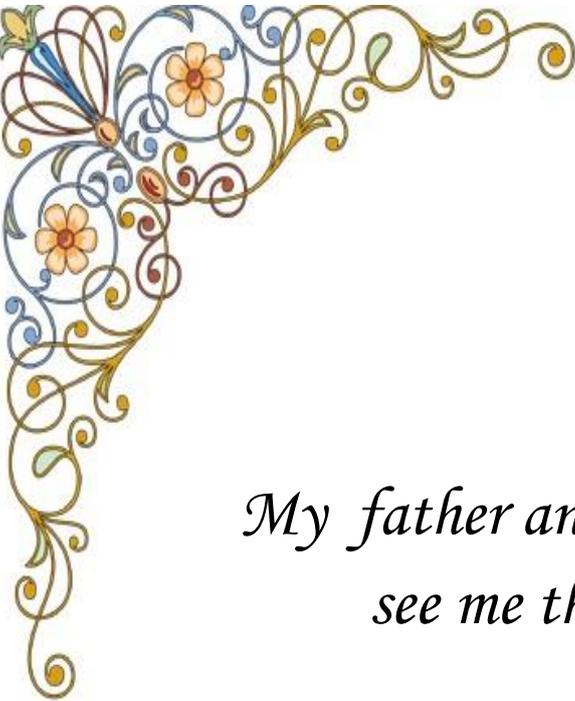*Prof. PhD. Saja Hashim Mohammed*

December/ 2021 A.D   **Jumada al -Awwal / 1443 A.H**

بسم الله الرحمن الرحيم

وَأَن لَّيْسَ لِلْإِنسَانِ إِلَّا مَا سَعَىٰ ﴿٣٩﴾ وَأَنَّ سَعْيَهُ سَوْفَ يُرَىٰ ﴿٤٠﴾

صدق الله العظيم

سورة النجم أية (39-40)

Dedication

TO

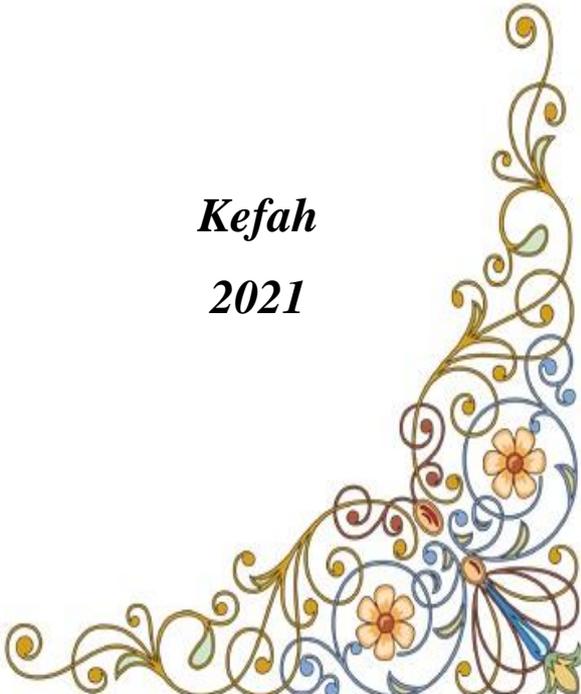My father and mother , who dreamed to see me the best in this world...

To the prophet Mohammed , may God's prayers and grant him peace...

My husband (Sheikh Atheer Talib Al jabery) and daughter (lara), brothers and sisters , and friends with all love and respect...

To all of them I grant my modest work …

Kefah

2021

Acknowledgements

Abstract

Background: A positive work environment is especially important for healthcare professionals and patient safety. Positive work environments affect all healthcare professionals and improve patient outcomes by enhancing the quality of services and reducing burnout. **Aims**: The purpose of this study is to identify the effect of the work environment on burnout among nurses. As well as identifying differences in the work environment and burnout between hospitals.

Methodology: The correlational study was conducted through the use of purposive samples of 200 nurses, the sample was selected from teaching hospitals. The reliability of the questionnaire was achieved through a pilot study and then presented to experts to prove its credibility. The data were collected by using the self-report method and analyzed through the application of descriptive and inferential statistical analysis.

Results: Statistical analysis showed that (63.0%) of nurses express a poor work environment and (56.5%) were express a high level of burnout. The results showed that there were no statistically significant differences between the work environment and hospitals at $p > 0.05$. While there were statistically significant differences between burnout and hospitals at $p < 0.05$. Linear regression confirmed that work environment had high significant effects on burnout at $p < 0.01$.

Conclusion: Most nurses view the hospital environment as unhealthy as a result of expressing high risks, professionals' workload and keeping forms of violence, and this imposes psychological exhaustion that can affect their performance. **Recommendations:** Paying attention to the issues of nurses by improving the organizational climate for work by paying attention to the organizational aspect and reconsidering the communication system, allowances and rewards in force in the hospital.

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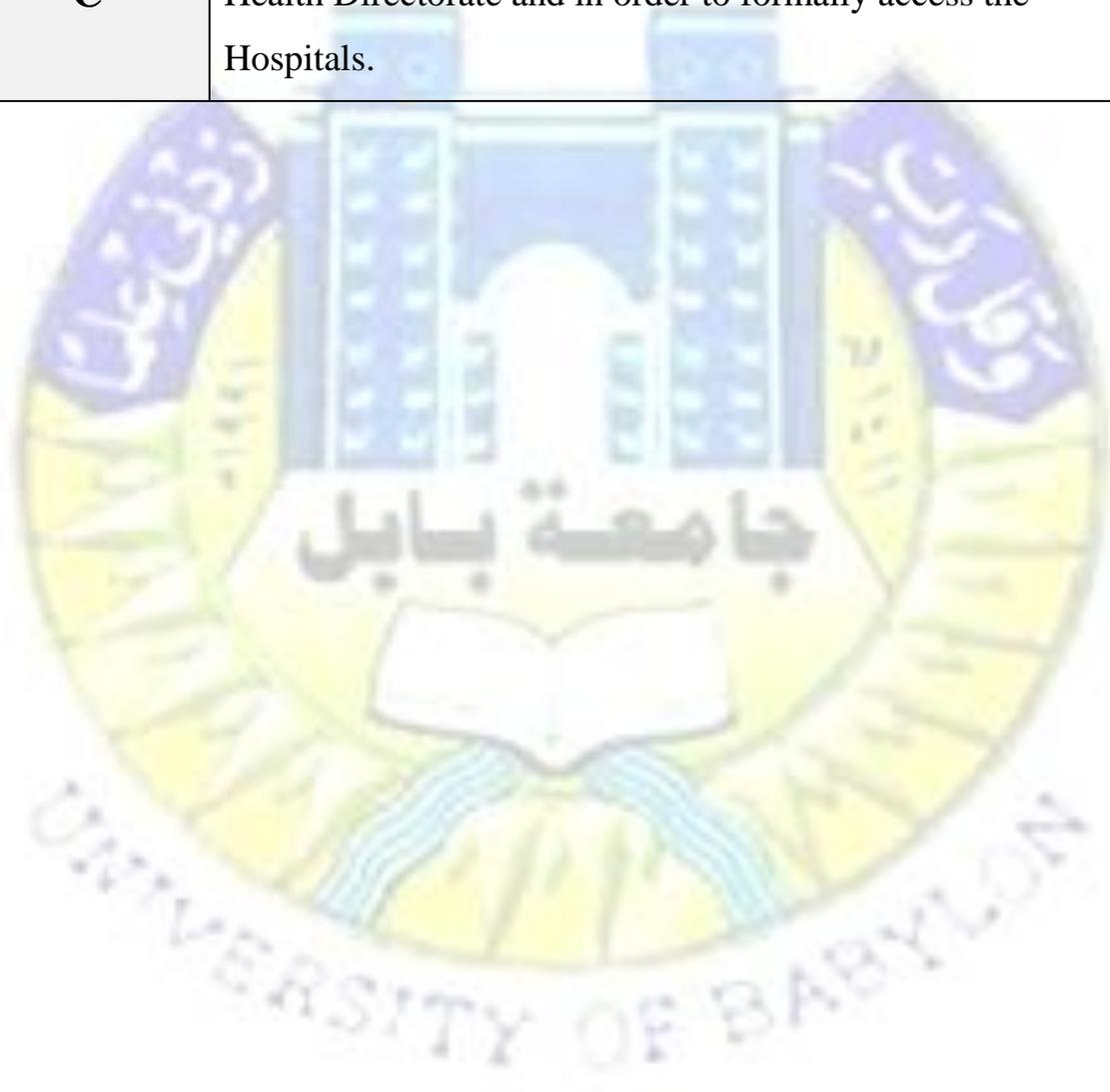
List of Abbreviations

Item	Meaning
A	Alpha Cronbach
ATS	American Thoracic Society
ANOVA	Analysis of variance
et al.	And others
BOS	Burnout syndrome
CIER	Contemporary Issues in Education Research
CCU	Critical care unit
D.f:	Degree of freedom
Dr.	Doctor.
e.d.	Edition/ editor
Freq.	Frequency
GAS	General Adaptation Syndrome
ICU	Intensive care unit
ICD-10	International classification of disease 10 threversion
ICD-11	International classification of disease 11threversion
M	Mean
M.s.	Mean of score
$\geq$	More than or equal
NHTF	National Healthcare Task Force
NICU	Neonatal intensive care unit
NWI	Nursing Work Index
NWI-R	Nursing Work Index- Revised
N.S	Not significant
N	number of sample of sample size
PNWE	Practice Nursing Work Environment
p.	Page
p.p.	Pages

PHCN	Primary heath care nursing
P-value	Probability
Prof	Professor
PsyCap	Psychological capital
RN	Register nurse
F	Regression value
Sig.	Significant
S.d.	Standard deviation
SPSS	Statistical Package of Social Sciences
U.s	United state
WHO	World heath organization

List of Symbol

Item	Meaning
χ^2	Chi- square test
χ^2 crit.	Chi-square critical
χ^2obs.	Chi-square observer
$	Dollar sign
=	Equal
σ_{ij}	Estimated covariance between items i and j
E_i	Expected frequency
$\leq$	Less than or equal
$\geq$	More than or equal
O_i	Observed frequency
%	Percentage
$\sum$	Sum
σ_{ii}	Variance (not standard deviation) of item i
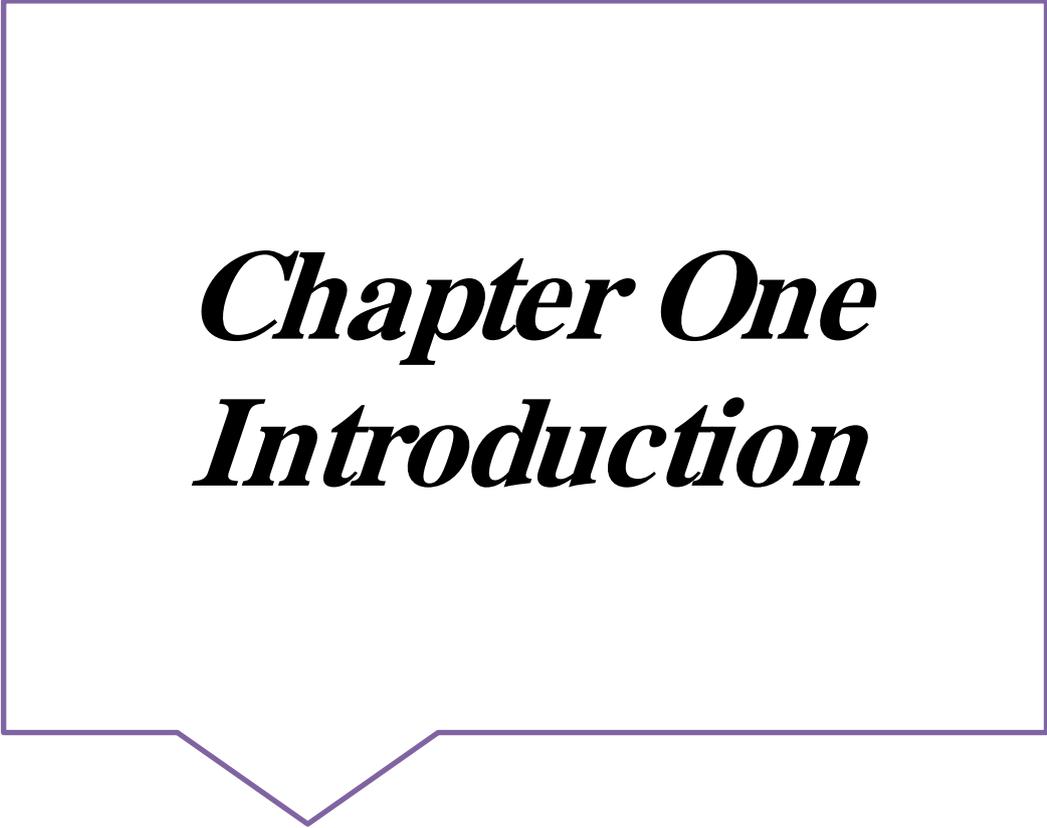
Chapter One
Introduction

Chapter One

Introduction

1.1.Introduction

Nursing is considered as a noble profession to give care with greater understanding for all human beings regardless of any difference between people. nursing is both a profession and an art. A nurse serves the society and does much good to people. Nursing is defined as a profession that promotes protection, improves health, prevents sickness and injury, and alleviates suffering via the diagnosis and treatment of human beings. It is very significant in any country's patient care services and health care system (Yas & Mohammed, et al., 2016; Permarupan et al., 2020).

Nursing is a physically and mentally hard career for nurses, and nurses' tasks are difficult because they often work with health promotion, work long hours in health care facilities, and have very demanding obligations that may damage their health and well-being (Zaki, 2016).

High levels of stress can lead to a variety of health and work-related issues, including physiological and psychological diseases, a lack of professional competence, job discontent, burnout and a reduction in the quality of patient treatment (Wang et al., 2015).

The hospital is one of the most significant healthcare settings, with nurses playing a critical role in the patient's physical and mental well-being (Alidosti et al., 2016).

Burnout is defined as long-term occupational stress that has not been effectively managed, and it is exacerbated by three factors: emotional energy depression or burnout, which results in increased mental space away from one's job or job, or feeling negative about one's job, which reduces professional performance (WHO, 2019).

Professional nurses are frequently exposed to prolonged stress in the nursing field, which can lead to burnout, which can diminish the quality

of nursing care and increase turnover. In general, nursing occupations are more susceptible to burnout than other professions (Alfuqaha et al., 2019).

Burnout syndrome is an international phenomena that has always gotten increasingly prominent in professional fields, particularly in health care and social work, affecting workers' quality of work and health in both physical and psychological aspects. Another result of burnout is absenteeism or job loss, as well as degradation of personal or family relationships, and burnout affects health workers from all cultures and countries in the same way (Alqurashi, 2016).

The professional's work environment is the setting in which he can display his knowledge, abilities, and attitudes while also achieving pre-determined objectives (Balsanelli & Cunha 2014).

Workload requirements, nursing supervisors' competencies, leadership, staffing and adequacy resources, availability of support, and a teamwork climate are all factors that affect nurses' health in hospitals (Elbejjani et al., 2020).

The quality of nursing care, nurses' job results, and patient outcomes are all expected to be influenced by their work environment (Lake et al., 2019).

Every work environment, particularly in a hospital setting, must be conducive, friendly, and stress-free in order to promote quality care and the wellbeing of health care workers, whose job demands are increasing day by day as a result of technological advancements and patients' demand for quality in response to rising health-care costs. Stress is regarded a normal component of life that is required on occasion as a push to increase functional ability, but when it is experienced for an extended period of time, it is harmful to one's health and productivity (Ojekou & Dorothy 2015).

The organizational characteristics of "work settings that enable or constrain professional nursing practice" are referred to as "nurse work environment." Over the years, work environment research has centered on examining the characteristics of a desirable work environment for nurses and their impact on a variety of outcomes, including nurse and patient safety (Alharbi, 2018).

Unsatisfied nurses are more likely to focus on completing their duties rather than being client-focused, disregarding the quality of care offered. Unsatisfied nurses are also more likely to leave their positions, affecting the quality of care owing to nursing shortages. Furthermore, hospital safety will be harmed as a result of an increase in medical errors. On the other hand, the financial load on the hospital will be increased as a result of paying financial settlements to departing nurses and spending to train new replacement nurses (Suliman & Aljezawi, 2018).

Other aspects of the medical profession, such as sophisticated caring processes and higher morbidity and mortality rates, as well as other administrative responsibilities such as quality assurance systems, might aggravate the issue for dissatisfied nurses (AbuAlRub et al., 2012).

One of the ways for addressing nurses' work-related difficulties is to create a healthy work environment (HWE) (Chhugani & James, 2017). A healthy work environment is one in which policies and procedures are designed to assist employees in achieving organizational goals, providing quality care, and feeling efficient and satisfied. For nurses, a healthy work environment comprises not only physical or structural elements, but also cultural, assessment, leadership, and organizational climate (Bakker et al., 2013).

Prevents disappointment, sadness, anxiety, stress, and job burnout in nurses, improves nurses' health and well-being, and has a favourable impact on nurses' satisfaction and organizational commitment, as well as

patients' satisfaction, safety, and length of hospital stay. Nurses, patients, the nursing profession, and health-care organizations all benefit from hospital work environment (Soheili et al., 2021).

1.2. Importance of Study

Occupational burnout among nurses is a major factor affecting the quality of nursing care. Assessing the work environment and burnout and its related factors is necessary for discouraging the development of burnout (Abedi-Gilavandi et al., 2019).

Nurses have been found to be the most vulnerable to burnout among health care professionals. This is due to the fact that nurses are expected to provide humane, empathetic, culturally sensitive, proficient, and moral care in working environments with limited resources, a shortage of nurses, and increasing responsibilities. Job satisfaction and burnout among health care personnel are critical issues because they effect turnover rates, staff retention, and ultimately the quality of patient treatment because of the imbalance between providing high quality care within a restricted resource setting (Khamisa et al., 2015).

Nursing has a reputation for being one of the most demanding professions (Yas et al., 2017). Nursing is a highly sought-after profession that necessitates an individual's ability to operate under great physical and emotional stress in the workplace, making it one of the most difficult occupations due to the high demands placed on professional nurses. Because of the demanding nature of the nursing profession, nurses must be physically and emotionally resilient in order to address job-related challenges and perform well at work (Permarupan et .al., 2020).

When compared to other health care professionals, nurses have reported high levels of burnout, and various studies have already identified occupational burnout among nurses in more nations (Rezaei et al., 2018).

Burnout affects both professional and personal performance and productivity. In the long run, the emotional reactions that disease can produce contribute to a mental weight that is difficult to manage normally (Alotni et al., 2020).

People who work in emotional or action circumstances are more likely to experience burnout, which is marked by an increase in emotion, emotional weariness, and a drop in personal performance (Bešević-Ćomića & Bosankić, 2014).

Workplace related burnout among nurses has become a global concern affecting many countries. It frequently causes nurses to be unsatisfied with their professions, resulting in high absenteeism, plans to quit the institution, higher turnover, and a nurse shortage (Lim et al., 2010).

As a result of human, administrative, organizational, and work features, burnout is regarded an epidemic problem among nurses, reducing nurses' ability to appropriately cope with their high job expectations, especially as the nursing workforce ages and job needs increase (Queirós et al., 2019).

Job-related burnout in the health-care facility not only reduces productivity at work, but it can also interfere with human perception, affecting an individual's appropriate judgment and reducing the ability to predict accidents, leading to illegal operations and even medical accidents, lowering the quality of care provided to patients (Humphries et al., 2014).

Burnout is linked to decreased productivity at work, decreased contentment, and a decreased commitment to the occupation or organization. It is also linked to the desire to leave one's employment (Tarcan et al., 2017).

The prevalence of burnout in nursing varies from area to area within the same hospital. However, the ICU documented that nurses are exposed to higher levels of psychological stress and physical tension,

which leads to burnout, indicating that burnout is widespread in the intensive care unit (Al-Turki et al., 2010).

The most powerful element influencing nursing outcomes, as well as perceptions of care quality and client safety, is the work environment (Lucas & Nunes, 2020).

Finally, the researcher believes that the overloaded work, the important place, and the critical cases of patients in which the nurse works, and the pressure of work that the nurse exposed cause to burnout .

1.3. Statement of the Problem

Relationship between work environment and burnout among nurses working at teaching hospitals in AL-Nasiriyah City.

1.4. Objectives of Study

The study aimed at:

1. Assessing work environment among nurses working in Teaching hospitals in AL-Nasiriyah City.
2. Assessing the levels of burnout among nurses working in Teaching hospitals in AL-Nasiriyah City.
3. Finding out relationship between nurses burnout and their demographical data.
4. Investigating the differences in work environment and burnout with regard to hospitals.
5. Identifying the effect of work environment on burnout among nurses working in Teaching hospitals in AL-Nasiriyah City.

1.5. Definition of terms

1.5.1. Work Environment

Theoretical

The surrounding conditions in which an employee operates (Massoudi & Hamdi, 2017).

Operation

Is the setting, social features and physical conditions in which perform job.

1.5.2.Burnout

Theoretical

It's a long reaction to pre-existing interpersonal and emotional stress in the workplace. Burnout impacts both social and personal functioning due to three subdomains: tiredness, depersonalization, and reduced personal performance (Maslach, 2011).

Operation

Is a state of emotional, physical, and mental exhaustion caused by excessive and prolonged stress.
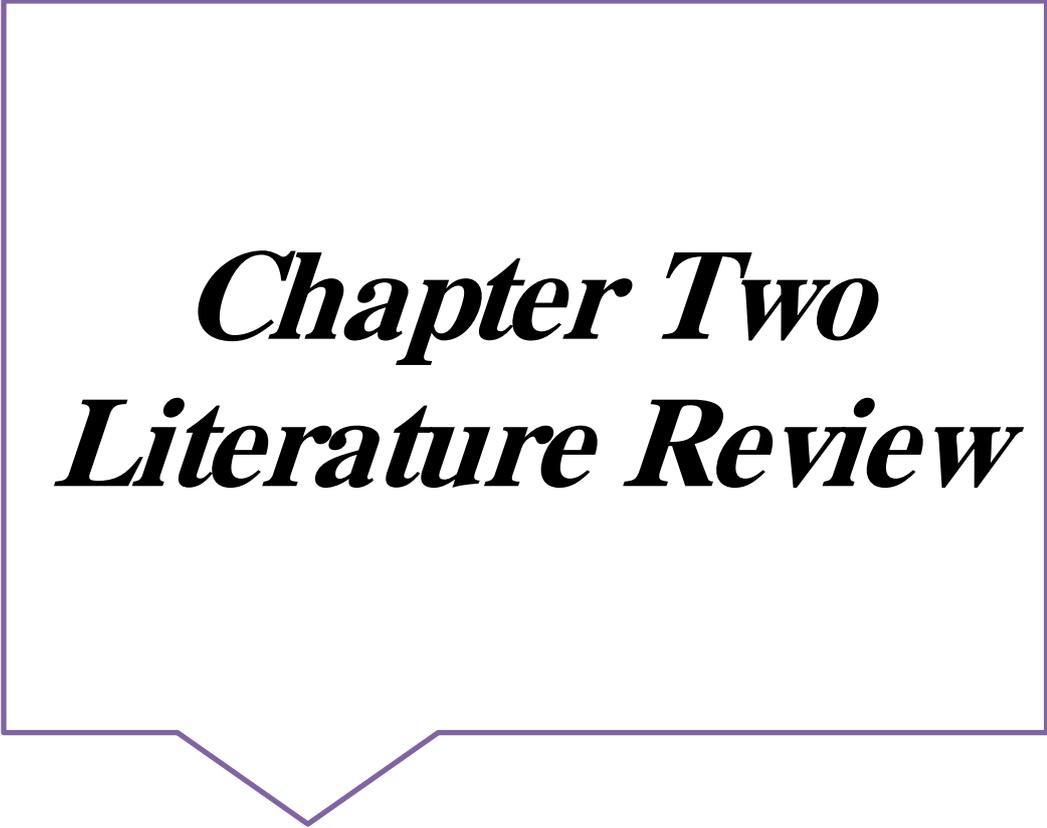
Chapter Two
Literature Review

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Chapter Two

Literature Review

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2.1. Historical Background of Burnout

The phenomena of burnout began in the United States in the mid-1970s, and Freudenberge (1989) presented a key explanation of the phenomenon. Maslach, a social psychologist, studied burnout in the workplace as a response to interpersonal pressures and sentiments in 1976 (Blache et al., 2011; Maslach et al., 2016).

The early burnout research was exploratory in nature, relying mostly on qualitative methods. Because the first researchers originated from the domains of social and clinical psychology, they were drawn to concepts from these fields. Detached concern, dehumanization in self-defense, and attribution processes were examples of notions used in the social perspective that dealt with interpersonal connections, or how people see and respond to others. It also included motivation and emotion ideas (and especially coping with emotional arousal) (Maslach & Leiter2016).

Maslach studied a wide variety of human services staff about their feelings of stress in their job positions. This early research was focused on the experience of people employed in social work and health care-professions in which the goal is to provide assistance and service to people in need, and thus emotional and interpersonal stressors (Maslach et al., 2016).

Burnout has traditionally been studied in the context of people services, such as health care, social work, psychotherapy, and teaching. The most common definitions describe burnout as a state of emotional exhaustion, depersonalization, and decreased personal achievement that can occur among people who interact with people in some capacity. Burnout was first discovered in the late 1980s, and numerous studies concurred that pressures that produce burnout in human services can also be present in

other occupations. Maslach and Leiter (1997) provided more extreme interpretations of the overall essence of burnout, which is defined as the disturbance between people and their ability to conduct work (Blache et al., 2011).

The early models took a step-by-step approach, believing that burnout progressed through a succession of phases. Later models were based on notions such as work stress and strain-induced imbalances. The Maslach Burnout Inventory was the first burnout assessment to use a comprehensive psychometric testing procedure (Cooper et al., 2017).

2.1.1. Concept of Burnout

Burnout is a physiological syndrome characterized by physical and emotional tiredness brought on by long-term exposure to chronic stressors, particularly professional stress, and a lack of sufficient coping strategies. Burnout has three primary characteristics, as is well known. The first is emotional tiredness, which is the most common symptom of burnout and entails energy loss as well as physical deterioration. Depersonalization is the second dimension, which involves a decrease in idealism and a negative attitude toward customers. Burnout is characterized by frustration, position conflict, position uncertainty, unreasonable demand, time pressure, fatigue, inability to do one's job, absenteeism, lack of motivation, and encouragement, as well as possible conflicts with co-workers and supervisors (Alfuqaha & Alsharah, 2018; Long et al., 2014).

Burnout is defined as a mental modification illness in ICD 10, which includes the classification of diseases, their symptoms, and the etiology of disease development. The WHO included burnout to ICD-10 in 1992. Furthermore, the symptoms must appear within three months of the initiation of stress, and if the stress lasts longer than six months, it is considered burnout (Kubicek & Korunka, 2015).

Burnout will be recognized as an occupational ailment in the 11th Edition of the International Classification of Diseases (ICD-11) in 2019, rather than a medical condition, and the World Health Organization will issue evidence-based guidelines on employee mental wellbeing in 2019 (WHO, 2019).

Burnout can cause emotional exhaustion, depersonalization, and a reduction in personal function. Burnout is defined as a loss of energy resources and flexibility as a result of prolonged job stress, which leads to emotional tiredness, lack of motivation, and anger. Depersonalization leads to an increase in negative feelings and behaviors, as well as a decrease in individual activity, which can lead to a bad attitude toward work, depression, low job satisfaction, dissatisfaction, and failure (KARIMYAR & HOJAT, 2014).

2.1.2. Burnout Theories

Burnout cycle theory

According to psychologist Freudenberger and his collaborator Gail North have provided the best division of stages of burnout called 'Burnout cycle' which contains 12 stages. These stages not only help the better understanding of the burnout process but also help in time diagnosis of this disorder.

It is important to keep in mind that these stages do not have to follow one another in the order that has been stated. According to Freudenberger and North, "many victims skip certain stages, others find themselves in several at the same time" (Freudenberger, 1989).

The stages of burnout stated by Freudenberger and North are:

1. At the first stage of the burnout, the person will be obsessed to prove himself not only to him but also to the others. The ambition in this stage is considered in the highest level of the preference of the

affected person. This can lead to determination and compulsion which is accompanied by unhappy feeling.

2. The second stage of burnout is explained as working harder to meet the high personal expectations. Basically in this stage the only reason for being hard worker are these personal expectations and being obsessed with handling and controlling everything.

3. In third stage of burnout, the person start to ignore and being indifferent about his needs including basic needs such as sleeping and eating. He cares about nothing but his work and thinks these sacrifices make him a hero. The person social interactions decrease even with close families and friends.

4. In this stage, the first physical symptoms of burnout will show up. The affected person in this stage is aware of the increase in the level of stress and discomfort in his life, but is not able to recognize the cause of them.

5. At this stage the values of the affected person will be revised. Meaning that the person's previous values in the life, including basic need, relationships with others, and hobbies, will be left behind and the person starts to set up new values. These new values are summed up in the work and its achievements. These events at time may lead the person to be emotionally drained.

6. The aggressiveness and negativity of the person in this stage of burnout, toward his surrounding and colleagues, will increase. This negativity makes him think his colleagues are lazy, stupid and undisciplined. The person in this stage starts to blame the time pressure and the volume of work for these increasing pressures and problems, not his own behavioral changes.

7. Social contacts of the affected person at this stage of burnout will be at its minimum level. He just obsessively does work. Hopelessness

and being undirected at this stage can lead the affected person to the drug and alcohol abuse.

8. At this stage the behavioral changes will be that obvious that the people in immediate social environment of the victim cannot ignore them anymore. But the person still neglects them. Additionally, being indifferent, fearful, worthless and shy will be added to the previous features of the victim.

9. The person at this stage of burnout will lose the contact with himself in addition to loosing contact with others. Nothing is valuable for him. He doesn't care about his needs. The life will be considered as a mechanical process.

10. In this stage, the person feel emptied from inside and try to get rid of this feeling by seeking activities such as overeating, sex, alcohol, or drugs. These activities are often exaggerated. Leisure time is considered as a dead time for the person at this stage of burnout.

11. Life has no meaning for the person at this stage. The symptoms of depression will arise and the person feels lost, exhausted, sad, without hopes to the future and indifferent.

12. This stage is the last stage of burnout which is named as burnout syndrome. All of the above mentioned symptoms eventually leads the person to this stage. Suicidal thoughts, total mental and physical collapse are the signs of this stage and need immediate medical care.

2.2.3. Dimension of burnout

Burnout manifests itself in three ways: depersonalization, tiredness, and a drop in personal achievement. Exhaustion is a result of one's mental demand; depersonalization refers to a gloomy, negative, or distant reaction to the patient or the patient's carers. The sense of not being able to work effectively with clients is caused by a decrease in personal achievement (Blache et al., 2011).

Exhaustion: Is a broad category of low energy that might be linked to devoting excessive time and effort to a work or objective that isn't seen as worthwhile. For example, a sensation of exhaustion, particularly emotional depletion, brought on by continuing to care for a patient with a low recovery rate. There's a chance the person won't have the energy to work and won't be interested, causing them to quit their job (Maslach, 2011).

Depersonalization: a distant or dismissive attitude in the workplace. Depersonalization manifests as cynical, callous, or impersonal interactions with co-workers or clients. It can also manifest as un-skillful comments directed across colleagues, holding patients responsible for their medical condition, or the inability to show empathy or sadness when a patient is dying. People may lose motivation at work and desire to take a break from it. Careless, cold-hearted behavior toward clients is becoming the norm. Consumers are viewed as objects rather than persons with wants and feelings, and there is no link between the consumer and the provider, resulting in rage and ineptitude (Permarupan et al., 2020).

Reduced personal performance is characterized by a proclivity to adversely judge the value of one's work and a sense of inadequacy in one's ability to achieve one's employment, as well as a popularization of poor self-esteem (ATS, 2016).

2.1.4.Signs and Symptoms:

2.1.4.a. Physical signs and symptoms of burnout:

Feeling fatigued and frequent or muscle pain and headache Alteration in appetite and sleep habits, Depressed immunity, frequent sicknesses (Gikopoulou et al., 2014).

2.1.4.b. Emotional signs and symptoms of burnout:

Lack of confidence and a sense of failure, reduced motivation, pessimism and negativity are becoming more prevalent, job unhappiness

and a sense of underachievement, feel helpless, defeated, and imprisoned, detachment from the rest of the world, sensation alone in the universe (Fearon & Nicol, 2014).

2.1.4.c. Behavioral signs and symptoms of burnout

Insufficient motivation to attain results, isolation from the rest of the world, delaying or extending the time it takes to achieve a certain level of performance, to cope with stress, people turn to drugs or alcohol, frustrations caused by the field situation, arriving late and departing early from work are both common occurrences (Pacewicz et al., 2019).

2.1.5.The criteria of the burnout

- ❖ Job contentment despite physical exhaustion
- ❖ Exhaustion on an Emotional Level
- ❖ Absenteeism
- ❖ Helplessness.
- ❖ Fatigue that lasts a long time
- ❖ Proclivity to accidents
- ❖ Negativism
- ❖ Lack of concern for others and inflexibility
- ❖ Psychological strain from little communication
- ❖ Low energy consumption
- ❖ Morale is low.
- ❖ Taking drugs or consuming booze Complaining.

2.1.6.Risk factor lead to burnout

1.Internal factors that can due to burnout:

Members of staff are being overworked, they feel constrained in their work, job stress as it is perceived, personalities of the staff, work is demanding and conflicting (Elbejjani et al., 2020).

2.External factors that can contribute to burnout

Competing roles, uncertainty about the role, overloading on responsibilities, discouraging behaviors, characteristics of service employers, supporting the workplace climate for employees (evans-turner et al., 2010).

2.1.6.3.Personal risk factors:

Low self-confidence, failure to use coping mechanisms, person with ideal audiences, unprecedented expectations and a sense of disbelief, individuals are experiencing financial difficulties (ELTAYEF, 2014).

2.1.6.4.Organizational risk factors:

A heavy workload, collaborator disagreements, resources are scarce, control issues, the effort-to-reward ratio is unbalanced, staffing shortages, institutional changes that happen quickly (ATS, 2016).

2.1.7 Burnout in Nursing

Nursing was once thought to be one of the most stressful professions.

Work-related stress among nurses has an impact on both humans and organizations, as well as functioning and health-care providers. There are numerous sources of work-related stress for nurses. Some of these stressors are personality-related, while others are workplace-related, organizational system-related, or service-user interaction-related. Workplace and institutional constraints include workload, salary, and position change choices, professional disputes, a lack of social support, security concerns, and oversight, as well as limited opportunities for promotion and time management. The relationship between nurses and patients is known to as service user interaction stressors, and it is linked to resolving unpleasant or problematic behaviors, as well as the emotional discomfort caused by these behaviors (Chatzigianni et al., 2018).

Nursing is a highly demanded vocation that necessitates an individual's ability to operate under intense physical and emotional conditions in the workplace, making it one of the most difficult professions to enter due to the physically and emotionally demanding nature of the job. Because of the demanding nature of the nursing profession, nurses must be physically and emotionally resilient in order to address job-related challenges and perform well at work (Permarupan et al., 2020).

As a result of patients, administrative, organizational, and work features, burnout is regarded an epidemic problem among nurses, reducing nurses' ability to appropriately cope with their high job expectations, especially as the nursing workforce ages and job needs increase (Queirós el. at, 2019).

Due to the delicate nature of the professions, health care has been acknowledged as one of the most demanding professions. Nursing is a hard work that deals with human health and illness issues, and it can eventually lead to occupational unhappiness and burnout (Spoor et al., 2010).

2.1.8.Risk Factor of Burnout among Nurses

Workplace shortfalls (electronic order and documentation system), workload demands (e.g. long working hours, calling frequency, and number of nurses in ward), working conflict, organizational environment factors (e.g. administration culture; low coordination between physicians and nurses, and social support), and reduction of control, autonomy, and social support, as well as a weakening in control an are all risk factors that lead to burnout among nurses (Dyrbye et al., 2017).

In contrast, inappropriate pay and benefits are the main cause of job stress in the management situation, so the factors and signs associated with stressful work and health promotion for nurses in hospitals, inappropriate pay and benefits are one of the factors of low job satisfaction and leaving the job (Rastegari et al., 2010).

2.1.9.Effect of Burnout on Nurses

     2.1.9.1.Effect on Mental Health

Workplace burnout can affect self-efficacy, resulting in anger, powerlessness, anxiety, sadness, and other negative emotions. As a result, learning efficient and appropriate strategies for coping with stress and overcoming burnout can help to improve mental health as well as the efficiency and effectiveness of human resources in hospitals (Zaki, 2016).

     2.1.9.2.Effect of Satisfaction with their Profession

Burnout is linked to decreased productivity and job satisfaction. In the nursing profession, stress and burnout are quite common and difficult to deal with. Such variables continue to have a negative impact on job satisfaction and, as a result, on nurse retention. Increased stress, burnout, and a lack of job satisfaction can lead to lower productivity, employee turnover, and a desire to leave the company or field (ELTAYEF, 2014).

Job satisfaction and burnout among nurses are global issues because of their potential impact on patient care quality and safety, as well as the link between poor job satisfaction and nurses leaving their positions. Low job satisfaction leads to job stress, which lowers healthcare quality (Kousar et al., 2017).

Many prior research have found that gab rates for nurse work satisfaction, burnout, and stress associated with quitting a job are all high. Job satisfaction among nurses plays a significant role in work achievement and outcome. If nurses' job satisfaction is low for a variety of reasons, such as high patient numbers, work strain, reduced income salary, and absence, or bad job safety, job stress can result (Dall'Ora et al., 2015).

Many difficulties in everyday work as a result of increased risks of job discontent and emotional tiredness, which can lead to low job satisfaction . An exploratory descriptive study in Palestinian was utilized to assess job satisfaction and burnout levels among nurses, using a random

sample approach with 152 nurses and professions participating in the survey. The data revealed a moderate level of job satisfaction among nurses, with 84.2 percent reporting moderate job satisfaction burnout (Abushaikha & Saca, 2009).

2.1.9.3. Burnout increases the cost of organization health care

Workplace stress is a factor in 30% of health-care workers' illnesses and absenteeism, with a cost of $300-400 million per year in the United States, while job burnout affects more than 40% of health-care workers (Brand, et. al., 2010).

The highest burnout rate among healthcare employees is cause for alarm, as evidence suggests that it has an influence on quality, safety, and healthcare systems efficiency. Furthermore, the cost of burnout-related physician turnover in hospitals can be as high as $1.7 billion per year, with a total cost of $17 billion for all physicians in the United States. The hospital costs for nursing were expected to be $9 billion per year, with a total national cost of $14 billion. Burnout must be addressed because of the serious and negative effects of poor work satisfaction among healthcare practitioners on patient outcomes, public safety, and healthcare expenditures (NHTF, 2018).

Another burnout consequence is turnover, which has reduced productivity costs for both physicians and nurses as a result of burnout and discontent (Noseworthy et al., 2017). Turnover has a financial impact on health-care organizations, with the cost of RN turnover estimated to be between 1.2 and 1.3 times their pay (an average cost of $82,000– $88,000 per registered nurse in 2007). Burnout may generate indirect increases in health-care expenses due to a high rate of medical errors and lawsuits for unprofessional conduct, as well as absenteeism and decreased productivity (Dyrbye et al., 2017).

2.1.10.Prevalence of Occupational Burnout in Nursing

Healthcare professionals are exposed to significant levels of burnout, with one-third of all nurses in the United States being burned out. Burnout on the job is a serious problem. Contributes to a variety of unfavorable effects for patients and the healthcare system, including a negative impact on the quality of health care services, the likelihood of high turnover rates, and staff shortages (Adriaenssens et al., 2015).

To investigate, a systematic review study and meta-analysis design were used. The prevalence of burnout symptoms among nurses was studied in 49 countries, with (113) prior research used for the systematic review and 61 papers used for the meta-analysis, totalling 45,539 nurses. Burnout symptoms were found to be prevalent in 11.23 percent of international nurses. There were significant differences in geographic areas, specialties, and the type of burnout measurement used. The prevalence of burnout symptoms was highest in the Sub-Saharan African region, whereas it was lowest in Europe and Central Asia. Among all disciplines, nurses working in pediatric wards had the highest prevalence of burnout symptoms, whereas Geriatric care nurses had the lowest (Woo et al., 2020).

2.1.11.Intervention of Burnout

2.1.11.1.Interventions toward Workplace

Annual team meetings seek to facilitate collaboration and group dynamics, and may be considered a technique to protect them from job burnout because these styles of meetings provide an opportunity for staff leaders to communicate and discuss their thoughts and emotional state, and then proceed as follows: The main goal of change handover meetings is to convey sensitive patient information between health care practitioners at the start and end of employment changes (Pereira et al., 2012).

There is a definite link between successful clinical supervision and staff burnout levels, according to studies on the influence of clinical

observation. Clinical supervision has been defined as a practice-based professional relationship involving a patient who is monitored by an expert supervisor. The clinical supervisor provides direction and encouragement to the workers, allowing them to feel appreciated and understood. Workers can be enabled to protect themselves against problems and have clinical supervision over their work (Fearon & Nicol, 2011).

Managers have been given some recommendations for workload management based on the findings of the study. Tracking administrative activities, taking into consideration the number of patients and the treatment they require, and comparing them to the nurses' records at the time they determine the patient's care are examples of such concepts. Because these factors affect workload, the number of working hours per shift and the number of nurses per shift should be kept at a reasonable level (Awa et al., 2010).

Nurses are provided lessons such as an overview of the job stress and wellbeing program and an art reflection to emphasize the need of self-care. Nurses may receive stress management training, such as controlled deep breathing and positive purpose practice, to help them manage stress. To assist nurses in developing their plan, stress concepts such as coping techniques, putting up a wellness plan, and relaxation practice are taught. Coping skills were presented to the nurses, such as analyzing their challenges and options for managing tasks, body relaxation exercise, and how to deal with problems. Nurses are provided instructions on how to fine-tune and apply the wellness plan and imaging practice so that the wellness program can be completed (Njoroge, 2012).

2.1.11.2. Interventions Done by Nurses as Individuals

Enhancing coping strategies to deal with the problem reported that coping mechanisms that focus on the issue provide ways to handle and resolve the problem in a less stressful way; these coping mechanisms may

include time caring, interpersonal ways, and the ability to seek guidance and address problems with others; having a regulator over the current state is a crucial factor in this coping strategy. When a person feels that they have little control over their situation, their stress levels rise. According to the literature, this coping method does not directly prevent job burnout, but rather reduces personal stress, which reduces burnout (Fearon & Nicol 2011).

Improving coping mechanisms for dealing with emotions. Management of an individual's emotional state in response to a challenge necessitates emotion-based coping techniques, which include both positive and negative coping mechanisms. Aggression, self-delusion regarding the issue, avoidance and diversion from reality, and positive style are examples of negative coping techniques. Reflection has been defined as a process of integrating feeling and reason in order to increase self-awareness (Vokhlacheva et al., 2018).

Coping methods are developed as a result of increased self-awareness, and they build emotional intelligence. Nursing is a profession that is accompanied with emotional obstacles, and nurses often take action in these situations to shield themselves from negative emotions. Nurses who lack self-confidence and emotional intelligence are more likely to engage in harmful coping mechanisms, which can lead to burnout. For nurses to discuss their own needs as well as those of others in a supportive manner, they must confront and perceive their emotions. Burnout can be avoided by addressing this issue. Nurses will make a stronger and more sensible judgment about their actions if they are aware of their feelings and the reason for them (Fearon & Nicol, 2011).

Good teamwork improves each team member's abilities and provides assistance in stressful emotional labor-related work situations, reducing job burnout. In contrast, a poor relationship between nurses and

other healthcare providers can deplete energy, cause tension, and create a hostile work environment. Maintaining and improving emotional intelligence, on the other hand, allows effective staff work, clinical practice, patient safety, and nurse retention, which helps nurses avoid burnout (Codier, 2020).

Empathy skills development This knowledge is important in the relationship between nurses and patients because it helps people to participate in and support their treatment. Empathy aids in the reduction of the care-load caused by physical and emotional exhaustion. In fact, it plays an important role in promoting good health and happiness. Empathy skills are the ability to learn by developing proper social skills in order to form personal relationships with patients and communicate with them in a variety of ways. Empathy will help not only to avoid burnout, but also to foster the development of social interactions with the purpose of fostering a more optimistic outlook on life (Vokhlacheva et al., 2018).

Mindfulness is one of the most effective approaches to this problem; there is a strong link between mindfulness and resilience. Stress management has gained popularity due to its positive effects on stress reduction, anxiety-depression symptoms, and overall quality of life. The issue on which one's mind is focused can be chosen by the individual. This skill, according to theories, improves endurance by minimizing painful memories and nervous preoccupations. As a result of the positive impacts of mindfulness on job attention, happiness at work, self-efficiency, and motivation, another strategy for improving resilience is to change biological reactions to stress. Basically, mindfulness allows healthcare personnel to return to normal more quickly after dealing with a stressful situation (Kinser et al., 2016).

2.1.11.3. Enhancing personal resources for relieving the work demands

Workplace well-being has an impact on workforces and work expectations, as well as job demands that lead to burnout and exhaust individual resources. Individual resources, on the other hand, become resilient when they can meet the job's expectations. In order to measure, workers should improve their resources and workplaces in order to rebuild the job in order to reduce work demands and avoid job burnout among professionals. Nursing resilience is the ability to plan a program to optimize job commitment, which will prevent burnout among healthcare professionals. Clinicians should create, motivate, and build abilities that can be developed to improve their personal resources needed to satisfy professional expectations. By understanding and practicing resilience skills, one's personal capital can be increased (Aw et al., 2021).

2.2. Work Environment

2.2.1 Historical perspectives

Since the early 1980s, when a nursing shortage posed a national danger to the US health system, nurse scientists have been interested in the work environment of nurses. The American Academy of Nursing (AAN) launched an initial effort in 1981 to identify characteristics of hospitals that consistently succeeded in recruiting and retaining professional nurses during the shortage. These hospitals were dubbed "magnets" because of their ability to attract and retain professional nurses while providing excellent nursing and patient care despite a nationwide nursing shortage. As a consequence of their organizational characteristics that helped provide appropriate nurse staff and encouraged exceptional nursing care, 46 hospitals in the United States were designated as "magnet hospitals" (Alharbi, 2018).

2.2.2.Nursing Work Environment

There is minimal agreement among nursing scholars on the concept and characteristics of the nursing work environment. It is more commonly understood as the organizational characteristics of "work conditions that enable or hinder professional nursing practice" (Lake et al., 2019).

Every work environment, particularly in a hospital setting, must be accommodating, friendly, and stress-free in order to encourage quality care and the well-being of health-care employees whose workload is growing by the day. This is due to technological advancements and patient demand for quality in reaction to rising health-care costs. Stress is regarded a normal component of life that is required on occasion as a push to increase functional ability, but when it is experienced for an extended period of time, it is harmful to one's health and productivity (Ojekou et al., 2015).

Three important qualities of a work environment that is conducive to the practice of professional nursing are autonomy, environmental control, and a positive relationship between nurses and physicians. As a result, it is vital to analyze the quality of these pillars that support healthcare teams' actions. A good work atmosphere is not produced by hope and promise, but by adhering to the ideals of our first nurse leader, Florence Nightingale, who led the way in altering the care environment for both patients and nurses by using evidence in practice. To achieve the best patient results, maintaining a healthy and happy work environment entails adjusting to ongoing change via collaboration and partnership with clinical nurses, nurse leaders, and other disciplines (Sanders et al., 2013).

2.2.3.Significance of Nurse Work Environments

A large body of data shows that professional nurse practice environments are linked to favorable nurse outcomes such as job retention, work satisfaction, decreased nurse burnout, and higher nursing care quality. Poor nurse work conditions, on the other hand, are linked to an increased

risk of undesirable patient outcomes such as nurse-reported adverse patient events and failure to rescue. Furthermore, patient mortality is a concern .Following a review of the literature on nurse outcomes, nursing quality, and patient safety outcomes, the details of these and other research are presented (Hinno et al., 2011).

2.2.4.Nurse Outcomes

1.Work-related Burnout

Burnout is caused by a misalignment of one's expectations for fulfilling one's responsibilities and the breakdown of organizational systems .Workload, lack of control, lack of rewards, lack of community, lack of justice, and value conflict are six elements of work life highlighted by Maslach as contributing to burnout (Maslach et al., 2016).

Organizational and administrative policies and actions frequently have an impact on these areas, resulting in feelings of emotional weariness, depersonalization, and inefficacy. Emotional tiredness is defined as a lack of energy and depletion of emotional resources as a result of a job's overwhelming psychological demands. Employees who see others as objects rather than human beings exhibit depersonalization through harsh, callous, cynical, and uncaring behaviors and sentiments. Diminished personal accomplishment refers to a tendency to be critical of oneself, particularly when it comes to client work (Maslach, 2011).

Burnout symptoms not only have a negative impact on the individual worker, but they can also lower productivity and lower the quality of services offered. Burnout was linked to anxiety, melancholy, somatization, and physical exhaustion, according to researchers, and it had a severe influence on nurses' physical and mental health (Khamisa et al., 2013).

As burnout increased, nurse reports of patient adverse events such as patient falls, nosocomial infections, medication errors increased and

nurse-reported quality of care decreased (Poghosyan et al., 2010). Previous studies showed that nurses working in hospitals suffered from high levels of work-related burnout, levels that were higher than other health care professionals (McHugh et al., 2011).

Nurses' high levels of burnout have been related to the nature of their profession, which involves prolonged emotional direct human contact when compared to other health care providers . Individual variables such as age and years of experience, work-related stress, and severe physical and emotional demands ,were also found to be associated with higher levels of nurse burnout (Jourdain & Chenevert, 2010)

In addition to these characteristics, nurse burnout was influenced by low levels of job satisfaction (especially with supervisors and co-workers). (Tourigny et al., 2010).

The nursing practice environment appears to have an impact on nurse burnout, according to the literature. Several research looked into aspects of the work environment that promoted burnout among nurses in either a favorable or bad way. Heavy workloads and insufficient staffing levels were identified as predictors of nurse burnout among these characteristics (Liu et al., 2012).

Strong nursing leadership, a nursing foundation for excellent care, favorable nurse-physician interactions, and nursing involvement in hospital affairs and decision-making, on the other hand, were all linked to reduced levels of nurse burnout (Van Bogaert & Clarke, 2018).

The stress screening system for human service professionals and the General Health Questionnaire are two measures used to assess burnout. The Maslsach Burnout Inventory, according to a systematic review, is the most often used tool to quantify nursing burnout , Maslach and colleagues developed this instrument in the late 1990s, and it is widely regarded as the most accurate and dependable indicator of occupational burnout ,For

different occupations, different variants of the MBI were created. The MBI-Human Services Survey (MBI-HSS) is a 22-item questionnaire that includes three subscales: Emotional Exhaustion (EE), Depersonalization (DP), and Reduced Personal Accomplishment (RPA) (PA). This questionnaire was created to assess the features of burnout among personnel in human services companies and health-care professions, such as nurses. The EE subscale is frequently utilized as a proxy for the MBI as a whole (Westerman et al., 2014).

2.Job Leave

One of the most critical concerns confronting health-care systems around the world is the growing nursing shortage. This scarcity has prompted extensive research into nurse turnover and plans to leave their jobs and/or profession. High nursing turnover has a detrimental impact on patient, nurse, and system outcomes at all levels of healthcare delivery (Hayes et al., 2015).

The willingness or attempts of employees to leave their current jobs is theoretically characterized as turnover intention. According to the concept analysis of , turnover intention is a multi-phase process involving psychological, cognitive, and behavioral factors that leads to real turnover. While unfavorable psychological reactions to the surrounding internal and external work environment drive this decisional process, the cognitive component understood as intentions to leave and withdrawal behaviors is at the heart of the process. Withdrawal behaviors are identified by manifestations such as leaving the work or acts geared toward future chances (Takase, 2010).

Nursing turnover had financial repercussions for healthcare organizations due to staff instability and productivity losses, as well as a negative impact on the safety and quality of care. Inadequate staffing as a

result of high nurse-to-patient ratios and decreased productivity , as well as a drop in nursing care quality (Hayes et al., 2012).

Turnover intentions are influenced by a variety of factors, which can be divided into individual, organizational, and work-related aspects (Takase, 2010). Being younger, having no familial duties, and perceiving a lack of challenge and growth chances in their organizations were all connected with increased nurses' intention to leave (Hayes, 2012).

In terms of years of experience and educational background, there were mixed outcomes. Nurses with more years of experience were less likely to express intentions to leave their positions, while one study revealed that nurses with more than five years of experience were more likely to report turnover intentions (Delobelle et al., 2011).

Similarly, greater education levels have been linked to both higher and lower turnover intentions. Lack of support from coworkers, leadership, and the organization, as well as a lack of professional growth opportunities, inadequate resources, inadequate staffing, excessive workload, role stress, poor job control, and low degrees of autonomy, were all correlated with nurses' desire to leave (Hayes et al, 2012).

2.3.Previouse Study

Kelly et , al ., (2021)

"Key elements of the critical care work environment associated with burnout and compassion satisfaction".

Objective: To identify the key elements of a healthy work environment associated with burnout, secondary trauma, and compassion satisfaction, as well as the effect of burnout and the work environment on nurse turnover.

Methods: A total of 779 nurses in 24 critical care units at 13 hospitals completed a survey measuring burnout and quality of the work

environment. Actual unit-level data for nurse turnover during a 5-month period were queried and compared with the survey results.

Results: Among nurses in the sample, 61% experience moderate burnout. In models controlling for key nurse characteristics including age, level of education, and professional recognition, 3 key elements of the work environment emerged as significant predictors of burnout: staffing, meaningful recognition, and effective decision-making. The latter 2 elements also predicted more compassion satisfaction among critical care nurses. In line with previous research, these findings affirm that younger age is associated with more burnout and less compassion satisfaction.

Takemura et al., (2020)

"The effect of work environment on burnout among nursing directors: A cross-sectional study".

Objectives: Identifying the relationship between burnout status and hospital size and workplace environment among hospital nursing directors.

Methods: An anonymous survey was conducted with 205 nursing directors across all 654 hospitals in Tokyo, Japan. The survey instruments were the Japanese version of the Burnout Scale, the Organizational Justice Questionnaire, the Nursing Work Empowerment Scale and the Workplace Support Scale.

Results: Nursing directors who were close to burnout were from smaller rather than large hospitals. Correlations were found between emotional exhaustion and interactional justice, age, resources, moral support from hospital executives, and self-reflection support from subordinates. Regarding depersonalization, correlations were found with interactional justice, age and work support from subordinates. Regarding participants' personal accomplishment, correlations were found with procedural justice, interactional justice and opportunities.

Havaei et al., (2020)

"The impact of workplace violence on medical-surgical nurses' health outcome: A moderated mediation model of work environment conditions and burnout using secondary data".

Objective: The purpose of this study is to examine whether work environment conditions moderate the mediating effect that burnout has on the relationship between workplace violence and three health outcomes.

Methods: A secondary analysis of cross-sectional correlational survey data was conducted. The study took place in British Columbia, Canada. 537 medical-surgical nurses were included in the study. Survey data were analyzed using moderated mediation regressions with the PROCESS macro on SPSS.

Results: Burnout mediated the relationship between workplace violence and health outcomes including musculoskeletal injuries, anxiety disorders and sleep disturbances. Work environment conditions moderated the direct relationship between workplace violence and burnout; and the indirect relationship between workplace violence and the three health outcomes. In healthier work environments, workplace violence was more strongly related to increased reports of burnout, musculoskeletal injuries, anxiety disorders and sleep disturbances compared to less healthy work environments.

Cao et al., (2019)

"Effect of time pressure on the burnout of home visiting nurses: the moderating role of relational coordination with nursing managers".

Objectives: To examine the main effects of time pressure and relational coordination with nursing managers on burnout and to further analyze the moderating role of relational coordination with nursing managers on the association between time pressure and burnout among home-visiting nurses in Japan.

Methods: This was a cross-sectional, quantitative study comprising 93 home-visiting nurses in Japan. A hierarchical moderated regression analysis with mean-centered predictor variables was used to explore the main effects of time pressure and relational coordination with nursing managers on burnout and the moderating effect of relational coordination with nursing managers on the time pressure and burnout relationship.

Results: Time pressure was a significant positive predictor for emotional exhaustion and depersonalization, respectively. Relational coordination with the nursing managers was significantly and negatively related to depersonalization; however, its main effect on exhaustion was non-significant. Significant interaction effects of time pressure and relational coordination with the nursing managers on exhaustion and depersonalization also were identified. Time pressure was a significant positive contributor to exhaustion and depersonalization when the home-visiting nurses reported low relational coordination with the nursing managers.

Alharbi (2018)

"The impact of nurse work environment on nurse outcomes, nurse-perceived quality of care and patient safety in Saudi Arabia".

Objectives: There is ample evidence that nurse work environments are important to nurses' job satisfaction, burnout, and retention, and the quality and safety of patient care. However, most of this research has been conducted in the United States and Europe with very little emanating from Saudi Arabia or the Middle East. Purpose: This study investigated relationships between components of nurse work environment and nurse outcomes and nurse-perceived quality of care and patient safety. Methods: This correlational study was conducted using cross-sectional data collected from 496 registered nurses working in a large tertiary hospital in Riyadh, Saudi Arabia. Participants completed an online survey similar to that used

in RN4Cast studies. Nurse-reported measures were used to assess nurses' perceptions of their work.

Findings: Nurses' perceptions of staffing and resource adequacy was predictive of all nurse outcomes except for intent to leave whereas nurse manager ability and leadership was found to be predictive only of job satisfaction. In terms of patient outcomes, staffing and resources adequacy and nursing foundation for quality of care were found to be the only independent predictors of quality of care and patient safety. Implications for Nurse Leaders: Nurse leaders in Saudi Arabia should give special attention to staffing and resources adequacy, nursing management and leadership, and nursing foundation for care delivery at the unit level. Hospitals in Saudi Arabia should strive for magnet-like qualities as they play a critical role in the recruitment and retention of nurses and contribute to better quality and safe care delivery.

Conclusion: Magnet-like work environments that are culturally sensitive are critical to attracting and retaining Saudi nurses and nurses from other countries who are currently vital to alleviating the nursing shortage in Saudi Arabia.

Chapter Three
Methods and

Materials

Chapter Three

Methods and Materials

This chapter demonstrates the research design and assessment process for the work environment and its effect on nurses burnout. This part also includes administrative arrangement used in the study, the data collection, the validity of the tool and the empirical reliability study, as well as the analysis of the data.

3.1. Study Design

Quantitative correlational study design, it's a scientific procedure for gathering and analyzing the outcomes of a research problem and attempt to answer study questions. The study conducted for the periods of April 26th to August 1st 2021.

3.2. Administrative Arrangements

The official permissions were obtained from relevant authorities before collecting the study data as follow:

1. Approval from the Research Ethical Committee at the College of Nursing, University of Babylon (Appendix A).
2. Official permissions were also obtained from the Thi-Qar Health Directorate and in order to formally access the Hospitals (Appendix B).
3. The permission is presented to hospitals, which includes.
   - ❖ AL-Hussain Teaching Hospital
   - ❖ AL-Haboubi Teaching Hospital
   - ❖ Bint AL-Huda Teaching Hospital

3.3. Setting of the Study

This study was carried out at Dhi-Qar Health Directorate hospitals. These hospitals include (AL-Hussain, AL-Haboubi, Bint AL-Huda teaching hospitals).

3.3.1.AL-Hussain Teaching Hospital

Al-Hussein Teaching Hospital: The six-storey Nasiriyah General Hospital is considered the first health symbol in the governorate. Founded in 1980 and opened in 1983, the work was carried out by the Japanese company Marubeni and Taysty on an area of (65.000) square meters and a capacity of (400) beds.

3.3.2.AL-Haboubi Teaching Hospital

It is the first health institution in the city of Nasiriyah, as it was established in 1932 under the name "Royal General Hospital". After the revolution of July 14, 1958, the name of the hospital was changed to the Republican Hospital.

3.3.3.Bint AL-Huda Teaching Hospital

The hospital consists of two floors and includes the specialty of gynaecology, obstetrics and children Only. The first floor includes the consulting departments, the emergency department and the operations department, the second floor includes the children's wards and the gynaecology and obstetrics wards (Its absorptive capacity includes (300) beds for patients and the number of college nurses.

3.4.Sample of the Study

A non probability purposive sample targeted for nurses, so after obtaining the official approvals to conduct this study by the Dhi-Qar Health Directorate/ Training and Human Development Centre in the pediatric hospitals of Dhi-Qar Governorate, only three teaching hospitals were selected from them. The researcher collected the data from study sample (the nurses) in the hospitals that were chosen as the place to do this study. The number of nurses who were selected to participate in the study is (200), the number of study sample was chosen to participate in this study 50% out total number of study population.

3.4.1. Inclusion Criteria:

1. Nurses from both shifts morning and evening.
2. Nurses who have experience more one years in the hospital.
3. Both gender who working in these hospitals.
4. The nurses who accept to participate in the study.
5. Nurses have Bachelor's degree and above achievement.

3.4.2.Exclusion Criteria:

1. Nurses who selected for pilot study.
2. Those nurses who refused to participate.
3. Nurses who do not have a bachelor's degree in nursing .
4. Nurses who have experience less than one year.

Table 3-1: Distribution of study sample according to hospitals

Hospitals	Total nurses	Selected sample
AL-Hussain teaching hospital	250	120
AL-Haboubi teaching hospital	103	50
Bint- Alhuda teaching hospital	59	30
Total	412	200

Among findings, most of nurses selected from   AL-Hussain teaching hospital (*n=120*; 60%), followed by those who are selected from AL-Haboubi teaching hospital (*n=50*; 25%), and followed by those who are selected from Bint-Alhuda teaching hospital (*n=40*; 15%).
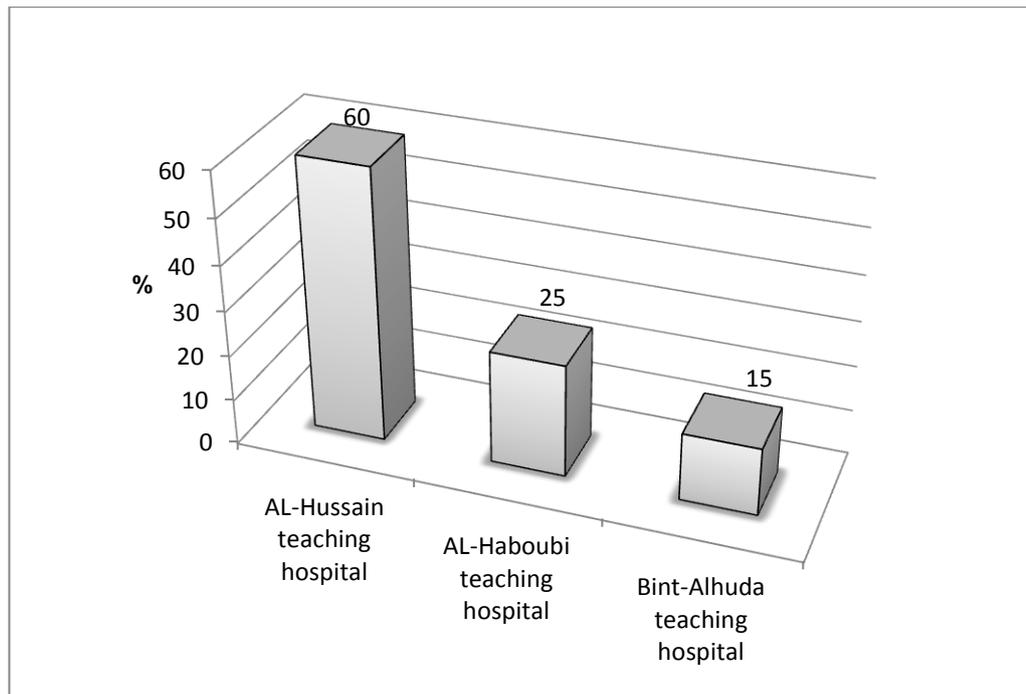
Figure 3-1.Distribution of Nurses by their Selected Hospitals

3.5.Study Instruments

The questionnaire is one of the means to help collect data that contribute to achieving the results expected by the study, so the researcher designed this questionnaire, which aims to clarify the study's objectives and significance by obtaining answers to the study's questions.

The questionnaire was used as a method for collecting data containing the following:

Part I: This section composed of demographical information which include "ages, gender, address, marital status, levels of education, year of service, years of service in the current workplace, work place, desire to work in nursing, working shift, number of hours worked, responsibilities at work, exposure to work-related violence".

Part II: This part is composed of (18) item and deals with work environment which are constructed through the related previous literature.

All items of the work environment which were classify in to three categories responses using Liker's scale, as follow:

Never=1

Sometime=2

Always=3

Part III: Maslach Burnout Inventory is the most popular and widely used tool for measuring burnout; it was used here with few modifications. The original MBI consists of 22 items, while the version modified for the purpose of this study (MBI-modified) consisted of 21 items developed according to the literature and a survey of 11 specialists in nursing and educational psychology. Each of the 21 items in MBI-modified was assessed on a 7-point Likert scale as the follow:

Every day=0
Few times per week=1
Once a week=2
A few times in month-3
Once a month=4
Few times per year=5
Never=6

The researcher adhered to the rules of writing the questionnaire due to the importance of the type of information that the researcher is keen to be sufficient and comprehensive for all aspects of the problem and can be relied upon and trusted. To vague and complex answers. The type of questions was of the closed type, which required answering with reference to what was appropriate.

3.6.Validity of the Questionnaire

The validity of the questionnaire means making sure that it will measure what it was prepared to measure, as is meant by honesty (the questionnaire's inclusion of all the elements that must be included in the

analysis on the one hand, and the clarity of its paragraphs and vocabulary on the other, so that it is understandable to everyone who uses it).

Content validity: Questionnaire was presented to 11 experts, including professors specialized in nursing and psychiatric. Experts were requested to provide their views and suggestions on each of the items of the study questionnaire in term of its linguistic appropriateness, its association with the dimension of study variables it was assigned to and its suitability for the study population context.

The experts' comments reveal that all of the experts have agreed that items of the questionnaire are clear and adequate for the measurement of the phenomenon underlying the study. linguistic paraphrasing was applied to some questions based on arbitrators' suggestions.

3.7.Pilot Study

This preliminarily study was conducted for the period of April 15th to 23th 2021, to determine the stability and credibility of the study tool, clarity and its efficiency to measure dependency, and standard time required to collect data for each subject which can estimated during the interview procedures and to difficulties identification that may encounter.

Reliability of the Questionnaire:

The reliability of the study instruments means making sure that the answer will be almost the same, if it is repeatedly applied to the same people, at different times. The same people the second time, after confirming the apparent validity of the study tool.

Data were collected out of (20) nurses who working at AL-Hussain Teaching Hospital. To verify the reliability of questionnaire, the test was applied to 20 nurses of the study population from outside the original sample. Cronbach's alpha was 0.79 for work environment; and 0.73 for nurses burnout, as shown below.

Table 3-2: Reliability of the Studied Questionnaire

Cronbach's Alpha		
Work environment= 18 items	0.795	0.70
Nurses Burnout= 21 items	0.732	0.70

Results of pilot study

1. The questionnaire is reliable.

2. The time required for answering the questionnaire ranged from (20-25) minutes.

3. The instrument items were clear and understood.

3.8. Ethical Considerations

Research ethics are one of the most important things that the researcher must follow and abide it when doing the study. Before the starting of collect the data from the community that has been identified for the study, the researcher should clarify the main purpose and desired goal of conducting this study for the sample to be including in the study, as well as adhere to the strict confidentiality of the data taken from the study sample and pledge to use it for scientific purposes related to the study only.

The nurses were informed that their participation in the study was entirely optional. The researcher discussed the study's aims and benefits to the participants. After they consented to take part in the study, they were given an anonymous questionnaire to complete in order to protect the participants' privacy.

Before the questionnaire reached its final form and before data collection, it went through the following stages:

1. Determining the data that will be collected through the questionnaire according to the study questions.

2. Determining the method and format of the questionnaire.

3. Determining the type of criterion that determines the type of answer in the questionnaire.

4. Presenting the questionnaire to the supervisor to express his opinion and observations in developing the questionnaire and modifying it based on his observations.

5. Presenting the questionnaire to a number of panel of experts to express their opinion and observations in developing the questionnaire and modifying it based on what they submitted.

6. Conducting a reliability test on it by distributing the questionnaire to a sample of 20 subjects.

7. Writing the questionnaire in its final form, then printing, reviewing and distributing it.

3.9. Data Collection

After obtaining the approval of the Health Directorate and verifying the validity and reliability of the questionnaire. The researcher distributed the questionnaire to the study population, explained the instructions, answered their questions regarding the form, urged them to participate and thanked them for the cooperation.

Questionnaire collection: Determining the method that the researcher will follow in collecting data after taking the important steps that must be included in the study design.

Since the researcher directly distributed the questionnaire on individual bases, and thus the researcher collected the data. This method of data collection assisted for:

1. Clarify what needs to be clarified to the respondents.

2. This method helps to collect the largest number of participants in the study.

3. Not to leave a paragraph or an element of the questionnaire without the respondent answering it.

3.10.Methods of Statistical Analyses

In order to statistically analyze the data collected from the study sample to arrive at the results, the researcher used the SPSS version (20) and Microsoft Excel (2010) program to analyze this data and deal with it statistically, to find the relationships between the variables, and obtain the final results of the research based on a set of statistical tests.

3.10.1.Descriptive approach

A. Statistical tables "Frequencies and percent" which are:

$$\% = \frac{\text{Frequency}}{\text{Sample Size}} \times 100$$

B. Mean of scores M.s.

The average score can be calculated by using the following:

$$M.S = \frac{\sum \text{ri} = 1\text{Fi x Si}}{\sum \text{ri} = 1\text{Fi}} \, x100$$

For Work environment Questionnaire

$\sum$*xi = sum of the "1x Never+2x Sometime+3x Always" for items.*

(1) M.s.=1-1.66 is considered *Poor Environment*.

(2) M.s.=1.67-2.33 is considered *Moderate Environment.*

(3) M.s.≥2.34 is considered *Good Environment.*

For Nurses Burnout Questionnaire

$\sum$*xi=sum of the (0x Every day+1x Few times per week+2x Once a week+3x A few times in month+4x Once a month+5x Few times per year+6x Never)*

(1) Average mean ≤0.85 is considered *Every day responses.*

(2) Average mean=0.86-1.72 is considered *Few times per week responses.*

(3) Average mean=1.73-2.57 is considered *Once a week responses.*

(4) Average mean=2.58-3.34 is considered *A few times in month responses.*

(5) Average mean=3.35-4.29 is considered *Once a month responses.*

(6) Average mean=4.30-5.15 is considered *Few times per year responses.*

(7) Average mean ≥5.16 is considered *Never responses.*

The Total Sum of Scores of all items

<div align="center">

High Burnout [M.= 0-41],

Moderate Burnout [M.=42-84]

Low Burnout [M.=85-126]

</div>

C. Standard Deviation(±S.d) calculated as following.

$$SD = \sqrt{\frac{1}{n-1}\sum_{i=1}^{n}(Xi - \bar{\chi})^2}$$

D. It uses a correlational coefficient "Cronbach alpha" used in estimating the internal consistency of the study tool, which can be calculated by using the following:

$$\alpha = \frac{K}{K-1}\left[1 - \frac{\sum_{i=1}^{K}\sigma_{ii}}{\sum_{i=1}^{K}\sum_{j=1}^{K}\sigma_{ij}}\right]$$

"K is the items number questions and σ_{ij} is the investigate covariance between the items i and j. Note the σ_{ii} is the variance not standard deviation" of item I".

3.10.2.Inferential approach

1. Chi-Squared Test

To test the difference between the number of nominal standards of random variables dichotomous as nurses knowledge, awareness and their demographic characteristics.

$$\chi^2 = \frac{\sum_{all\ i}(O_i - E_i)^2}{E_i}$$

chi-squared= " X^2 "

sum ="$\sum$"

"Where O_i is the observed frequency of group i and E_i is the expected frequency".

They χ^2obs. $<$ χ^2 crit. = insignificantly.

They χ^2obs. $>$ χ^2 crit. = significantly.

As compared with the D.f.

2. One Way ANOVA

An analysis of variance (ANOVA) in order to evaluate the association of each work environment and burnout with the hospitals.

Source of variance	Sum of square	d.f	Mean square	F
Between Groups	$SS_B = \sum \dfrac{(\sum xP1)^2}{n} - \dfrac{(\sum xP)^2}{n}$	$df_B = K\text{-}1$	$\dfrac{MS\beta}{MS\beta}$	
Within Groups	$SS_W = \sum \dfrac{(\sum xP1)^2}{N} \dfrac{(\sum xP)^2}{}$	$df_w = N\text{-}k$	$\dfrac{SSw}{DFw}$	$\dfrac{MSB}{MSW}$
Total	$SS_T = \sum \dfrac{(\sum xP1)^2}{N} \dfrac{(\sum xP)^2}{}$	$df_1 = N\text{-}1$		

3. Liner Regression Test

To test the effect of work environment on nurses burnout.

$$Y = a + bX$$

Y is the dependent variable (that's the variable that goes on the Y axis), X is the independent variable (i.e. it is plotted on the X axis), b is the slope of the line and a is the y-intercept.

Shortcuts for measuring important compared to the level, are used as follows:

(1) **NS** : *Non significantly at probability-value>0.05.*

(2) **S** : *Significantly at probability-value <0.05.*

(3) **HS** : *Highly significantly at probability-value <0.01.*

3.11.Study Limitations

Limitation are factors that could affect the results of the study or that influence the generalizable of the results such as :

1.The sample criteria was not random ;Their_fore ,that may influence the generalizability of the results.

2.Other external factors could affect burnout among nurses and not included in this study ,such as type of hospitals and number of patients that nurses care for.

3.The sample was selected using one geographical area ,which also could influence the generalizability of the results.

Chapter Four
Results of the Study

Chapter Four

Results of the Study

This chapter extensively introduces the outcomes of the research in tables and these refer to the objectives of this report, which are as follows:

Table4-1.Distribution of Socio-demographic Characteristics of Nurses

Socio-demographic data	Classification	Freq.	%
Age/years (Mean+ S.d=28+4.112)	20-29 years old	146	73.0
	30-39 years old	49	24.5
	≥40 years old	5	2.5
	Total	200	100.0
Gender	Male	72	36.0
	Female	128	64.0
	Total	200	100.0
Marital status	Single	92	46.0
	Married	101	50.5
	Divorced	6	3.0
	Widower	1	0.5
	Total	200	100.0
Residents	Urban	164	82.0
	Rural	36	18.0
	Total	200	100.0

Findings show participants age, the mean age is 28, the age 20-29 years old (*n=146*; 73 %), followed by those who are age 30-39 years old (*n=49*; 24.5%), and followed by those who are age ≥40 years and old (*n=5*; 2.5%). Respect to the gender, the female nurses were highest percentage (*n=128*; 64%), compared with those who are male nurses (*n=72*; 36%). In terms of marital status, the married nurses composed the highest percentage (*n=101*; 50.5%), followed by those who are single (*n=92*; 46%), followed by those who are divorced (*n=6*; 3%), and followed by those who are widower (*n=1*; 0.5%). It is obvious among the findings that the urban residents were predominated (*n=164*; 82%), compared to those who are rural residents (*n=36*; 18%).

Table4-2.Distribution of Occupational Variables of Nurses

Occupation data	Classification	Freq.	%
Education level	Bachelor	188	94.0
	Master	12	6.0
	Total	200	100.0
Years of Experience	<5 years	177	88.5
	5-10years	13	6.5
	>10years	10	5.0
	Total	200	100.0
Years of experience in current workplace	<5 years	186	93.0
	5-10years	13	6.5
	>10years	1	.5
	Total	200	100.0
Workplace	Critical	175	87.5
	Non critical	25	12.5
	Total	200	100.0
Interest in nursing	Yes	159	79.5
	No	41	20.5
	Total	200	100.0
Work shit	Morning	144	72.0
	Evening	56	28.0
	Total	200	100.0
Work time	≤6 hours	158	79.0
	>6 hours	42	21.0
	Total	200	100.0
Work related violence	No	19	9.5
	Verbal	169	84.5
	Physical	12	6.0
	Total	200	100.0

Education related findings, the majority of nurses were bachelor graduated (*n=188*; 94%), as compared with those who are master graduated (*n=12*; 6%).

In regards with years of experience, the nurses had less than 5 years (*n=177*; 88.5%), followed by those who had 5-10 years (*n=13*; 6.5%), and followed by those had more than 10 years (*n=10*; 5%).

Deals with the years of experience in current workplace, the majority of nurses had less than 5 years (*n=186*; 93%), followed by those who had 5-10 years (*n=13*; 6.5%), and followed by those had more than 10 years (*n=1*; 0.5%).

Regarding workplace, most of nurses work in critical areas within a hospitals (*n=175*; 87.5%), as compared with those who are non critically work (*n=25*; 12.5%), and followed by those had more than 10 years (*n=1*; 0.5%).

Desire about working in nursing, nurses expressed desire in their working (*n=159*; 79.5%), as compared with those who are no desired (*n=41*; 20.5%), and followed by those had more than 10 years (*n=1*; 0.5%).

Concerning work shift, most of nurses work in morning shift (*n=144*; 72%), as compared with those who are work in evening shift (*n=565*; 28%).

In regards with work time, most of nurses work 6 hours (*n=158*; 79%), as compared with those who are work more than 6 hours (*n=42*; 21%).

Work related violence, nurses express a verbal violence were exposed (*n=169*; 84.5%), followed by those who are no exposed to violence (*n=19*; 9.5%), and followed by those who are physical violence exposed (*n=12*; 6%).

4.3.Assessment the Work Environment among Nurses

Table 4-3-1:Work Environment

List	Work Environment items	M.s.± SD	*Ass.*
1	You feel comfortable with your relationship with your coworkers.	2.32±0.837	*Moderate*
2	You have a good relationship with your employer.	1.54±0.714	*Poor*
3	Your employer encourages teamwork (helping workers in the same section)	1.51±0.729	*Poor*
4	You cooperate with your co-workers and you support each other.	1.59±0.634	*Poor*
5	You have the freedom to decide to work with patients	1.57±0.718	*Poor*
6	There are many requirements you need in your field of work.	1.58±0.603	*Poor*
7	There are clear rules to follow in your work.	1.61±0.670	*Poor*
8	There is administrative control by those responsible for completing the work.	1.69±0.643	*Moderate*
9	You feel comfortable with everything that surrounds you.	1.62±0.718	*Poor*
10	The noise caused you to confuse your tasks? (Device sounds).	1.54±0.693	*Poor*
11	The presence of escorts with patients hampers your work	1.37±0.667	*Poor*
12	The workplace in terms of space fits the number of patients.	1.55±0.748	*Poor*
13	You have a special place during breaks.	1.63±0.790	*Poor*
14	The workplace is crowded with patients and it doesn't allow you freedom of movement.	1.69±0.744	*Moderate*
15	Your work is more tired than that of other nurses elsewhere.	1.76±0.674	*Moderate*
16	You have a rest period during work.	1.82±0.831	*Moderate*
17	Protection are available in the workplace.	1.73±0.754	*Moderate*
18	You feel comfortable in the workplace.	1.64±0.735	*Moderate*

"(M.s.) Mean of score, (SD) Standard deviation, Level of Assessment (Poor [M.s.= 1-1.66], Moderate [M.s.=1.67-2.33], Good [M.s. ≥2.34])"

In the light of statistical analysis of mean, this table illustrated that the nurses responses to the work environment were poor responses at all items of the scale (M.s.=1-1.66) except, items number (1, 8, 14, 5, 16, 17, and 18) the responses were moderate (M.s.=1.67-2.33).

Table 4-3-2:Overall Assessment of Work Environment among Nurses

Weighted	Freq.	M ± SD
Poor	126	
Moderate	69	
		1.40 ± 0.539
Good	5	
Total	200	

"(M.s.) Mean of score, (SD) Standard deviation, Level of Assessment (Poor [M.s.= 1-1.66], Moderate [M.s.=1.67-2.33], Good [M.s. ≥2.34])"
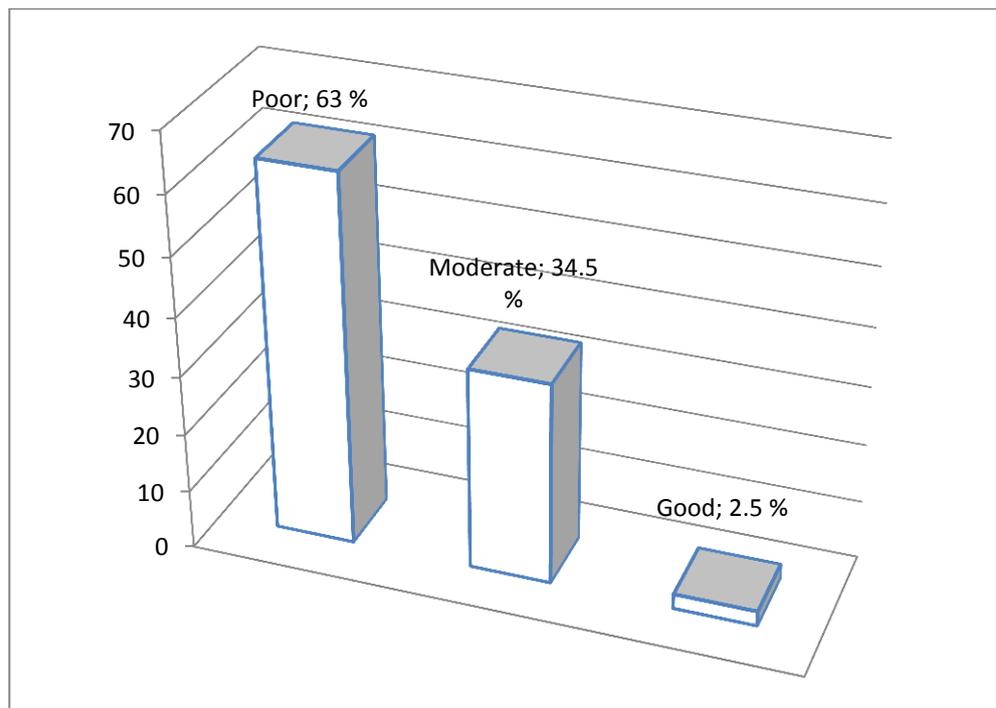
The analysis of work environment was demonstrate at Mean ± SD= 1.40 ± 0.539; the nurses expressed poor work environment (*n=126*; %=63.0).

Figure 4-1.Overall Assessment of Work Environment among Nurses

4.4.Assessment the Nurses Burnout

Table 4-4-1:Burnout among Nurses

List	Emotional exhaustion items	M ± SD	*Ass.*
1	I feel emotionally drained by my work.	2.085±1.688	*Once a week*
2	Working with people all day long requires a great deal of effort.	1.76±1.628	*Once a week*
3	I feel like my work is breaking me down.	2.075±1.809	*Once a week*
4	I feel frustrated by my work.	1.79±1.758	*Once a week*
5	I feel I work too hard at my job.	1.88±1.704	*Once a week*
6	I feel like I'm at the end of my rope.	1.94±1.764	*Once a week*
7	I feel I look after certain patients impersonally, as if they are objects.	0.98±1.602	*Few time/ week*
8	I feel tired when I get up in the morning and have to face another day at work.	2.03±1.634	*Once a week*
9	I have the impression that my patients make me responsible for some of their problems.	1.94±1.758	*Once a week*
10	Iam at the end of my patience at the end of my work day .	1.65±1.536	*Few time/ week*
11	I really don't care about what happens to some of my patients.	1.59±1.610	*Few time/ week*
12	I have become more in sensitive to people since I have been working.	1.84±1.692	*Once a week*
13	I am afraid that this job is making me uncaring .	1.66±1.638	*Few time/ week*
14	I accomplish many worthwhile things in this job.	1.84±1.645	*Once a week*
15	I feel full of energy.	2.025±1.708	*Once a week*
16	I am easily able to understand what my patients feel.	1.99±1.650	*Once a week*
17	I look after my patients problems very effectively.	2.21±1.847	*Once a week*
18	In my work ,I handle emotional problems very calmly.	2.18±1.747	*Once a week*
19	Through my work I feel that I have a positive influence on people .	2.11±1.656	*Once a week*
20	I am easily able to create are laxed atmosphere with my patients.	2.15±1.793	*Once a week*
21	I feel refreshed when I have been close to my patients at work.	2.105±1.746	*Once a week*

"(M.) Mean, (SD) Standard deviation, Level of Assessment ([Every day≤0.85],[Few times per week=0.86-1.72], [Once a week=1.73-2.57],[A few times in month=2.58-3.34],[Once a month= 3.35-4.29],[Few times per year=4.30-5.15],[Never≥5.16]).

In the light of statistical analysis of mean, this table illustrated that the nurses responses to the burnout were once a week burned at all items of the scale except, items number (7, 10, 11, and 13) the responses were few time/ week burned.

Table 4-4-2:Overall Assessment of Nurses Burnout

Weighted	Freq.	M ± SD
High	113	
Moderate	82	39.85±18.120
Low	5	
Total	200	

"(M) Mean, (SD) Standard deviation, Level of Assessment (High [M.= 0-41], Moderate [M.=42-84], Low [M.=85-126])"

The analysis of burnout among nurses was demonstrate at Mean ± SD = 39.85±18.120; the nurses expressed a high level of burnout (*n=113*; *%=56.5*).
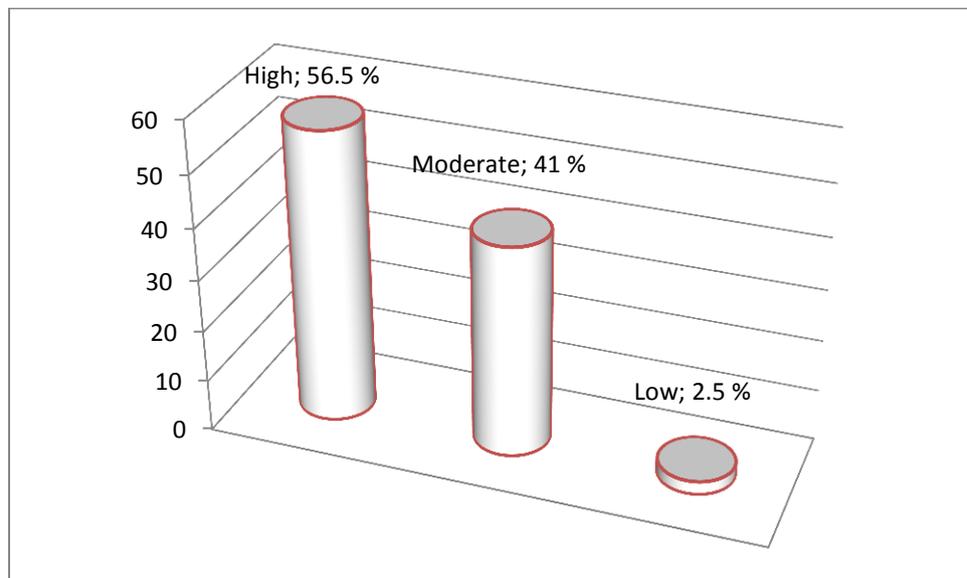
Figure 4-2.Overall Assessment of Nurses Burnout

Table 4-5.Relationship between Nurses Burnout and their Demographic Information

Demographic data		Burnout					Sig.
		High	Moderate	Low	Total	D.f	
Age	20-29 years old	74	67	5	146	4	$\chi^2 obs.=8.380$ $\chi^2 crit.= 9.488$ P-value=0.079
	30-39 years old	35	14	0	49		
	≥40 years old	4	1	0	5		
	Total	113	82	5	200		
Gender	Male	40	30	2	72	2	$\chi^2 obs.=0.065$ $\chi^2 crit.= 5.991$ P-value=0.968
	Female	73	52	3	128		
	Total	113	82	5	200		
Marital status	Single	49	41	2	92	6	$\chi^2 obs.=2.801$ $\chi^2 crit.= 12.592$ P-value=0.833
	Married	60	38	3	101		
	Divorced	4	2	0	6		
	Widower	0	1	0	1		
	Total	113	82	5	200		
Residents	Urban	97	63	4	164	2	$\chi^2 obs.=2.628$ $\chi^2 crit.= 5.991$ P-value=0.269
	Rural	16	19	1	36		
	Total	113	82	5	200		
Level of education	Bachelor	110	73	5	188	2	$\chi^2 obs.=6.160$ $\chi^2 crit.= 5.991$ P-value=0.046
	Master	3	9	0	12		
	Total	113	82	5	200		
Years of experience	<5 years	97	77	3	177	4	$\chi^2 obs.=16.766$ $\chi^2 crit.= 9.488$ P-value=0.002
	5-10years	9	4	0	13		
	>10years	7	1	2	10		
	Total	113	82	5	200		
Experience in workplace	<5 years	103	80	3	186	4	$\chi^2 obs.=12.666$ $\chi^2 crit.= 9.488$ P-value=0.013
	5-10years	9	2	2	13		
	>10years	1	0	0	1		
	Total	113	82	5	200		
Workplace	Critical	98	74	3	175	2	$\chi^2 obs.=4.084$ $\chi^2 crit.= 5.991$ P-value=0.130
	Non critical	15	8	2	25		
	Total	113	82	5	200		
Interest in nursing	Yes	92	64	3	159	2	$\chi^2 obs.=1.527$ $\chi^2 crit.= 5.991$ P-value=0.466
	No	21	18	2	41		
	Total	113	82	5	200		
Shift	Moring	96	44	4	144	2	$\chi^2 obs.=23.250$ $\chi^2 crit.= 5.991$ P-value=0.000
	Evening	17	38	1	56		
	Total	113	82	5	200		
Work time	≤8 hours	86	68	4	158	2	$\chi^2 obs.=1.366$ $\chi^2 crit.= 5.991$ P-value=0.513
	>8 hours	27	14	1	42		
	Total	113	82	5	200		
Violence	No	13	6	0	19	4	$\chi^2 obs.=2.431$ $\chi^2 crit.= 9.488$ P-value=0.657
	Verbal	92	72	5	169		
	Physical	8	4	0	12		
	Total	113	82	5	200		

"$\chi^2 obs.=$ Chi-square observer, $\chi^2 crit.=$ Chi-square critical, Df= Degree of freedom, P-value= Probability value, S= significant, NS= non significant, S= significant, HS= high significant"

This table indicate that there were no significant relationship between nurses burnout and their age groups at *p-value >0.05* except, level of education, years of experience and experience in workplace and work shit.

Table 4-6:Mean differences (ANOVA) between the Work Environment, Burnout and Hospitals

Factors	Source of variance	Sum of Squares	d.f	Mean Square	F	$p \leq 0.05$
Work environment	Between Groups	.562	6	.094	0.630	0.534 NS
	Within Groups	18.926	194	.044		
	Total	19.488	200			
Burnout	Between Groups	.805	6	.161	4.940	0.008 S
	Within Groups	18.683	194	.043		
	Total	19.488	200			

d.f: Degree of freedom, F: F-statistic, Sig: Significance

This table shows that there is no statistical significant difference between work environment and hospitals at *p>0.05*. While there were statistical significant difference between burnout and hospitals at *p<0.05*.

Table4-7:Effect of Environment on Nurses Burnout

Burnout	Work Environment				
	Sum of Squares	D.f	Mean Square	F	Sig.
Regression	20.497	1	20.497	31.790	0.000 HS
Residual	248.367	199	.507		
Total	249.816	200			

d.f= Degree of freedom; F.= Regression test; P-value= Probability value, HS= high significant

Liner regression confirmed that the work environment had a highly significantly effects on nurses burnout at *p-value < 0.01*.

Chapter Five
Discussion of
Study Results

Chapter Five

Discussion of the Study Results

This chapter presents the discussion of the implications of data gathered and reported in chapter four, their relevance was identified in relations with literature as well as the findings of the study concerned with work environment and nurses burnout.

5.1. Discussion the Socio-demographic Characteristics of Nurses

Findings show participants age, the mean age is 28, the age 20-29 years old records the highest percentage. This result come because that the majority of the nurses they dealing directly with the patients are from those with this age group because the action with the patients require a high physical activity and the nurses who are advanced age fail to dealing with the patients.

This findings is supported by findings of Nobre et al., 2019, who investigated nurses burnout in general adult emergency department. Their findings showed that the mean age among nurses equal 29.

Respect to the gender, the female nurses were highest percentage. Because nursing colleges receive female students more than men and at lower rates also in academic admissions and this provides in the field of work the proportion of women more.

In another study among Yemeni nurses' showed that the proportion of female (51.9%) to male (48.1%) were nearly equal (Alrubaiee et al., 2017). As well as, the case of a Greek General Hospital assessed the nurses' work environment, the findings indicate that the female nurses was the majority as compared with the male (Gikopoulou et al., 2014).

In terms of marital status, the married nurses composed the highest percentage. This result come because most of these age groups are the age

of marriage, especially after the completion of the study and appointment in the field of nursing. The most of nurses were married in the study of França and De (2014), due to the nurses at the age of marriage.

It is obvious among the findings that the urban residents were predominated. As being the hospitals covered by the study are located in urban areas so, the health care workers residents in those areas. This results agree with findings of study conducted in Wasit Governorate. Found that most of study participants 94.7% of health workers in two hospital were residing in an urban area (Fatimah, 2020).

Education related findings, the majority of nurses were bachelor graduated. Because the selection of the sample was limited to a bachelor's degree and higher. This findings come in the same line with findings of Alfuqaha and Alsharah (2018), who find in their study that the bachelor nurses graduated were the most common among other degree.

In regards with years of experience, the nurses had less than 5 years. Also, the years of experience in current workplace, the majority of nurses had less than 5 years, due to less years of experience and frequent rotation. In light of this results, Alfuqaha and Alsharah (2018), demonstrated in their findings that nurses had been less than 5 years of experience due the young age.

Regarding workplace, most of nurses work in critical areas within a hospitals, and have desire about working in nursing, most of them work in morning shift, and work 6 hours, and expressed a verbal violence were exposed.

In this regards, findings of Giorgi et al. (2016), stated in their findings that nurses express desire in their work beyond from violence. It suggest that workplace partially mediates the relationship between organizational climate and burnout and that bullying does not affect health

directly, but only indirectly, via the mediation of burnout. Also, working hours among health care workers per day 8 h 63.8% (Dyrbye et al., 2019).

Among findings, most of nurses selected from AL-Hussain teaching hospital, followed by those who are selected from AL-Haboubi teaching hospital, and followed by those who are selected from Bint-Alhuda teaching hospital, the selected of these sample by the researcher opinion. Also, in study of Hussein (2016), illustrated in their findings that the equal sample size selected from different provinces is from the researcher opinion.

5.2.Discussion Work Environment among Nurses

A positive work environment is important especially for health care workers and patient safety. Positive work environments affect all healthcare professionals and improve patient outcomes by promoting the quality of services. At the end of the present study, the mean score the participants obtained from the work environment was *Mean ± SD= 1.40 ± 0.539*; the nurses expressed poor work environment.

Based on this result, it can be said that the participants generally perceived the work environment "poor". In another study conducted at Cumhuriyet University hospital, nurses (n = 159) perceived the work environment negatively and 74% of those nurses considered the working conditions in the workplace as inappropriate (Ulusoy & Polatkan, 2016).

In a study conducted by McGirr and Bakker (2013), 50.4% of the nurses said that they were dissatisfied with the work environment. These results support the results of the present study.

In a study conducted by Bostan and Köse (2011), more than half of the participants stated that the work environment was not organized well enough to care about their physical health. These results support the results of the present study.

In Mollaoğlu et et al., 2010, study, nurses perceived the work environment positively. The results of their studies are not similar to those of the present study. This is probably because measuring instruments and characteristics of the sample groups varied form one study to another.

The search yielded 5077 unique articles. For the final synthesis, 65 articles met inclusion criteria, consisting of 34 questionnaires measuring nursing work environments in different settings. Most of the questionnaires that we found were developed, and tested, for registered nurses in a general hospital setting. Six questionnaires were developed specifically for use in nursing home settings and one for home healthcare. The content domains covered by the questionnaires were both overlapping and unique and the terminology in use was inconsistent. The most common problems work environment questionnaires were supportive managers, collaborative relationships with peers, busyness, professional practice and autonomy (Norman & Sjetne, 2017).

Poor work environment is a key element to exposing features of a healthy work environment. An poor work environment is described as a non-functioning or poor functioning environment that includes poor communication, increased stress levels, unsuccessful care delivery, ineffective collaboration, lack of teamwork and personal conflicts with the mission, vision and values of the hospitals.

According to Blake (2015), poor work environments can lead to poor communication contributing to errors, ineffective care delivery, and conflict among healthcare professionals. The climate within an unhealthy work environment directly translates to the care that is delivered. When employees are disgruntled they are less likely to take the time and exert the effort necessary to meet patient needs and expectations.

5.3.Discussion the Nurses Burnout

The analysis of burnout among nurses was demonstrate at Mean ± SD= 39.85±18.120; the nurses expressed a high level of burnout (Table 4-3-2). These results come because that the shortage of nurses staff in the hospitals make the available nurses to perform a large number of duties as well as make them burned. The present study results agree with Lorenz et al., 2010, they conduct a cross-sectional, analytical and correlational study to investigated the existence of Burnout based on a sample of 149 nurses of a university tertiary hospital from October to December 2008 and correlate Burnout with stressors in the hospital work environment. The Maslach Burnout Inventory, the Nurses' Stress Inventory and a questionnaire to characterize the subjects were applied, and they find that the nurses are burned at moderate levels at the emotional exhaustion, personal accomplishment, and depersonalization. Also the overall assessment is moderate.

Rashedi, et. al., 2014, they use a cross-sectional descriptive-analytical design was used. The sample consisted of 194 nurses working in five hospitals of Hamadan University of Medical Sciences in Iran, who completed the Maslach Burnout Inventory (MBI) as well as a socio-demographic questionnaire. and they find that the majority of the nurses are moderately burned at the emotional exhaustion and depersonalization sub domains while at the personal accomplishment sub domain the nurses are burned out at mild level.

Also, findings come in line with findings of Jasim & Faris (2020), who showed in their findings that the private nurses (75%) sometime with emotional exhaustion while (59%) of public nurses sometime with emotional exhaustion regarding personal accomplishment the study indicated that (69%) of private nurses always personal accomplishment as well as public nurses (46%) of them always personal accomplishment in

addition (73%) of private nurses sometime depersonalization while (67%) of public nurses also sometime depersonalization.

There were also higher scores of burnout among participants nurses who thought about changing their profession, their institution or their service due to stressful work environment (Nobre et al., 2019).

Job burnout was found to exist widely among the nurses of hemodialysis centres, which may then result in adverse effects on their physical and mental health. Active interventions can significantly reduce job burnout and also help maintain the stability of nursing workforce levels (Ling et al., 2020).

The results of high level of burnout come because nursing has come to be considered a high-risk and high-pressure profession, given the fast-paced working environment and constant need to handle emergencies, especially for nurses working in critical wards. Nearly every day, nurses are confronted with life and death situations and are required to provide skilled, high quality care for their patients, in fast-paced and demanding environments. Thus, nurses are susceptible to both psychological stress and other mental health problems, making them more vulnerable to burnout when compared against other healthcare professions.

5.4. Relationship between Nurses Burnout and their Demographic Information

Findings illustrated that there were no significant relationship between nurses burnout and their demographic characteristics at *p-value >0.05*. The level of education and work shift had been significant associated with their burnout at *p-value <0.05*. In light of this findings of Dyrbye et al., 2019, who stated in their findings nurses likely to have had absenteeism while those who worked more hours, were less likely to have

had absenteeism among those who are postgraduate. Factors independently associated with poor work performance included burnout.

5.5. Differences between the Work Environment, Burnout and Hospitals

Findings shows that there is no statistical significant difference between work environment and hospitals at *p>0.05* due to the same hospitals policy. While there were statistical significant difference between burnout and hospitals at *p<0.05* as being the sources of work different from hospitals to other depending on the requirements of the work, management, officials, etc..

This findings consisting with Aiken et al., 2011, who find there were no differences between stressor of work-environment within hospitals in a same geographical areas, but there is differences in the burnout in the same population in different locations.

There is evidence that the nurses are adversely affected by high noise levels. Such levels have been associated with increased stress and annoyance, fatigue, emotional exhaustion, and burnout, and those different from hospital to another (Applebaum et al., 2010).

5.6. Effect of Environment on Nurses Burnout

Liner regression confirmed that the work environment had a highly significantly effects on nurses burnout at *p-value < 0.01*. The liner regression in study of Lorenz et al. (2010), had been mentioned that the stressor work environment have been highly sources of nurses burnout (p=0.000).

Nurses in smaller hospitals tend to experience greater burnout. The impact of work environment on burnout is greater than that of facility and individual characteristics (Takemura et al., 2020).

The environmental factors played bigger roles in predicting emotional exhaustion and depersonalization. In order to reduce nurse job burnout effectively, administrators should pay more attention to the improvement of nurses' self-efficacy and professional nursing practice environment and the reduction of stressors (Wang al., 2015).

In another, findings evidenced that environments favourable to these professionals' practice result in lower levels of burnout, a better perceived quality of care and attitudes favourable to patient safety (Guirardello, 2017).

Recio-Saucedo et al. (2018), suggestions are given for ways organizations and nursing leadership can create a healthy work environment in which priority is given to nurses' psychosocial well-being and to fostering supportive relationships. While these strategies are aimed at creating a better work environment for nurses, they also ultimately promote better care and safety of patients.

It is suggest that health service administrators should provide nursing staff with education and support to build individual resilience. Workplaces that attend to staffing and resource issues and have managers who provide high levels of support to their staff appear to be essential strategies to help prevent nurse burnout (Rees et al., 2019).

Chapter Six
Conclusions &
Recommendations

Chapter Six

Conclusions and Recommendations

6.1. Conclusions:

In view of the findings and their discussion, this quantitative review used an assessment approach to nurses work environment and burnout with questionnaire objects, and concludes that:

Hospitals environment is perceived by most of nurses as unhealthy environment as a results of expressing high risk and professionals workload and save forms of violence, this perceived impose psychological burnout which could influence their performance. Being a night shift nurses increases the risk for high demand and violence which increased there variability of burnout.

6.2.Recommendations:

According to the findings and stated conclusions, the following could be recommended for future work:

6.2.1. Suitable strategy to decrease nurses' burnout level through training courses for the nurses.

6.2.2. Improving working conditions by providing all the material and human requirements necessary to perform the work.

6.2.3. Paying attention to the issues of nurses by improving the organizational climate for work by paying attention to the organizational aspect and reconsidering the communication system, allowances and rewards in force in the hospital.

References

المصادر العربية:

القران الكريم ، سورة النجم، الآية (39-40).

References

Abualrub, R. F., Gharaibeh, H. F., & Bashayreh, A. E. I. (2012). The relationships between safety climate, teamwork, and intent to stay at work among Jordanian hospital nurses. *In Nursing forum* (Vol. 47, No. 1, pp. 65-75). Malden, USA: Blackwell Publishing Inc.

Abushaikha, L., & Saca Hazboun, H. (2009). Job satisfaction and burnout among Palestinian nurses. *EMHJ-Eastern Mediterranean Health Journal, 15 (1), 190-197, 2009*.

Abedi-Gilavandi, R., Talebi, F., Abedi-Taleb, E., Nateghi, S., Khedmat, L., Amini, F., ... & Effatpanah, M. (2019). Burnout among nursing staff in Ziaeian hospital. *Materia socio-médica*, *31*(1), 10.

Adriaenssens, J., De Gucht, V., & Maes, S. (2015). Determinants and prevalence of burnout in emergency nurses: a systematic review of 25 years of research. *International Journal of Nursing studies*, *52*(2), 649-661.

Aiken, L. H., Sloane, D. M., Clarke, S., Poghosyan, L., Cho, E., You, L., ... & Aungsuroch, Y. (2011). Importance of work environments on hospital outcomes in nine countries. *International Journal for Quality in Health Care*, *23*(4), 357-364.

Al-Turki, H. A., Al-Turki, R. A., Al-Dardas, H. A., Al-Gazal, M. R., Al-Maghrabi, G. H., Al-Enizi, N. H., & Ghareeb, B. A. (2010). Burnout syndrome among multinational nurses working in Saudi Arabia. *Annals of African medicine*, *9*(4).

Alfuqaha, O. A., Alkawareek, M. Y., & Alsharah, H. S. (2019). Self-evaluation and professional status as predictors of burnout among nurses in Jordan. *PloS one*, *14*(3), e0213935.

Alfuqaha, O., & Alsharah, H. (2018). Burnout among nurses and teachers in Jordan: a comparative study. *Archives of Psychiatry and Psychotherapy*, *20*(2), 55-65.

Alharbi, A. A. (2018). *The impact of nurse work environment on nurse outcomes, nurse-perceived quality of care and patient safety in Saudi Arabia* (Doctoral dissertation, University of British Columbia).

Alidosti, M., Delaram, M., Dehgani, L., & Maleki Moghadam, M. (2016). Relationship between self-efficacy and burnout among nurses in Behbahan City, Iran. *Women's Health Bulletin*, *3*(4), 1-5.

Alotni, M. A., & Elgazzar, S. E. (2020). Investigation of burnout, its associated factors and its effect on the quality of life of critical care nurses working in Buraydah Central Hospital at Qassim Region, Saudi Arabia. *The Open Nursing Journal*, 14(1).

Alqurashi, E. (2016). Self-efficacy in online learning environments: A literature review. *Contemporary Issues in Education Research (CIER)*, 9(1), 45-52.

Alrubaiee, G., Baharom, A., Shahar, H. K., Daud, S. M., & Basaleem, H. O. (2017). Knowledge and practices of nurses regarding nosocomial infection control measures in private hospitals in Sana'a City, Yemen. *Safety in Health*, *3*(1), 1-6.

American Thoracic Society (ATS). (2016). What is burnout syndrome (BOS). *ATS Public Health. Information Series*, *194*(1), 1-2

Ang, S. Y., Dhaliwal, S. S., Ayre, T. C., Uthaman, T., Fong, K. Y., Tien, C. E., ... & Della, P. (2016). Demographics and personality factors associated with burnout among nurses in a Singapore tertiary hospital. *BioMed research international*, *2016*.

Applebaum, D., Fowler, S., Fiedler, N., Osinubi, O., & Robson, M. (2010). The impact of environmental factors on nursing stress, job

satisfaction, and turnover intention. *The Journal of nursing administration*, *40*, 323.

Aw, S. S., Ilies, R., Li, X., Bakker, A. B., & Liu, X. Y. (2021). Work-related helping and family functioning: A work–home resources perspective. *Journal of Occupational and Organizational Psychology*, *94*(1), 55-79.

Awa, W. L., Plaumann, M., & Walter, U. (2010). Burnout prevention: A review of intervention programs. *Patient education and counseling*, *78*(2), 184-190.

Bakker, D., Strickland, J., MacDonald, C., Butler, L., Fitch, M., Olson, K., & Cummings, G. (2013). The context of oncology nursing practice: An integrative review. *Cancer nursing*, *36*(1), 72-88.

Balsanelli , A. P., & Cunha, I. C. K. O. (2014). The work environment and leadership in nursing: an integrative review. *Revista da Escola de Enfermagem da USP,* 48(5), 938-943.

Bešević-Ćomić, V., Bosankić, N., & Draganović, S. (2014). Burnout syndrome and self-efficacy among nurses. *Scripta Medica*, *45*(1), 26-29.

Blache, J., Borza, A., De Angelis, K., Frankus, E., Gabbianelli, G., Korunka, C., & Zdrehus, C. (2011). Burnout intervention training for managers and team leaders: a practice report. *Wien: Die Berater*, 2-11.

Blake, N. (2015). The nurse leader's role in supporting healthy work environments. *AACN advanced critical care*, *26*(3), 201-203.

Blake, N., Leach, L. S., Robbins, W., Pike, N., & Needleman, J. (2013). Healthy work environments and staff nurse retention: The relationship between communication, collaboration, and leadership in the pediatric intensive care unit. *Nursing administration quarterly*, *37*(4), 356-370.

Bostan, S., & Köse, A. (2011). Hemşirelerin yönetsel hizmetleri ve çalışma ortamlarını değerlendirmesi-bir üniversite hastanesi örneği. *Clinical and Experimental Health Sciences*, *1*(3), 176-183.

Brand, S., Beck, J., Hatzinger, M., Harbaugh, A., Ruch, W., & Holsboer-Trachsler, E. (2010). Associations between satisfaction with life, burnout-related emotional and physical exhaustion, and sleep complaints. *The World Journal of Biological Psychiatry*, *11*(5), 744-754.

Buppert, C. (2017). *Nurse practitioner's business practice and legal guide*. Jones & Bartlett Learning.) sixth edition). USA. p23

Cao, X., & Naruse, T. (2019). Effect of time pressure on the burnout of home‐visiting nurses: the moderating role of relational coordination with nursing managers. *Japan Journal of Nursing Science*, *16*(2), 221-231.

Cassidy, L. F. (2019). *The Relationship among Healthy Work Environments, Nurse Caring, and Nursing-sensitive Patient Outcomes in Magnet Hospitals* (Doctoral dissertation, Florida Atlantic University).

Chatzigianni, D., Tsounis, A., Markopoulos, N., & Sarafis, P. (2018). Occupational stress experienced by nurses working in a Greek Regional Hospital: A cross-sectional study. *Iranian journal of nursing and midwifery research*, *23*(6), 450.

Chhugani, M., & James, M. M. (2017). Challenges faced by nurses in India-the major workforce of the healthcare system. *Nurse Care Open Acces J*, *2*(4), 112-114.

Codier, E. (2020). *Emotional Intelligence in Nursing: Essentials for Leadership and Practice Improvement*. Springer Publishing Company.

Coetzee, S. K., Klopper, H. C., Ellis, S. M., & Aiken, L. H. (2013). A tale of two systems—Nurses practice environment, well being, perceived quality of care and patient safety in private and public hospitals in South Africa: A questionnaire survey. *International journal of nursing studies*, *50*(2), 162-173.

Cooper, A. N., Seibert, G. S., May, R. W., Fitzgerald, M. C., & Fincham, F. D. (2017). School burnout and intimate partner violence: The role of self-control. *Personality and individual differences*, *112*, 18-25.

Dall'Ora, C., Griffiths, P., Ball, J., Simon, M., & Aiken, L. H. (2015). Association of 12 h shifts and nurses' job satisfaction, burnout and intention to leave: findings from a crosssectional study of 12 European countries. *BMJ open*, *5*(9).

de Cordova, P. B. (2017). Staffing and nurse-perceived quality of care. *Evidence-based nursing*, *20*(1), 19-19.

Delobelle, P., Rawlinson, J. L., Ntuli, S., Malatsi, I., Decock, R., & Depoorter, A. M. (2011). Job satisfaction and turnover intent of primary healthcare nurses in rural South Africa: a questionnaire survey. *Journal of advanced nursing*, *67*(2), 371-383.

Dyrbye, L. N., Shanafelt, T. D., Johnson, P. O., Johnson, L. A., Satele, D., & West, C. P. (2019). A cross-sectional study exploring the relationship between burnout, absenteeism, and job performance among American nurses. *BMC nursing*, *18*(1), 1-8.

Dyrbye, L. N., Shanafelt, T. D., Sinsky, C. A., Cipriano, P. F., Bhatt, J., Ommaya, A., ... & Meyers, D. (2017). Burnout among health care professionals: a call to explore and address this underrecognized threat to safe, high-quality care. *NAM perspectives*.from https://medschool.ucsd.edu/som

Dyrbye, L. N., West, C. P., Johnson, P. O., Cipriano, P. F., Beatty, D. E., Peterson, C., ... & Shanafelt, T. (2019). Burnout and satisfaction with

work–life integration among nurses. *Journal of occupational and environmental medicine*, *61*(8), 689-698.

Elbejjani, M., Al Ahad, M. A., Simon, M., Ausserhofer, D., Dumit, N., Huijer, H. A. S., & Dhaini, S. R. (2020). Work environment-related factors and nurses' health outcomes: a cross-sectional study in Lebanese hospitals. *BMC nursing, 19(1), 1-11*.

ELTAYEF, G. M. (2014). *Burnout, self-concept and their relationship to job satisfaction among nurses in Libya* : UNIVERSITI SAINS MALAYSIA . Thesis. p18-25.

Evans-Turner, T., Veitch, S. G., & Higgins, N. (2010). The Maslach Burnout Inventory and its relationship with staff transition in and out of the intellectual disability workforce. In *Seventh New Zealand Association for the Study of Intellectual Disability Conference* (pp. 24-26).

Fatimah, H. (2020). Assessment of Occupational Hazards on Health Workers of Two Hospitals (AL-Kut and AL-Karama) in Wasit Governorate. A thesis for partial Fulfillment master Degree/ Southern Technical University: P. 37-79.

Fearon, C., & Nicol, M. (2011). Strategies to assist prevention of burnout in nursing staff. *Nursing Standard*, *26*(14).

França, S. P. S., & De Martino, M. M. F. (2014). Correlations between stress and burnout in mobile prehospital nursing care. *Rev Enferm UFPE*, *8*(12), 4221-9.

Freudenberger, H. J. (1989). Burnout: Past, present, and future concerns. *Loss, Grief & Care*, *3*(1-2), 1-10.

Gikopoulou, D., Tsironi, M., Lazakidou, A., Moisoglou, I., & Prezerakos, P. (2014). The assessment of nurses' work environment: The case of a Greek General Hospital. *International Journal of Caring Sciences*, *7*(1), 269-275.

Giorgi, G., Mancuso, S., Fiz Perez, F., Castiello D'Antonio, A., Mucci, N., Cupelli, V., & Arcangeli, G. (2016). Bullying among nurses and its relationship with burnout and organizational climate. *International journal of nursing practice*, *22*(2), 160-168.

Guirardello, E. D. B. (2017). Impact of critical care environment on burnout, perceived quality of care and safety attitude of the nursing team1. *Revista latino-americana de enfermagem*, *25*.

Harrington, P. (2012). *Machine learning in action*. Simon and Schuster.

Havaei, F., Astivia, O. L. O., & MacPhee, M. (2020). The impact of workplace violence on medical-surgical nurses' health outcome: A moderated mediation model of work environment conditions and burnout using secondary data. *International journal of nursing studies*, *109*, 103666.

Hayes, B., Douglas, C., & Bonner, A. (2015). Work environment, job satisfaction, stress and burnout among haemodialysis nurses. *Journal of nursing management*, *23*(5), 588-598.

Hayes, L. J., O'Brien-Pallas, L., Duffield, C., Shamian, J., Buchan, J., Hughes, F., ... & North, N. (2012). Nurse turnover: a literature review–an update. *International journal of nursing studies*, *49*(7), 887-905.

Hinno, S., Partanen, P., & Vehviläinen-Julkunen, K. (2011). Hospital nurses' work environment, quality of care provided and career plans. *International nursing review*, *58*(2), 255-262. https://www.healthaffairs.org.

Humphries, N., Morgan, K., Conry, M. C., McGowan, Y., Montgomery, A., & McGee, H. (2014). Quality of care and health professional burnout: narrative literature review. *International journal of health care quality assurance*.

Hussein, B. H. (2016). Nurses' Burnout Effects on Pre-operative Nursing Care for Patients at Cardiac Catheterization Centers in Middle Euphrates Governorates.

Jasim, A. H., & Faris, H. I. (2020). A comparative study of burnout among nurses in public and private hospitals at Karbala city.

Jourdain, G., & Chênevert, D. (2010). Job demands–resources, burnout and intention to leave the nursing profession: A questionnaire survey. *International journal of nursing studies*, *47*(6), 709-722.

Kantorovich, V., Eisenhofer, G., & Pacak, K. (2008). Pheochromocytoma: an endocrine stress mimicking disorder. *Annals of the New York Academy of Sciences*, *1148*, 462.

KARIMYAR, J. M., & HOJAT, M. (2014). Assessing Burnout Syndrome Etiologies And Stress Tendency In Nurses.

Kelly, L. A., Johnson, K. L., Bay, R. C., & Todd, M. (2021). Key elements of the critical care work environment associated with burnout and compassion satisfaction. *American Journal of Critical Care*, *30*(2), 113-120.

Khamisa, N., Oldenburg, B., Peltzer, K., & Ilic, D. (2015). Work related stress, burnout, job satisfaction and general health of nurses. *International journal of environmental research and public health*, *12*(1), 652-666.

Khalid, J., Khaleel, M., Ali, A. J., & Islam, M. S. (2018). Multiple dimensions of emotional intelligence and their impacts on organizational commitment and job performance. *International Journal of Ethics and Systems*.

Khamisa, N., Peltzer, K., & Oldenburg, B. (2013). Burnout in relation to specific contributing factors and health outcomes among nurses: a systematic review. *International journal of*

Kinser, P., Braun, S., Deeb, G., Carrico, C., & Dow, A. (2016). "Awareness is the first step": an interprofessional course on mindfulness & mindful-movement for healthcare professionals and students. *Complementary therapies in clinical practice*, *25*, 18-25.

Kousar, R., Afzal, M., Sarwar, H., Waqas, A., & Gillani, S. A.(2017)The Impact of Job satisfaction on Nurses' Burnout among Registered Nurses at Jinnah Hospital Lahore, Pakistan. Vol-3, Iss-6A :528-533.

Kubicek, B., & Korunka, C. (2015). Does job complexity mitigate the negative effect of emotion-rule dissonance on employee burnout?. *Work & Stress*, *29*(4), 379-400.

Lake, E. T., Sanders, J., Duan, R., Riman, K. A., Schoenauer, K. M., & Chen, Y. (2019). A meta-analysis of the associations between the nurse work environment in hospitals and 4 sets of outcomes. *Medical care, 57(5), 353.*

Li, B., Bruyneel, L., Sermeus, W., Van den Heede, K., Matawie, K., Aiken, L., & Lesaffre, E. (2013). Group-level impact of work environment dimensions on burnout experiences among nurses: a multivariate multilevel probit model. *International journal of nursing studies*, *50*(2), 281-291.

Lim, J., Bogossian, F., & Ahern, K. (2010). Stress and coping in Singaporean nurses: a literature review. *Nursing & Health Sciences*, *12*(2), 251-258.

Ling, K., Xianxiu, W., & Xiaowei, Z. (2020). Analysis of nurses' job burnout and coping strategies in hemodialysis centers. *Medicine*, *99*(17).

Liu, K., You, L. M., Chen, S. X., Hao, Y. T., Zhu, X. W., Zhang, L. F., & Aiken, L. H. (2012). The relationship between hospital work environment and nurse outcomes in Guangdong, China: a nurse

questionnaire survey. *Journal of clinical nursing*, *21*(9-10), 1476-1485.

Long, C. S., Yusof, W. M. M., Kowang, T. O., & Heng, L. H. (2014). The impact of transformational leadership style on job satisfaction. *World Applied Sciences Journal*, *29*(1), 117-124.

Lorenz, V. R., Benatti, M. C. C., & Sabino, M. O. (2010). Burnout and stress among nurses in a university tertiary hospital. *Revista latino-americana de enfermagem*, *18*, 1084-1091.

Lucas, P. R. M. B., & Nunes, E. M. G. T. (2020). Nursing practice environment in Primary Health Care: a scoping review. *Revista Brasileira de Enfermagem*, *73*

Maslach, C. (2011). Engagement research: Some thoughts from a burnout perspective. *European Journal of Work and Organizational Psychology*, *20*(1), 47-52.

Maslach, C., & Leiter, M. P. (2016). Understanding the burnout experience: recent research and its implications for psychiatry. *World psychiatry*, *15*(2), 103-111

Maslach, C., Leiter, M. P., & Fink, G. (2016). Stress: concepts, cognition, emotion, and behavior. *Handbook of Stress Series*, *1*, 351-357.

Massoudi, A. H., & Hamdi, S. S. A. (2017). The Consequence of work environment on Employees Productivity. *IOSR Journal of Business and Management*, *19*(01), 35-42.

McGirr, M., & Bakker, D. A. (2013). Shaping positive work environments for nurses: the contributions of nurses at various organizational levels. *Canadian journal of nursing leadership*, *13*(1), 7-14.

McHugh, M. D., Kutney-Lee, A., Cimiotti, J. P., Sloane, D. M., & Aiken, L. H. (2011). Nurses' widespread job dissatisfaction, burnout, and frustration with health benefits signal problems for patient care. *Health affairs*, *30*(2), 202-210.

Mollaoğlu, M., Fertelli, T. K., & Tuncay, F. Ö. (2010). Hastanede çalışan hemşirelerin çalışma ortamlarına ilişkin algılarının değerlendirilmesi. *Fırat Sağlık Hizmetleri Dergisi*, *5*(15), 17-30.

Nantsupawat, A., Nantsupawat, R., Kunaviktikul, W., Turale, S., & Poghosyan, L. (2016). Nurse burnout, nurse-reported quality of care, and patient outcomes in Thai hospitals. *Journal of Nursing Scholarship*, *48*(1), 83-90.

Nantsupawat, A., Srisuphan, W., Kunaviktikul, W., Wichaikhum, O. A., Aungsuroch, Y., & Aiken, L. H. (2011). Impact of nurse work environment and staffing on hospital nurse and quality of care in Thailand. *Journal of Nursing Scholarship*, *43*(4), 426-432.

National Taskforce for Humanity in Healthcare (NTHH). (2018) from ,https://www.vocera.com/national-taskforce-humanityhealthcare

Njoroge, R. (2012). Interventions for occupational stress management among nurses: A systematic literature review.

Nobre, D. F. R., Rabiais, I. C. M., Ribeiro, P. C. P. S. V., & Seabra, P. R. C. (2019). Burnout assessment in nurses from a general emergency service. *Revista brasileira de enfermagem*, *72*, 1457-1463.

Nogueira, L. D. S., Sousa, R. M. C. D., Guedes, E. D. S., Santos, M. A. D., Turrini, R. N. T., & Cruz, D. D. A. L. M. D. (2018). Burnout and nursing work environment in public health institutions. *Revista br asileira de enfermagem*, *71*, 336-342.

Norman, R. M., & Sjetne, I. S. (2017). Measuring nurses' perception of work environment: a scoping review of questionnaires. *BMC nursing*, *16*(1), 1-15.

Noseworthy, J., Madara, J., Cosgrove, D., Edgeworth, E., Ellison, E., Krevans, S., . . . Harrison, D. (2017). Physician burnout is a public health crisis: a message to our fellow health care CEOs. Health Affairs:

Ojekou, G. P., & Dorothy, O. T. (2015). Effect of work environment on level of work stress and burnout among nurses in a teaching hospital in Nigeria. *Open journal of Nursing*, *5*(10), 948.

Pacewicz, C. E., Mellano, K. T., & Smith, A. L. (2019). A meta-analytic review of the relationship between social constructs and athlete burnout. *Psychology of Sport and Exercise*, *43*, 155-164.

Pereira, S. M., Fonseca, A. M., & Carvalho, A. S. (2012). Burnout in nurses working in Portuguese palliative care teams: a mixed methods study. *International Journal of Palliative Nursing*, *18*(8), 373-381.

Permarupan, P. Y., Al Mamun, A., Samy, N. K., Saufi, R. A., & Hayat, N. (2020). Predicting nurses burnout through quality of work life and psychological empowerment: A study towards sustainable healthcare services in Malaysia. *Sustainability*, *12*(1), 388.

Poghosyan, L., Clarke, S. P., Finlayson, M., & Aiken, L. H. (2010). Nurse burnout and quality of care: Cross-national investigation in six countries. *Research in nursing & health*, *33*(4), 288-298.

Putra, K. R., Sutadi, H., Setyowati, R., & Hariyati, T. S. (2021). The effect of caring work environment model on nurses' burnout in general hospitals. *International Journal of Public Health*, *10*(3), 537-543.

Queirós, C., Ruggieri, R., Borges, E., & Fiabane, E. (2019). Burnout and job demands among nurses: a comparative study between Portugal and Italy. In *International Congress of Occupational Health Nursing: proceedings*.

Rahnavard, F., Sadati, A. K., Hemmati, S., Ebrahimzade, N., Sarikhani, Y., Heydari, S. T., & Lankarani, K. B. (2018). The impact of environmental and demographic factors on nursing job satisfaction. *Electronic physician*, *10*(4), 6712.

Rashedi, V., Rezaei, M., & Gharib, M. (2014). Burnout and socio-demographic characteristics of nurses in Iran. *Galen Medical Journal*, *3*(4), 232-7.

Rastegari, M., Khani, A., Ghalriz, P., & Eslamian, J. (2010). Evaluation of quality of working life and its association with job performance of the nurses. *Iranian journal of nursing and midwifery research*, *15*(4), 224.

Recio-Saucedo, A., Dall'Ora, C., Maruotti, A., Ball, J., Briggs, J., Meredith, P., ... & Griffiths, P. (2018). What impact does nursing care left undone have on patient outcomes? Review of the literature. *Journal of clinical nursing*, *27*(11-12), 2248-2259.

Rees, C. S., Eley, R., Osseiran-Moisson, R., Francis, K., Cusack, L., Heritage, B., & Hegney, D. (2019). Individual and environmental determinants of burnout among nurses. *Journal of health services research & policy*, *24*(3), 191-200.

Rezaei, S., Karami Matin, B., Hajizadeh, M., Soroush, A., & Nouri, B. (2018). Prevalence of burnout among nurses in Iran: A systematic review and meta-analysis. *International nursing review*, *65*(3), 361-369.

Sanders, C. L., Krugman, M., & Schloffman, D. H. (2013). Leading change to create a healthy and satisfying work environment. *Nursing administration quarterly*, *37*(4), 346-355.

Skela-Savič, B., Dobnik, M., & Kalender-Smajlović, S. (2020). Nurses' work characteristics and self-assessment of the work environment—Explorative cross-sectional study. *Journal of nursing management*, *28*(4), 860-871.

Soheili, M., Taleghani, F., Jokar, F., Eghbali-Babadi, M., & Sharifi, M. (2021). Occupational stressors in oncology nurses: A qualitative descriptive study. *Journal of Clinical Nursing*.

Spoor, E., De Jonge, J., & Hamers, J. P. (2010). Design of the DIRECT-project: interventions to increase job resources and recovery opportunities to improve job-related health, well-being, and performance outcomes in nursing homes. *BMC Public Health*, *10*(1), 1-10.

Suliman, M., & Aljezawi, M. (2018). Nurses' work environment: indicators of satisfaction. *Journal of nursing management*, *26*(5), 525-530.

Takase, M. (2010). A concept analysis of turnover intention: Implications for nursing management. *Collegian*, *17*(1), 3-12.

Takemura, Y., Kunie, K., & Ichikawa, N. (2020). The effect of work environment on burnout among nursing directors: A cross-sectional study. *Journal of nursing management*, *28*(1), 157-166.

Takemura, Y., Kunie, K., & Ichikawa, N. (2020). The effect of work environment on burnout among nursing directors: A cross-sectional study. *Journal of nursing management*, *28*(1), 157-166.

Tarcan, M., Hikmet, N., Schooley, B., Top, M., & Tarcan, G. Y. (2017). An analysis of the relationship between burnout, socio-demographic and workplace factors and job satisfaction among emergency department health professionals. *Applied nursing research*, *34*, 40-47.

Tourigny, L., Baba, V. V., & Wang, X. (2010). Burnout and depression among nurses in Japan and China: The moderating effects of job satisfaction and absence. *The International Journal of Human Resource Management*, *21*(15), 2741-2761.

Ulusoy, H., & Polatkan, R. (2016). Assessment of the nurses' work environment using the nursing work index scale. *Cumhuriyet Medical Journal*, *38*(4), 246-257.

Van Bogaert, P., & Clarke, S. (2018). Concepts: organization of nursing work and the psychosocial experience of nurses. In *The*

Organizational Context of Nursing Practice (pp. 5-47). Springer, Cham.

Vokhlacheva, A., Shakori, A., & Farzanehkari, P. (2018). Prevention of burnout among nursing staff: A literature review.

Wang, S., Liu, Y., & Wang, L. (2015). Nurse burnout: personal and environmental factors as predictors. *International journal of nursing practice*, *21*(1), 78-86.

Wang, X., Kunaviktikul, W., & Wichaikhum, O. A. (2013). Work empowerment and burnout among registered nurses in two tertiary general hospitals. *Journal of Clinical Nursing*, *22*(19-20), 2896-2903.

Westerman, C., Kozak, A., Harling, M., & Nienhaus, A. (2014). Burnout intervention studies for inpatient elderly care nursing staff: Systematic literature review. *International journal of nursing studies*, *51*(1), 63-71.

Woo, T., Ho, R., Tang, A., & Tam, W. (2020). Global prevalence of burnout symptoms among nurses: A systematic review and meta-analysis. *Journal of Psychiatric Research*, *123*, 9-20.

World Health Organization (WHO). (2019). International Classification of Diseases 11th Revision (ICD-11). The Global Standard for Diagnostic Health Information.

Yas, I. W., & Mohammed, S. H. (2017). Improving nurses knowledge regarding to therapeutic communication by implementing an educational program in al rashad psychiatric teaching hospital at baghdad city. *Research Journal of Pharmacy and Technology*, *10*(7), 2088-2090.

Yas, M. I. W., & Mohammed, S. H. (2016). Assessment of Nurses Knowledge about Therapeutic Communication in Psychiatric

Teaching Hospitals at Baghdad City. *Kufa journal for nursing sciences*, *6*(2).

Zaki, R. (2016). Job Stress and Self-Efficacy among Psychiatric Nursing Working in Mental Health Hospitals at Cairo, Egypt. *Journal of Education and Practice*, *7*(20), 103-113.

Appendices

Ethical committee
Appendix A1

السيد المعاون العلمي المحترم

السيد رئيس تمريض ....المحترم

اللجنة العلمية والأخلاقيات المحترمون

م/اخلاقيات البحث

يرجى التفضل بالموافقة على عرض موضوع (الماجستير) على اللجنة العلمية واخلاقيات البحث العلمي عن موضوع رسالتي الموسومة

(تأثير بيئة العمل على الاحتراق النفسي لدى الممرضين العاملين في المستشفيات التعليمية بمدينة الناصرية)

Effect of Work environment on burnout among nurses working in Teaching hospitals in Al-Nasiriyah City.

مع التقدير

اسم المشرف وتوقيعه...

اسم الطالب وتوقيعه...

رئيس الفرع وتوقيعه...

ناجي ياسر سطوان
رئيس فرع صحة الأسرة والمجتمع
لـ ادارة الصحة النفسية والعقلية

Appendix A2

University of Babylon
College of Nursing
Research Ethics Committee
Issue No: 19
Date: 15 / 2 /2021

Approval Letter

جـــامـعة بـــابـــل
كــلية التمريــض
لجنة اخلاقيات البحث العلمي

--

Kefah Zair Balat

The Research Ethics committee at the "University of Babylon, College of Nursing" has reviewed and discussed your application to conduct the research study entitled "Effect of Work Environment on Burnout among Nurses Working in Teaching Hospitals in AL-Nasiriyah City."

The Following documents have been reviewed and approved:

1. Research protocol
2. Research instrument/s
3. Participant informed consent

Committee Decision.

The committee approves the study to be conducted in the presented form. The Research Ethics committee expects to be informed about any changes occurring during the study, any revision in the protocol and participant informed consent.
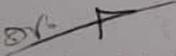
Prof. Dr. Salma K. Jehad
Chair Committee
College of Nursing
Research Ethical Committee
/   /2021
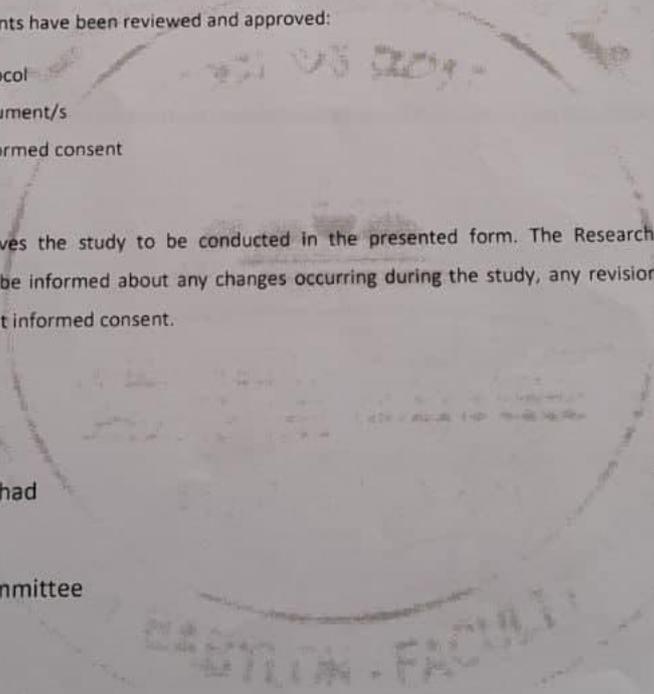
Appendix B

Ministry of Higher Education
and Scientific Research

وزارة التعليم العالي والبحث العلمي
جمهورية العراق

University of Babylon
College of Nursing

جَامِعَة بَابِل
كلية التمريض
لجنة الدراسات العليا

Ref. No. :
Date:

العدد : ٨٦٩
التاريخ : ١٦ / ٢ / ٢٠٢١

الى / دائرة صحة ذي قار / مركز التدريب والتنمية البشرية
م / تسهيل مهمة

تحية طيبة :
يطيب لـنـا حسـن التواصـل معكـم ويرجـى تفضـلكم بتسـهيل مهمـة طالبـة الماجسـتير
(كفـاح زايـر بلـط بـلاو) لغـرض جمـع عينـة دراسـة الماجسـتير والخاصـة بالبحـث
الموسوم :

تـاثير بينـة العمـل علـى الاحتـراق النفسـي لـدى الممرضـين العـاملين فـي المستشـفيات
التعليمية بمدينة الناصرية .

**Effect of Work environment on burnout among nurses working in
Teaching Hospitals in AL_Nasiriyah City.**

مع الاحترام ...

ا.م.د. ماهر خضير هاشم
العميد وكالة
٢٠٢١ / ٣ / ١٦

صورة منه الى //
• مكتب السيد العميد للتفضل بالاطلاع مع الاحترام
• لجنة الدراسات العليا
• الصادرة .

E-mail:nursing@uobabylon.edu.iq

STARS

07711632208   وطني
009647711632208   المكتب

www.uobabylon.edu.iq

Appendix B1

Languish Checker

وزارة التعليم العالي والبحث العلمي

جمهورية العراق

جامعة بابل
كلية التربية الاساسية
شعبة الشؤون العلمية

ef. No.:

ate: /   /

العدد : ٠٨٥٠ ٨

التاريخ: ١٢ / ١٠ / ٢٠٢١

كلية التربية الاساسية
شعبة الموارد البشرية
الصادرة

الى/جامعة بابل/كلية التمريض/ شعبة الدراسات العليا

م/ تقويم لغوي

نهديكم اطيب التحيات ...

كتابكم ذو العدد ٢٩٤٢ في ٢٠٢١/ ١٠/٧ نعيد اليكم رسالة طالبة الدراسات العليا /الماجستير (كفاح زاير بلط بلاو)الموسومة بـ (تأثير بيئة العمل على الاحتراق النفسي لدى الممرضين العاملين في المستشفيات التعليمية بمدينة الناصرية) بعد تقويمها لغوياً واسلوبياً من قبل (م. د. احمد روضان سلمان) وهي صالحة للمناقشة بعد الاخذ بالملاحظات المثبتة على متنها.

... مع الاحترام...

أ.د. أسامة عبد الكاظم مهلي
معاون العميد للشؤون العلمية
٢٠٢١ / ١٠ / ١٢

المرفقات //
- رسالة ماجستير
- اقرار المقوم اللغوي

نسخة منه الى //
- مكتب السيد العميد المحترم ...للتفضل بالاطلاع مع الاحترام.
- الشؤون العلمية.
- م. د. احمد روضان سلمان ... للعلم لطفاً.
- الصادرة.

Questionnaire

Questionnair –English Version

Dear Nurse / Dear Respected Nurse

Peace, mercy and blessings of God.......

I present to you a questionnaire form to study the Master of Nursing Sciences Department of Mental and Mental Health at the University of Babylon entitled (The impact of the work environment on the psychological burnout of nurses working in educational hospitals in Nasiriyah city).

The name of the hospital……………………………..

Part I: Personal Information

1. **Age** ……………year

2. **Gender**

   Male …….. female…………..

3. **Marital Status:**

   Single…… , married …… , divorced…….. , widow …… .

4. **Address :**

   Rural areas……. , urban areas……….. .

5. **Education attainment :**

   Bachelor's………, Master…….

6. **Total number years of service ……………... .**

7. **Number of years service in current place ………… .**

8. **Work place ………………**

9. **You have a desire to work in nursing …….**

10. **Working time :**

    Morning ……… , evening ……… .

11. **Number of hours worked …………**

12. **Exposure to work-related violance :**

Verbal ……….. , physical …… , sexual ………… ..

Part II: Work environment

No.	PHRASES	Always	Never	Sometimes
1	You feel comfortable with your relationship with your coworkers.			
2	You have a good relationship with your employer.			
3	Your employer encourages teamwork (helping workers in the same section)			
4	You cooperate with your co-workers and you support each other.			
5	You have the freedom to decide to work with patients			
6	There are many requirements you need in your field of work.			
7	There are clear rules to follow in your work.			
8	There is administrative control by those responsible for completing the work.			
9	You feel comfortable with everything that surrounds you.			
10	The noise caused you to confuse your tasks? (Device sounds).			
11	The presence of escorts with patients hampers your work			
12	The workplace in terms of space fits the number of patients.			
13	You have a special place during breaks.			
14	The workplace is crowded with patients and it doesn't allow you freedom of movement.			
15	Your work is more tired than that of other nurses elsewhere.			
16	You have a rest period during work.			
17	Protection are available in the workplace,			
18	You feel comfortable in the workplace.			

Part III: MASLACH BURNOUT INVENTORY (MBI)

0	*1*	*2*	*3*	*4*	*5*	*6*
Every day	*Few times per week*	*Once a week*	*A few times in month*	*Once a month*	*Few times per year*	*Never*

PART THREE:

6	5	4	3	2	1	0	QUESTIONS	List
							I feel emotionally drained by my work.	1
							Working with people all day long requires a great deal of effort.	2
							I feel like my work is breaking me down.	3
							I feel frustrated by my work.	4
							I feel I work too hard at my job.	5
							I feel like I'm at the end of my rope.	6
							I feel I look after certain patients impersonally, as if they are objects.	7
							I feel tired when I get up in the morning and have to face another day at work.	8
							I have the impression that my patients make me responsible for some of their problems.	9
							Iam at the end of my patience at the end of my work day .	10
							I really don't care about what happens to some of my patients.	11
							I have become more in sensitive to people since I have been working.	12
							I am afraid that this job is making me uncaring	13
							I accomplish many worthwhile things in this job.	14
							I feel full of energy.	15
							I am easily able to understand what my patients feel.	16
							I look after my patients problems very effectively.	17
							In my work ,I handle emotional problems very calmly.	18
							Through my work I feel that I have apostve influence on people .	19
							I am easily able to create arelaxed atmosphere with my patients.	20
							I feel refreshed when I have been close to my patients at work.	21

Questionnair-Arabic Version

عزيزي الممرض / عزيزتي الممرضة   المحترمون

السلام عليكم ورحمة الله وبركاته........

اضع بين ايديكم استمارة استبيان لدراسة الماجستير في العلوم التمريضية قسم الصحة النفسية و العقلية في جامعة بابل بعنوان **(تأثير بيئة العمل على الاحتراق النفسي لدى الممرضين العاملين في المستشفيات التعليمية بمدينة الناصرية)**

اسم المستشفى ....

المعلومات الشخصية

1. **العمر:** ☐ **سنة**

2. الجنس   ذكر ☐   انثى ☐

3. **الحالة الاجتماعية: اعزب** ☐ **متزوج** ☐ **منفصل** ☐ **ل** ☐

4. **السكن: حضر** ☐ **يف** ☐

5. **التحصيل الدراسي: بكالوريوس** ☐ **شهادة عليا** ☐

6. **عدد سنوات الخدمة الكلية : ....سنة**

7. **عدد سنوات الخدمة في المكان الحالي ....سنة**

8. **مكان العمل   :   ....**

9. **لديك الرغبة بالعمل في التمريض   نعم** ☐ **لا** ☐

10. **ــ اوقات العمل :   صباحي** ☐ **مسائي** ☐

11. **عدد ساعات العمل** ☐

12. *التعرض للعنف المرتبط بالعمل :*

   عنف لفظي ☐ **عنف جسدي** ☐ **عنف جنسي** ☐

بيئة العمل

ابدا	احيانا	دائما	العبارات	ت
			تشعر بانك مرتاح بعلاقتك مع زملائك بالعمل	1
			علاقتك جيده بمسؤولك في العمل	2
			مسؤولك بالعمل يشجع بالعمل الجماعي (مساعدة العاملين بنفس القسم)	3
			تتعاون مع زملائك بالعمل ويدعم بعضكم البعض	4
			لديك الحرية باتخاذ القرار بالعمل مع المرضى	5
			هناك متطلبات كثيرة تحتاجها في مجال عملك	6
			هناك قواعد واضحه تتبعها في عملك	7
			هناك سيطرة ادارية من قبل المسؤولين في اتمام العمل	8
			تشعر بالراحه بكل مايحيط بك	9
			الضوضاء تسبب لك ارباك في اداء مهامك؟(اصوات الاجهزة)	10
			وجود المرافقين مع المرضى يعيق عملك	11
			مكان العمل من حيث المساحه يلائم عدد المرضى	12
			يتوفر لك مكان خاص خلال فترات الراحه	13
			مكان العمل مزدحم بالمرضى ولا يتيح لك حرية الحركة	14
			عملك متعب اكثر من عمل الممرضين الاخرين في أماكن أخرى	15
			لديك فترة للراحة خلال العمل	16
			تتوفر وسائل حماية في مكان العمل	17
			تشعر بالراحة في مكان العمل	18

مقياس الاحتراق النفسي:

فيما يلي مجموعة من العبارات التي تصف شعورك، الرجاء أن تحدد التكراروالشدة بوضع صح في الخانة المناسبة

6	5	4	3	2	1	0
كل يوم	أوقات قليله بالأسبوع	مره بالأسبوع	أوقات قليلة بالشهر	مره بالشهر	مرات قليله بالسنة	مطلقا

6	5	4	3	2	1	0	العبارات	ت
							أشعر بأني منهار بسبب ممارسة مهنتي.	1
							يتطلب العمل طوال اليوم قدرًا كبيرًا من الجهد.	2
							أشعر أن عملي يحطمني.	3
							أشعر بالإحباط بسبب عملي.	4
							أشعر أنني أعمل بجد في وظيفتي.	5
							اشعر وكأني على وشك السقوط من علو	6
							أشعر بأن تعاملي مع بعض المرضى كما لو انهم مجرد اشياء	7
							اشعر بالارهاق عندما انهض في الصباح وانه ينبغي لي مواجهة يوم اخر في العمل .	8
							لدي انطباع بأن مرضاي يجعلونني مسؤولاً عن بعض مشاكلهم.	9
							أنا في نهاية صبري في نهاية يوم عملي.	10
							اشعر بأني غير مهتم حقا بما قد يحدث لبعض المرضى	11
							انا اصبحت اكثر حساسية نحو الناس منذ ان عملت في هذا العمل .	12
							أخشى أن تجعلني هذه الوظيفة غير مبالي/ة.	13
							أشعر باني انجزت العديد من الاشياء النافعة في هذا العمل .	14
							ابدو نشيطا جدا .	15
							اشعر بانه يمكن ان افهم بسهولة مايشعر به مرضاي .	16
							اشعر بأني اتعامل مع مشاكل مرضاي بشكل جيد .	17
							أشعر بأني في عملي ،اتعامل مع المشاكل العاطفية بشكل هادى جدا.	18
							أشعر بأني أوثر على حياة الناس بشكل ايجابي خلال عملي .	19
							أشعر بأمكاني أن اخلق بسهولة جوا مريحا مع مرضاي .	20
							أشعر بالانتعاش عندما أكون قريبًا من مرضاي في العمل.	21

خبراء تحكيم استمارة الاستبانة

سنوات الخبرة	الاختصاص	مكان العمل	اللقب العلمي	اسم الخبير	ت
30	جامعة بغداد /كلية الطب	طب الصحة النفسية والعقلية	استاذ	د. نصيف جاسم	1
34	جامعة بغداد / كلية بوابة العلم	تمريض الصحة النفسية و العقلية	استاذ	د.انتصار عبد الغني عباس	2
17	جامعة الكوفة / كلية الطب	طب الصحة النفسية و العقلية	أستاذ	د. عرفات حسين الدجيلي	3
15	جامعة كربلاء / كلية التمريض	تمريض الصحة النفسية و العقلية	استاذ مساعد	د. صافي داخل نوام	4
14	جامعة بغداد / كلية التمريض	تمريض الصحة النفسية و العقلية	استاذ مساعد	د. قحطان قاسم محمد	5
35	جامعة اربيل الطبيه /كلية التمريض	تمريض الصحة النفسية و العقلية	استاذ مساعد	د. عبد القادر حسين محمد	6
11	جامعة بابل /كلية التمريض	تمريض الصحة النفسية و العقلية	استاذ مساعد	د. حيدر حمزة الحدراوي	7
12	جامعة بغداد / كلية التمريض	تمريض الصحة النفسية و العقلية	استاذ مساعد	د.حسن علي حسين عبد الرزاق	8
14	المعهد الطبي التقني /بغداد	تمريض الصحة النفسية و العقلية	مدرس	د.كوثر سلمان	9
10	جامعة بابل / كلية التمريض	تمريض الصحة النفسية و العقلية	مدرس	د.علي احمد كاظم الحطاب	10
6	الجامعة التقنية الوسطى	تمريض صحة المجتمع	مدرس	م. محمد مالح راضي	11

الخلاصة

الخلفية: تعد بيئة العمل الإيجابية مهمة خاصة للعاملين في مجال الرعاية الصحية وسلامة المرضى. تؤثر بيئات العمل الإيجابية على جميع المتخصصين في الرعاية الصحية وتحسن نتائج المرضى من خلال تعزيز جودة الخدمات وتقليل الإرهاق.

الأهداف: الغرض من هذه الدراسة هو التعرف على تأثير بيئة العمل على الاحتراق النفسي بين الممرضات. وكذلك تحديد الفروق في بيئة العمل والاحتراق النفسي بين المستشفيات.

المنهجية: أجريت الدراسة الارتباطة من خلال استخدام عينات غرضيه مكونة من 200 ممرضا، اختيرت العينة من المستشفيات التعليمية. وتحقق الاعتماد على موثوقية الاستبانة من خلال دراسة تجريبية ومن ثم عرضها على خبراء لتثبت مصداقيتها. جمعت البيانات من خلال استخدام أسلوب التقرير الذاتي وحللت من خلال تطبيق التحليل الإحصائي الوصفي والاستنتاجي.

النتائج أظهر التحليل الإحصائي أن (63.0٪) من الممرضين عبروا عن بيئة عمل سيئة وأن (56.5٪) عبروا عن مستوى عالٍ من الإرهاق. بينت النتائج عدم وجود فروق ذات دلالة إحصائية بين بيئة العمل والمستشفيات عند القيمة اكبر من $p > 0.05$. بينما كانت هناك فروق ذات دلالة إحصائية بين الاحتراق النفسي والمستشفيات عند القيمة اقل من $p > 0.05$. أكد الانحدار الخطي أن بيئة العمل لها تأثيرات معنوية عالية على الاحتراق النفسي عند قيمة اقل من $p > 0.01$.

الاستنتاجات: ينظر معظم الممرضين إلى بيئة المستشفيات على أنها بيئة غير صحية نتيجة للتعبير عن مخاطر عالية وعبء عمل المهنيين وحفظ أشكال العنف، وهذا يفرض الإرهاق النفسي الذي يمكن أن يؤثر على أدائهم.

التوصيات: الاهتمام بقضايا الممرضين من خلال تحسين المناخ التنظيمي للعمل من خلال الاهتمام بالجانب التنظيمي وإعادة النظر في نظام الاتصال والبدلات والمكافآت المعمول بها في المستشفى.

العلاقة بين بيئة العمل والاحتراق النفسي لدى الممرضين العاملين

في المستشفيات التعليمية بمدينة الناصرية

رسالة مقدمة الى

مجلــــس كلية التمريض جامعة بابل

كجزء من متطلبـات نيل درجة المـاجستيرفي علوم التمريض

من قبل

كفاح زاير بـلط

بإشراف

أ.د. سجـاء هـاشم مـحمـد