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Do Nurses in Ministry of Health Hospitals Prepared to Face the Occupational Burnout?

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Abstract
Background: Critical care nurses work in a stressful environment which may lead to occupational burnout. Studies have shown that burnout can affect nurses' mental and physical health and care quality. Nursing burnout have been studied in several quantitative studies; however, few researchers have explored the nurses' perception in this regard. The present qualitative study aimed to explore critical care nurses' perceptions about the personal and organizational contributors and the available burnout preventing resources in MOH hospitals in Saudi Arabia.
Design: Qualitative descriptive study using focus group interviews.
Methods: Seventeen critical care nurses working in two general hospitals at the north region of Saudi Arabia participated in 4 focus group interviews between March-April 2021. Content analysis method was utilized to explore contributing factors among critical care nurses.
Results: Three categories including "Personal" and "Organizational" contributing factors" and "the organizational resources" that may have available to prepare them to face occupational burnout. The contributing factors included the workload, unavailability of care materials, social conflicts and bullying, unsatisfactory head nurse performance, lack of experience, language barrier, and nurse's ability to face work-related stressors. The organizational resources that reduce burnout included administrative and collegial support, job rewards, and educational training programs.
Conclusions: This study affords an in-depth understanding of the personal and organizational contributors to burnout and the available burnout-preventing resources in the critical care nursing context. National and international stakeholders need to develop various strategies for occupational burnout management based on its causative factors.
Relevance to Clinical Practice: This study identified factors that impact nurses, which lead to burnout, intention to leave, and limited patient care quality. It also revealed the practical solutions they believed would prepare them to face burnout in the critical care units and support their nursing practice.
Key words: *Nurses, critical care, burnout, contributing factors.*

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I. Introduction

Nurses working in intensive care units (ICUs) are mostly exposed to critically ill patients in challenging circumstances. They are challenged to maintain the balance between providing high-quality care and work stressors [1]. Besides, critical care nursing is one specialty that has been significantly affected by the nursing shortage, which contributes to job stress, and high intent to leave the profession, decreased patient safety [2]. This prolonged challenge places them at high risk for psychological and physical stress, which may lead to burnout and depression [3]

The current data worldwide confirm that the prevalence of nursing burnout in various countries alarming levels of about 20-40% of Australian nurses working in cancer care [4], 56% of nurses working in pediatric ICU in Spain [5], 84.4% of intensive care nurses in Argentina [6], and approximately 31.5% of a national nursing sample in the United States reported leaving their job due to burnout in 2018 [7]. Two out of five Ethiopian nurses are suffering from burnout, with an overall national prevalence of 39% in Ethiopia [8], 87.8% of Egyptian nurses were positive for occupational burnout in various departments [9]. The prevalence was 52.7% of the Saudi nurses with a high burnout [10]. The increasing prevalence of nurse burnout has been identified as a potential risk to patient safety and the quality of the provided care [11].

In the present challenging scenario, contributing factors that predispose nurses to occupational burnout in the critical care units are numerous. The organizational contributors could be found in caring for suffering

patients, limited available resources, workload, working in shifts, lack of rewards for nurses, and lack of in- service training [12-14]. Moreover, nurses may experience burnout as a result of communication issues, interpersonal conflicts, lack of social or collegial support, inappropriate physician-nurse relationships, and dealing with patients' families [1-3,12,14,15]. The personal contributors that could influence the rate and level of nurse's burnout include demographics [15], work experience [16], sleep disorders [17], personality characteristics, problem-solving skills, and qualification level [18]. A better understanding of the relationship between these contributing factors and nurse's burnout could enhance the precautionary and proactive strategies to build effective and resilient nurses [15].

Saudi Arabia's government has given definite preference to health care services, leading to a great transforming quantity and quality improvement in health services [19]. Consequently, a national strategic plan for transforming the Kingdom identified as Saudi Arabia's Vision 2030 was announced in 2016. The transforming plan involved eight governmental sectors, including the health sector, which can create about 60% of the development opportunity [19]. With consistent efforts to maximize healthcare professionals and nurses' contribution in their roles within the healthcare sector, the national health agenda will be accomplished. These efforts require various strategies and interventions that empower nurses and promote their quality of delivered care [20]. Most studies exploring occupational burnout among critical care nurses were quantitative and conducted to examine the level of burnout [14]. Therefore, conducting a qualitative study can help identify and understand burnout in critical care nursing in the Ministry of Health (MOH) Hospitals in Saudi Arabia. Considering the effects of occupational burnout on nurses' physical and psychological health, this qualitative study explores critical care nurses' perceptions about the personal and organizational contributors and burnout preventing resources.

1.2 | Theoretical Framework:

The theoretical framework underpinned this study was Maslach burnout theory. Maslach's burnout theory is based on the idea that employee burnout is an occupationally triggered situation of depersonalization, emotional exhaustion, and reduced feeling of personal accomplishment [21]. As nurses control their practice and obtain support from the organization their stressors may decrease, consequently decreasing burnout and turnover [22].

II. Aim of the study:

The aim of this study was to explore critical care nurses' perceptions about the personal and organizational contributors and the available burnout preventing resources in MOH hospitals in Saudi Arabia. The following questions guided the study: (1) What are the main personal and organizational contributing factors among critical care nurses working in MOH hospitals? (2) What are the available resources preparing critical care nurses to face burnout in MOH hospitals?

III. Materials and Methods

3.1 Design: A qualitative exploratory and descriptive research approach was used in this study. Qualitative research should carry an action plan for the reform that may provide for participants' lives and the organizations transform in which they work or even the researchers' experiences [23]. The qualitative method was particularly chosen to find a detailed answer to the study questions [24].

3.2. Settings

The study was conducted in the northern region of Saudi Arabia, Hail city, in two general hospitals. These two governmental hospitals under the MOH. The context of these settings is similar to the other hospitals managed by the MOH kingdom-wide, so the findings of this study could be transferred and contribute positively to other national hospitals.

3.3. Participants

A convenient sample of 17 nurses from a typical larger population participated in four focused group interviews. The eligible criteria, including (1) Have at least two years of working experience in critical care units. To ensure that nurses were familiar enough to share information on critical care nursing practice in Saudi Arabia; (2) Willing to participate in the study and committed to focus-group interviews. An introductory email was sent to the two hospitals to seek permission and offer information about the study with researcher contact information. Then, as a recruitment strategy, flyers were posted in the critical care department's break area and nursing stations. To ensure further participation in the study.

Nurses not providing direct care or working in a managerial position were excluded because of differences in experience and non-clinical responsibilities. Interested nurses who fit into the study criteria were approached through formal email to introduce them to the study before consenting and were asked to attend the focus group interviews as scheduled units. Participants were limited to critical care departments to provide a

degree of homogeneity within the interviews. To ensure that all participants are working in the same context and have a parallel shared experience. The total number of volunteer and interested participants who agreed to participate in the focus group interviews from both hospitals was seventeen (n= 17).

3.4. Data Collection:

After getting both hospitals' approval, critical care departments were visited to explain the study objectives to the nurses. Data were collected through in-depth and semi-structured focus group interviews with (4 to 5) nurses in each session. The primary researcher conducted all the interviews in a scheduled time concerning the participants' willingness and department's demand. Meeting time, date and location were arranged and announced for the participants two weeks before the meetings. The data collection started from February to March 2021. A total of four focused-group interviews had been conducted in two rounds. The first round included two interviews to gather the initial data. The second round of the remaining two interviews were performed for clarification and more explanation of the data. The duration of each session was 45 -60 minutes.

Four main open-ended questions developed the interview guide, aiming to allow the participants to reveal their detailed experiences and perceptions. The interview guide included questions about the contributing factors to nurse's burnout in the critical care departments and the organizational strategies that assist in combating these factors. Some encouraging intermediate questions were also prepared to seek for deeper explanation.

At the beginning of each focus group interview, the group participants were motivated to describe their usual working days in the current department. Then, they were asked to explain their perceptions about (personal and organizational) contributing factors that may increase or decrease nurse's burnout in critical care units. Moreover, they wanted to describe actual and recurrent examples of the situations increasing burnout. For this reason, further questions were asked: As a critical care nurse, how did you face the stressful circumstances? Which contributing factors were causing you emotionally exhausted in your area? Have you suffered from burnout? If so, would you describe your experiences?

Focus group interviews were conducted in a well-known and comfortable meeting room in the same participant's hospital. The interviews were recorded on a digital MP3 recorder and to be kept secured with the primary researcher. On the same day of the session, they were verbatim transcribed.

3.5. Data Analysis:

Content analysis, according to Krippendorff's method, was performed [25]. There are some essential stages and procedures in this data analysis process, including unitizing, sampling, inference, and data interpretation until reaching a conclusion. After repeated and prolonged reading of the transcriptions, a general sense of the data has generated the data unitizing.

The second stage included the "unit of analysis and coding frame" (answers which had special and relevant meanings to the researcher questions). In this stage, the researcher has marked the personal and organizational contributing factors and the various organizational resources related to burnout after reading and reviewing the data many times with the second author. For this reason, a basic framework was formed for coding and sampling the data. In the data sampling stage, the representative units were extracted to shape the sampling framework. Therefore, by identifying the frequency and meanings of the data, they were organized under one structure. By the data analysis progress, data reduction occurred to develop the study categories (Table 1).

In the final stage, the researcher interpreted the findings inference, writing data to conclude the findings. Focus group interviews were continued until the data saturation met, where the researcher did not achieve a new code.

Category: The Organizational Contributing Factors to Burnout among Critical Care Nurses
The sub-category of (unavailability of care materials) codes: Equipment's Supplies Materials Enough PPE
Participant's Quote: "If we don't have enough PPE equipment's and supplies in our environment, we cannot work easily and everything will be difficult to manage. How can we work with pressure?".

Table 1: Examples of the preliminary categories and similar codes.

3.6. Ethical Consideration:

This study was approved by the Institutional Review Board of King Saud University, followed by formal approval from the directors of each hospital. During the study, several approaches were utilized to ensure

the study's trustworthiness. Before signing the consent, nurses were ensured for confidentiality and volunteer participation. Participants were encouraged to ask questions for study information, consent form content, sound recording, and the accessibility of the researcher to all participants. Also, during the sessions, participants were aware of freedom of participation or withdrawal from the study at any time. The interview guide questions were used in all the interviews in the two hospitals to increase the dependability. During the analysis process, all the audio recordings, transcripts, codes, and categorization processes were evaluated and confirmed by the study supervisor, who is experienced in qualitative research (the second author). Member checking was also performed, the participants were asked to review and confirm the transcripts and the extracted codes.

IV. Findings:

Detailed and various descriptions were provided, and a total of 340 initial codes were extracted in terms of the 3 main categories and 10 sub-categories. Most of the participants were female (16 out of 17), holding bachelor certificate, and had more than 6 years of critical care experience, and between 3 and 5 years of experience in their department. Participants were working in Emergency Room (5), adult ICU (5), pediatric ICU (4), and Operation Room (3). Based on the participants' perception, occupational burnout was described as a condition caused by prolonged stressful situations that put pressure on nurses leading to burnout. The participants' experiences of "Personal" and "Organizational" contributing factors and "the organizational resources" that prepare them to face the burnout were placed as follow:

4.1. The Organizational Contributing Factors to Burnout among Critical Care Nurses:

Participations revealed several work-related stressors that are constantly experienced in the critical care units, leading to burnout, and increasing the nurse's intention to leave the unit or the hospital.

The workload:

The workload was the primary cause of stress, emotional exhaustion, and burnout in the critical care environment. Inappropriate nurse-patient ratios, nursing shortage, lack of proper scheduling, and doing the non-nursing job have constituted most of this study's statements.

"Some nurses in my unit are stressed and drained already because of workload and high patient ratio. The international standard for patient is 1:2, but in this hospital, they don't stick with it, reaching to 1:4 or 1:5 sometimes. It is better to transfer to another quite area" N.3

According to the participants, the nursing shortage is a vital matter causing stress and inadequacy for providing care for their assigned patients.

"Shortage of staff make our head nurse adjust the assignment and increase the number of the patient or other unit tasks. Before we were focusing more on patient needs, now we just do the most important care. I feel guilty for that and sometimes I get doubt on myself ability to provide the effective care to my patients" N.9

Participants in this study reported that lack of proper scheduling by increasing the night shifts during the month would increase the job difficulty and sense of unfairness that led to social isolation and being physically affected.

"Unfair shifts distribution as we suffer from 15 working nights in the monthly schedule. It is very tough on us to work in this condition, and it will isolate us from our colleagues and enjoy during work. After the fifth night we will be tired and distracted already" N.4

Moreover, nurses believed that the workload in the ICU increased by filling several patient data on multiple documents, doing non-nursing job which consumes their time and burnout accordingly.

"With heavy workload and paperwork or making task not in our job description, we can't avoid the stress and we will lose our ability to manage our time effectively. This is a continuous condition in the ICU, in most of the shifts we don't finish the care of patient and other tasks on time, and then we can't go home on time " N.1

Unavailability of Care Materials:

Also, most participants verified that the deficiency of the materials and the personal protective equipment (PPE), especially during the Corona-Virus 2019 (Covid-2019) pandemic or emergency cases, was an obstacle making efficient patient care and self-protection.

"The biggest struggle we face during covid-2019 is unavailability of materials and equipment needed for patient care and to protect ourselves. It is painful when the patient needs an urgent care, but we don't have the PPE materials, I really want to stay at home and safe with my family until this pandemic over" N.14

Another participant stated:

"Sometimes during emergency situations, nurses are busy running everywhere just to save the patient life, but if materials are lacking, it would be very hard to manage the situation…. I think working in another general ward is better than emergency room" N.11

Social Conflicts and Bullying:

Some participants stated that working in a stressful environment triggered by sociocultural conflicts and negative attitudes between the other nurses would lead to misunderstanding and social isolation.

"Most of the time I like to work alone and keep enough distance to work in peace. In my unit, we are working with different nationalities Saudis, Indians, Filipinos. This will of course cause miscommunication and bulling behaviors between the different nationality groups. Even though the head nurse trying to solve this matter" N.2

Unsatisfactory Head Nurse performance:

Participants referred to the leadership style or direct nurse manager's behavior as a source of tension, leading to burnout and nurses' decision to leave the unit. One of the participants shared her experience as an example:

"The time is changed, and the old-fashioned head nurse controlling are not acceptable any more in everywhere. 3 years ago, I was working in a different unit where I have many friends, but I decided to transfer because of the head nurse unfairness, she was creating the stress in the unit. Everyone know she is an irresponsible leader" N.12

4.2. The Personal Contributing Factors to Burnout among Critical Care Nurses:

In this study, participants highlighted some personal factors that contribute to burnout, including lack of experience, language barrier, and nurse's ability to face work-related stressors.

Lack of Experience:

The first main subcategory identified by the nurses was lack of experience in critical patient condition that is resulting in burnout and leaving the unit.

"Many new nurses work for two or three months then they transfer because they lack experience in managing the critical patients. I think it is very important to start gradually from general unit then to work in critical care departments this will help the nurses to gain experience and release the fear" N.5

Another participant commented:

"Having enough experience will help us to build our competencies to work in the critical area. When nurses don't have enough experience, it will put tension on her without sharing these feelings with other, Then, suddenly she will transfer to a different unit" N.13

Language Barrier:

The nurses also discussed the challenge arising from the linguistic difference. The language barrier would hinder nurse's ability to provide nursing care by considering the patients' needs.

"Language barrier put us in a constant pressure with patients and families because if we cannot talk in Arabic, which is the main language in this country, it will be very difficult to communicate or give any instructions" N.2

Nurses Ability to Face Work-Related Stressors:

Furthermore, when nurses lack the ability to face the work-related stressors, it would reduce the quality of nursing performance leading to burnout, as highlighted by some participants:

"As a nurse, it is normal to work in stressful conditions. If the nurse can't put different methods to face these stressors and take care of herself, she will be exhausted, work will be affected, and maybe she would harm the patient" N.11

Another participant indicated:

"When we have needed skills to manage ourselves and be positive with our colleagues, it will give us a feeling of power to face any stressors" N.4

4.3 Organizational Resources that Preparing Nurses to Face Burnout:

Much attention had been drawn to the organizational role in reducing nurse burnout in many ways, such as administrative and collegial support, job rewards, and educational training programs.

Administrative and Collegial Support:

Nurses perceived that they need to receive support to reduce burnout from their colleagues and the nursing administration.

"With good support from the nursing supervisors and nursing director, it helps a lot in reducing the daily stressors. Because if we felt depressed and request to transfer from the area, they will support us by different things, we will have confident to work again in the ICU" N.8

Another participant added that:

"In my opinion when we get support from the other nurses, we can manage working here. All nurses have to understand that we should help each other to face any challenging situation as one team.... I find it the best way to reduce burnout" N.15

Job Reward:

Having a reward system that recognizes nurse's performance would facilitate the nurse's development and protect them from burnout, as mentioned by many nurses.

"I feel motivated and happy when the nursing office see my efforts and commitment to the work, I don't ask for certificates, thanking words is enough for me and for most of my colleagues. Here, we have yearly celebration and nomination of the best nurse in each department" N.10

Educational and Training Programs:

The majority of nurses believed that the availability of various educational activities increases their knowledge and makes them aware of stress management, reducing their burnout.

"Also, the educational department are giving us educational classes and training workshops, it makes us more knowledgeable in providing the care and help us in applying what we learned from stress reducing techniques" N.17

V. Discussion:

This study aimed to explore critical care nurses' perceptions about the personal and organizational contributors to burnout and burnout preventing resources in MOH hospitals in Saudi Arabia. In this qualitative study of critical care nurse's burnout, we found that participants reported distinct personal and organizational contributing factors for burnout. We also found some organizational resource that might reduce and prevent burnout. This study presented various findings related to critical care nurses, such as emotional exhaustion, depersonalization, workload, reward, and fairness, which typically supported Maslach's theory.

The first category had various subsets that were the most critical organizational stressors leading to burnout for this study's nurses. As stated in the Maslach's burnout theory nurses were triggered by occupational stress leading to emotional exhaustion and social isolation [21]. Workload, unavailability of care materials, unsatisfactory head nurse performance, social conflicts, and bullying were identified as contributors to occupational burnout that support the theory (prolonged stressors of the workplace resulting in emotional exhaustion and depersonalization). The excessive workload in critical care units increased the intensity of workplace stressors, leading to nurses' burnout in this study. This finding is consistent with the reports of van Mol et al. (2015) [26]. Shah et al. (2021) have also reported that stressful environments characterized by constant workload are associated with nurse burnout and intention to leave [7].

Based on the participants' experiences, inappropriate nurse-patient ratios, nursing shortage have increased the burnout and endanger the quality of the patient's outcomes. This qualitative finding of this study confirms the results of four previous quantitative studies conducted in different regions in Saudi Arabia [10,27-29]. They reported that critical care nurses have high to moderate levels of burnout, dissatisfaction, and poor work performance resulting from stressful environments and increased inappropriate nurse-patient ratios [30]. A higher patient-nurse ratio, heavy workload, and negative nurses' practice environments were associated with the higher mortality rate in the South Korean hospitals. According to these findings, we can infer that creating and updating hospital policies supporting the appropriate staffing number and nurse-patient ratios is imperative to ensure the effectiveness of the policies and applicability within patient outcomes. Also, if any recent national estimates of critical care nurse burnout and patient adverse events or mortality rates exist, it would influence policymakers to act and enhance strategies.

A significant aspect of the perceived workload in this study was extended night shifts. Dissatisfaction, depersonalization, and alteration of the nurses' mental and physical well-being were associated with working long night shifts among critical care nurses. A study conducted in Brazil identified that those nurses working the night shift would feel low social support and dissatisfied with the sleeping period [31]. It is a significant fact that working in the night shift causes nursing burnout, inadequate habits and lifestyles, and alteration in sleep blood pressure [32]. Another key finding was that documentation demands and doing non-nursing tasks were directly related to increased time pressure which contributed to the failure to accomplish nursing duties and effective patient care. The literature confirmed that time pressure decreases nurses' ability to fulfill patients' demands to carry out accurate nursing interventions. It also contributes to their emotional exhaustion and nursing intention to leave [33].

Nurses are representing most frontline workforces who provide direct patient care during the COVID-19 pandemic. Despite having a professional obligation to patient care, nurses believed that the inadequate supply of PPE and other essential materials to support service delivery and self-protection were a major reason for emotional exhaustion and intention to leave the work. During this critical care crisis stage, it is recommended to develop a mathematical model that predicts the expected patient's volume and the necessary equipment and professionals required to treat them [34].

According to our findings, there was a direct relationship between burnout that leads to leaving decisions and the perceived leader behavior of their head nurse. In a recent major study conducted by Shah and colleagues (2021) at a national nursing sample in the United States (n = 676 122), 43.4% of nurses reported burnout as a cause to leave their current occupation. It worth to mention, among many factors contributing to burnout, they found that 33.9% of the participants considered the lack of good management or leadership as a reason to leave their job [7].

Workplace bullying is a serious social issue reported in the nursing profession more than the other occupations. Recurrent exposure to stressful situations caused by bullying and social conflict is associated with an increased risk of physical and mental health issues [37]. The present study confirmed that bullying could occur between critical care nurses on a nationality difference basis. It had a notable effect on nurses' emotional exhaustion and depersonalization. Kim and colleagues (2020) have similar findings, indicating that bullying had a significant relationship with nurses' burnout, compassion fatigue and turnover intention [36]. A bullying

culture appears to be accepted in disempowering work environments that lack teamwork [35]. These findings strongly suggest a vital need to create an administrative rule against bullying behaviors to ensure nurse's productivity and positive work environment.

The second category had three subsets that considered as personal contributors leading to burnout among critical care nurses. Participants of this study have linked the lack of experience to burnout, fear, and the decision to leave the critical care unit. This finding agrees with other study reporting that the less experienced nurses leave their critical care units because they lack the preparedness for dealing with critical events [37]. This finding suggests the unique opportunity to place the experienced nurses and novice nurses within diverse situations to share their knowledge and experiences. The improvement of nurses' ability to face occupational stressors and communications skills might strengthen the interaction with patients and families and reduce miscommunication with colleagues. Prior recent study conducted in the Saudi Arabian nurses working in the ICUs have confirmed these findings. In Saudi Arabia, foreign nurses' language might differ from local Arabic patients, reducing their ability to communicate efficiently and face stressful situations in critical care units [38]. These findings support the absolute need for effective skills development strategies among nurses.

The nurses of this study provided a picture of what organizational resources may have available to prepare them to face occupational burnout in many different critical care units. These resources include educational training programs, administrative and collegial support, and job rewards. Rashedi and collogues (2014) indicated that inadequate training programs leads to occupational burnout in Iranian nurses [39]. Addressing healthcare professional burnout and the contributing factors help in the development of training programs on various aspects of nursing practice (such as practical coping approaches, communication improvement, relaxation techniques, and stress management) [12,15].

Job rewards have significant motivational benefits and lead to nurse's development to achieve organizational goals. This study revealed that rewarding the nurses through motivational events, recognition letters, and motivational certificates can balance work demands and protect nurses from burnout. Leiter and Maslach (2009) found that control over practice predicted fairness, reward, and values predicted to diminish emotional exhaustion, depersonalization, and lack of personal accomplishment among nurse's burnout and turnover [22]. Most of the nurses in this study perceived that administrative and collegial support makes them more confident, increases their sense of belonging, and reducing burnout. Two studies utilizing different burnout measurement scales showed a relationship between managerial and social support with reduced burnout among critical care nurses [40,41]. It can thus be suggested that the influence of administrative and collegial support and job rewards have great implications for reducing nurse's burnout, enhancing nurse's commitment, creating a positive environment to accomplish the organizational goals.

VI. Conclusion:

The study findings revealed critical care nurse's perception of burnout and contributing factors that may influence nursing performance and organizational outcomes in international and national healthcare settings. The significance of this study is the broad illustration of burnout factors at personal and organizational level in four different critical care department. It also revealed the practical solutions they believed would prepare them to face burnout in the critical care units and support their nursing practice.

VII. Relevance to clinical practice:

Global healthcare organizations and MOH hospitals in Saudi Arabia can benefit from the findings of this study by creating a positive environment in the critical care units to reduce nurse's burnout and turnover rates. Given the negative influences of burnout on critical patient care quality, national regulations should address burnout management strategies. Strategies may include recruiting expert nurses to relieve nursing shortage and workload, continuous educational training programs, and promotion of their perceived organizational support. Therefore, action should be made by the Saudi Policymakers to redesign the current systems and nursing guidelines. The recommendation for further research is to explore the lived experience of staff nurses and nurse leaders in different healthcare settings to find similar perception between the two groups.

Study limitations:

This study was limited to one city in the North of Saudi Arabia which does not reflect other regions in the country which can be extended with the assistance of the national critical care regulations. The other limitation was the findings were obtained from nurses who have a similar educational level, and that reserved findings to that specific educational level.

What does this paper contribute to the wider global community?

Critical care nurses reported constant stress and emotional exhaustion with the workload, unavailability of care materials, bullying, lack of experience, and language barrier.Nurses believed that critical care units are stressful

environments mandating organizational resources like administrative and collegial support and educational training programs preparing them to face burnout.They recommended developing a more supportive environment by utilizing various strategies to enhance nurses' productivity and work commitment.

Author Contributions:

The authors have been involved in the overall manuscript and made contributions conceptualization, methodology, R.A.; validation, O.S., formal analysis, R.A and O.S.; investigation, and resources, R.A.; data curation, O.S.; writing—original draft preparation, R.A.; writing—review and editing, O.S.; and supervision, O.S. All authors have read and agreed to the published version of the manuscript.

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Institutional Review Board Statement: The study was conducted in accordance with the Declaration of Helsinki and approved by the Institutional Review Board of King Saud University (protocol code KSU-HE-21-75) in 16-02-2021.

Informed Consent Statement: Informed consent was obtained from all participants involved in the study.

Conflict of Interest: Authors declares no conflict of interest.

Data Availability: All data underlying the results are available as part of the article. The transcripts that support the findings of this study are available on request from the corresponding author, R.A. The audio records of the group interviews are not publicly available due to their containing information that could compromise the privacy of research participants.

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