ORIGINAL ARTICLE

Descriptive Correlational Study Examining the Relationship Between Burnout, Turnover Intentions, and Empowerment Among Omani Nurses

Ummanlı Hemşirelerde Tükenmişlik, İşten Ayrılma Niyeti ve Güçlendirme Arasındaki İlişkiyi İnceleyen Tanımlayıcı Korelasyonel Çalışma

 Glenn Ford Valdez[1], Muna Bait Ajzoon[2], Noor Al Zuwameri[2], Maria Luisa C. Javier[2]

[1]Department of Nursing Science, College of Applied Medical Sciences, Shaqra University, Riyadh, Saudi Arabia
[2]Oman College of Health Sciences, Dhofar Branch, Oman

Abstract

Objective: This study explored the levels of structural and psychological empowerment among nurses in the Dhofar Region and investigated the relationship between burnout, turnover intentions, and empowerment. Burnout and turnover intentions are prominent concerns among nursing professionals that often stem from dissatisfaction. Conversely, empowerment within nursing teams can enhance care quality and overall performance.

Method: The study employed a descriptive correlational design. A sample of 204 nurses was selected using a proportional analysis calculator based on the ratio, G*Power analysis, and 95% confidence level. Data were collected through online surveys sent to the participants' e-mail addresses and SNS links. Analyses were conducted using SPSS version 25.

Results: Most nurses reported average access to resources, knowledge, support, and network influence. However, they exhibited high levels of burnout and a moderate inclination toward leaving their profession. Burnout and turnover intentions were significantly correlated with structural psychological empowerment.

Conclusion: This study underscores the crucial relationship between empowerment and burnout among nurses in the Dhofar Region. These insights are vital for shaping a supportive work environment and a system that promotes the well-being and productivity of nurses.

Keywords: Nursing, empowerment, burnout, turnover intentions, structural psychological empowerment, Oman nurses

Öz

Amaç: Bu çalışma, Dhofar Bölgesi'ndeki hemşireler arasında yapısal ve psikolojik güçlendirme düzeylerini araştırmış ve tükenmişlik, işten ayrılma niyeti ve güçlendirme arasındaki ilişkiyi incelemiştir. Tükenmişlik ve işten ayrılma niyeti, hemşireler arasında genellikle memnuniyetsizlikten kaynaklanan önemli kaygılardır. Buna karşılık, hemşire ekipleri içinde güçlendirme, bakım kalitesini ve genel performansı artırabilir.

Yöntem: Çalışmada tanımlayıcı korelasyonel bir tasarım kullanılmıştır. 204 hemşireden oluşan örneklem, oran, G*Power analizi ve %95 güven düzeyine dayalı oransal analiz hesaplayıcısı kullanılarak seçilmiştir. Veriler, katılımcıların e-posta adreslerine ve SNS bağlantılarına gönderilen çevrimiçi anketler aracılığıyla toplanmıştır. Analizler SPSS versiyon 25 kullanılarak gerçekleştirilmiştir.

Bulgular: Hemşirelerin çoğu kaynaklara, bilgiye, desteğe ve ağ etkisine ortalama düzeyde erişim bildirmiştir. Bununla birlikte, yüksek düzeyde tükenmişlik ve meslekten ayrılmaya yönelik orta düzeyde bir eğilim sergilemişlerdir. Tükenmişlik ve işten ayrılma niyeti yapısal psikolojik güçlendirme ile anlamlı şekilde ilişkili bulunmuştur.

Sonuç: Bu çalışma, Dhofar Bölgesi'ndeki hemşireler arasında güçlendirme ve tükenmişlik arasındaki önemli ilişkinin altını çizmektedir. Bu görüşler, destekleyici bir çalışma ortamının ve hemşirelerin refahını ve üretkenliğini teşvik eden bir sistemin şekillendirilmesi için hayati önem taşımaktadır.

Anahtar Kelimeler: Hemşirelik, güçlendirme, tükenmişlik, işten ayrılma niyeti, yapısal psikolojik güçlendirme, Ummanlı hemşireler

Introduction

The nursing profession is known for its demanding nature and stressful work environment, which stems from tight work schedules and patient and caretaker demands (1). The coronavirus disease-2019 (COVID-19) pandemic has amplified this situation, placing pressure on the global healthcare system. More than ever, nurses' resolve is being challenged. COVID-19 has taken a personal toll on healthcare professionals, disproportionately affecting nurses (2). According to the World Health Organization, as of May 2021, approximately 115,000 nurses had died from COVID-19 (2). COVID-19's impact on the overall well-being and mental health of nurses has been well documented, including reports of anxiety, depression, and post-traumatic disorder (3). This unprecedented situation has pushed the healthcare system to its limits, as severe staff shortages and increased workloads have adversely affected the quality of patient care and decreased job satisfaction (4).

Empowerment is defined as individuals' ability to feel effective to successfully execute their jobs (5). More than ever, the overall health and well-being of nurses are being challenged by factors such as complicated nursing practices, demanding patient contact, workload, time pressure, and workplace conditions, all of which lead to frustration, burnout, and emotional exhaustion (6).

The term empowerment is relevant in every career field, and the nursing profession is no exception. The concept of power cannot be overstated; it is a major concern in all walks of life and professions, including nursing professionals and students. Power is a volatile concept; thus, in the analysis of power, especially in the context of basic duties, key participants in the discourse should appreciate differences in human behavior and must understand similarities to develop the tendency (7,8).

In Oman, hospitals have experienced a decrease in labor supply and a high rate of job turnover, indicating their serious vulnerability. Healthcare organizations are increasingly concerned about the performance of healthcare workers to provide high-quality services. Although people are a vital resource for providing services through performance, organizations are considering management methods to manage their human resources effectively (9). Nurse turnover can decrease, and professional development can be anticipated when the basic benefits and working circumstances are acceptable to them (10). A cross-sectional study including 232 nurses working at a hospital in Oman suggested that nurses in Oman face various occupational problems, especially work-life imbalance (11). This study included interventions to manage this problem, including a review of nurses' working hours to avoid burnout and job dissatisfaction and restore work-life balance. Burnout and stress are major variables that can influence worker performance (12). According to a study conducted at the Tertiary Care Hospital in Muscat, both factors can diminish work execution and client benefit and lead to a higher risk of illness, such as hypertension and anxiety. Moreover, the quality of work life is a critical marker of job-related fulfillment among medical attendants. The quality of work life of medical caretakers influenced the quality of persistent care and related wellbeing outcomes. As such, recognizing the poor quality of work life among medical attendants can help improve their efficient fulfillment, thus enhancing work execution and worker satisfaction (13). In addition, work shift and nationality had statistically significant effects on total job satisfaction, according to the findings. A multiple regression study revealed that having non-Omani nationality explained 21.8% of the total variance in the dependent variables, indicating that overall job satisfaction was higher among non-Omani nurses than among Omani nurses (14). If nurses who are responsible for patient care experience powerlessness, it is even more challenging for an inexperienced nursing student to become powerless. It is possible that novice nursing students who are frequently subjected to disempowerment may run into issues when they become licensed professionals. Depending on important occurrences, particularly in critical practice, nurses may feel empowered or disempowered in a variety of ways, circumstances, and places (15). Nurses feel empowered by their existing knowledge and confidence, feeling valued, mentorship and placement experiences, and cultural and structural influences. In addition, nurses can empower themselves in many ways. Structural and psychological empowerment boosts productivity and job satisfaction in organizations. Nurse managers' transformational leadership positively impacts nurses' empowerment and promotes participation and engagement. Empowerment can be impeded or supported by actions (16). Therefore, the physical, emotional, and psychological demands of nursing may lead to several negative effects (17). Inadequate patient care might result in less-than-ideal treatment outcomes if healthcare personnel are not as productive at work (18). In Oman, turnover intentions are influenced by factors related to educational level, favorable environment, and the level of job satisfaction (19). While Ministry of Health managed facilities have been most successful in bringing the nursing workforce home, none of the governorates have achieved full employment of Omani citizens. Given population sizes, dispersion throughout areas and regional social norms surrounding female employment, such policy targets were overly ambitious from the start (20). This large gap in the number of locally produced nurses and the fast turnover of expatriate staff may result in understaffing and longer duty hours. The aim of this study was to explore the combined influence of structural and psychological empowerment on nurses' burnout and turnover intentions.

Main Points

- The psychological and structural empowerment of nurses in Oman is essential for job satisfaction and overall health.
- A lack of autonomy, decision-making authority, and support from superiors and colleagues can also contribute to feelings of depersonalization and decreased personal achievement.
- A negative correlation between structural and psychological empowerment and burnout.
- Burnout and turnover probabilities are positively connected.

Material and Method

This study included nurses at health institutions in the Dhofar Region affiliated with Oman's Ministry of Health and examined how their turnover intentions were related to psychological empowerment, structural empowerment, burnout, and turnover.

Sample and Sampling

Proportion analysis was used to select sample participants. There are 1430 nurses employed by the ministry of health in Dhofar who work in both hospital and community settings. There were 254 identified samples when using a CL. 95% confidence interval of 5%.

Data Collection

After requesting contact information for potential volunteers, a research study invitation was sent through the nursing officers of various health and nursing facilities (5 hospitals and 12 health centers) in the Dhofar region from May 2023 to July 2023. Participants were asked to complete a validated and pilot-tested questionnaire, which comprised five sections: The conditions of work effectiveness questionnaire II (CWEQ-II), the Maslach burnout inventory general scale (MBI-GS), a demographics section, a psychological scale, and the anticipated turnover scale (ATS) (21). An 80% response rate equivalent to 204 participants who completed the survey, with an attrition rate set at 2%.

Statistical Analysis

The data were statistically analyzed with SPSS version 25.0 using descriptive and inferential analyses, such as Pearson's r-squared and one-way ANOVA.

Instruments

The CWEQ-II, a 19-item instrument with six subscales, measures respondents' perceptions of structural empowerment; it is the second version of the CWEQ and was developed by Laschinger, Finegan, and Wilk in 2003. Two of the subscales gauge formal and informal power according to Kanter's theory of power, while the other four subscales reflect structural empowerment dimensions. A 5-point Likert scale with a range of 1 (never) to 5 (always) was used for the 19-item survey. Through the use of a confirmatory factor, the tools construct validity and reliability were determined in a sample of nurses (22). The internal consistency of the scale is 0.81 and showed a strong fit of the hypothesized model. The instrument was examined for validity and reliability in the current study.

Ethical Considerations

The Ministry of Health's Research Review Ethics Committee in Dhofar provided IRB approval (MOH/CSR/22/26035). The online form included a video explanation of the study, after which the respondents were asked to provide informed consent to participate. For the purposes of confidentiality, no identifying information was obtained from the participants.

The collected information was stored in a password-secured drive.

Results

Through a survey of nurses at various healthcare facilities in Dhofar, we obtained the demographic profiles of 204 nurses, including their gender distribution, work settings, nationalities, marital status, age range, educational credentials, years of experience, and employment positions (Table 1). Women constituted 85.5% of the nurses surveyed,

Table 1. **Nurses' Demographic Profiles**			
	Profile	**Frequency**	**Percent**
Gender	Female	174	85.3
	Male	30	14.7
Area of assignment	Acute setting (ER, ICU)	10	4.9
	Administration	4	2.0
	Ambulatory (OPD)	40	19.6
	Community	42	20.6
	Specialty units	14	6.9
	MS wards and floors	94	46.1
Nationality	Non-Omani	101	49.5
	Omani	103	50.5
Marital status	Married	168	82.4
	Single	36	17.6
Age	a. 20-30	10	9.8
	c. 31-40	140	68.6
	e. 41-50	40	19.6
	g. 51 above	4	2.0
Educational attainment	Bachelors/BSC	84	41.2
	Diploma	108	52.9
	Masters	6	2.9
	Post-basic certificate	6	2.9
Years of clinical experience	a. 0-3 years	10	4.9
	b. 4-6 years	8	3.9
	c. 7-10 years	62	30.4
	d. 11- 13 years	52	25.5
	e. 14-17 years	40	19.6
	f. 18 years and above	32	15.7
Rank and position	a. Junior staff	88	43.1
	b. Senior staff	92	45.1
	c. In charge	22	10.8
	e. Supervisor	2	1.0
	Total	**204**	**100.0**
ICU=intensive care unit ; OPD=operationalized psychodynamic diagnosis			

and men constituted 14.7%. The most common workplaces for nurses in Oman were medical surgical wards, where 46.1% of nurses were employed. The second most common workplaces were community health centers, where 20.6% of respondents worked. The nationality of 50.5% of the nurses surveyed was Omani, whereas 49.5% were non-Omani. Most nurses (82.4%) were married. The most common age group was 31-35 years, accounting for 35.3% of all respondents. The most prevalent educational background was a diploma in nursing (52.9% of respondents), followed by a B.Sc. in nursing (41.2% of respondents). The most common level of experience (in years of experience) was 7-10 years (45.1% of respondents). The most common rank or position was senior staff nurse (45.1%), followed by junior staff nurse (43.1%).

Nurses' levels of structural psychological empowerment are presented as mean scores of each subscale, which were obtained by summing and averaging the items. The score range is between 1 and 5 and indicates the level of access among the dimensions. The mean scores for access to opportunity, information, support and resources were 3.14, 3.40, 3.32 and 3.04, respectively, all of which indicate average access. The mean job activities scale (JAS) score was 3.08, indicating average position power; similarly, the mean organizational relationship scale (ORS) score was 3.11, implying an average network among nurses. The mean structural empowerment score was 19.08, indicating high empowerment. Table 2 presents the details of the nurses' levels of structural psychological empowerment.

The MBI-GS revealed the nurses' levels of emotional exhaustion, depersonalization, and personal accomplishment (Table 3). The results indicated that 116 (56.9%) respondents felt high levels of emotional exhaustion, and 104 (51%) reported high levels of depersonalization; both these criteria imply high levels of burnout. However, 90 respondents (44.1%) indicated high levels of personal accomplishment, indicating feelings of success and competence. The ATS consists of 12 items scored on a Likert-type scale ranging from 1 (strongly disagree) to 7 (strongly agree). This includes six reverse-scored items to avoid bias. The total variance of the results ranged from 12 to 84 points, with higher scores indicating a higher risk of turnover. The mean overall ATS score was 49.73, which implies moderate levels of desire to leave their work and average levels of turnover (Table 4).

The study assessed the correlations between structural psychological empowerment and burnout and turnover intentions among nurses (Table 5). Pearson's correlation analysis revealed significant relationships between these variables. A moderate negative relationship was observed between psychological structural empowerment and the burnout dimension of emotional exhaustion (p=-0.432), and a weak negative relationship was observed between psychological structural empowerment and depersonalization (p=-0.237). Furthermore, a weak positive relationship was observed between psychological structural empowerment and personal accomplishment (p=0.290).

Table 2.
Nurses' Levels of Psychological and Structural Empowerment

Dimensions	Minimum	Maximum	Mean	Standard deviation
Access to opportunity	2.92	3.41	3.14	0.772
Access to information	2.67	3.66	3.40	0.777
Access to support	3.02	3.47	3.32	0.738
Access to resources	2.85	3.15	3.04	0.759
Job activities scale	2.66	3.45	3.08	0.626
Organization relationships scale	2.73	3.52	3.11	0.639
Total structural empowerment			19.08	3.445

Table 3.
Levels of Burnout Among Nurses

Level	Emotional exhaustion		Depersonalization		Personal accomplishment	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Low	28	13.7	38	18.6	62	30.4
Moderate	60	29.4	62	30.4	52	25.5
High	116	56.9	104	51.0	90	44.1
Mean (SD)	**28.60** (10.402)		**14.30** (5.952)		**31.82** (7.107)	
Over-all	High		Moderate		Moderate	

*Emotional Exhaustion High -27 or over, Moderate 17-26 , Low 0-16 *Depersonalization High-14 or over, Moderate 9-13, Low 0-8 *Personal Accomplishment High 0-3, Moderate 31-36, Low 37 or over, SD=standard deviation

Table 4.
Nurses' Levels of Turnover Intentions

Questions	Mean score	Standard deviation
7.1 I intend to stay in my current job for some time.	4.97	1.784
7.2 I am almost certain that I will leave my job in the near future.	4.06	2.178
7.3 Deciding whether to stay or leave my job is not an essential issue for me at this time.	4.34	1.875
7.4 I have already made the decision to stay with or leave this organization in the short term.*	4.09	1.986
7.5 If I were to receive another job offer tomorrow, I would seriously consider it.	4.60	1.936
7.6 I have no intention of leaving my current job.	3.93	2.107
7.7 I have been at this workplace for as long as I want to be.	5.02	1.899
7.8 I am sure that I will stay here for a while.	4.37	1.955
7.9 I have no specific idea how much longer I will stay here.*	4.86	1.899
7.10 I intend to keep my job at this organization for some time.	4.64	1.919
7.11 I have major doubts about whether or not I will stay in this organization.	3.63	1.819
7.12 I plan to leave this job soon.	3.57	2.283
Average score	**49.73**	**10.205**

*=total variance of the results ranges from 12-84 points, and higher scores indicate a higher risk of turnover

Table 5.
Relationship of Structural Psychological Empowerment with Burnout and Turnover Intentions Among Nurses

		Emotional exhaustion	Depersonalization	Personal accomplishment	Turnover intentions
Total structural empowerment	Pearson correlation	-0.432**	-0.237**	0.290**	0.420**
	Sig. (2-tailed)	0.000	0.001	0.000	0.000
	n	204	204	204	204

**=p-value <0.5

Thus, significant relationships were observed between psychological structural empowerment and all burnout dimensions. Finally, a moderate positive relationship was observed between psychological structural empowerment and nurses' turnover intentions (p=0.420).

Discussion

This study successfully assessed the degree of structural psychological empowerment and turnover intentions among nurses in Dhofar, thereby achieving its goals and objectives. In terms of demographics, 85.3% of the nurses who took part in the survey were female, with males accounting for only 14.7% of the sample; this is not surprising, as the nursing profession has long been known for its predominance of female practitioners. The historical causes of female dominance in nursing can be linked to gender roles and cultural expectations. Nursing has traditionally been seen as a loving and caring profession, which aligns with women's gender stereotypes. Affective traits generally associated with femininity, such as compassion, empathy, and communication skills, are frequently linked to the nursing profession. According to Gupta (23), the high proportion of females in the nursing profession can be attributed to historical gender biases and the lack of professional prospects for women in other disciplines. In addition, preconceptions may discourage males from pursuing nursing careers because of concerns about societal expectations, stigmatization, or a perceived lack of career progression prospects (24).

The study group comprised approximately 50.5% Omani nurses and 49.5% non-Omani nurses or expatriates. To provide high-quality care, the healthcare sector in Oman relies heavily on both Omani and non-Omani nurses. Omani nurses are essential to the healthcare system because they uphold their cultural values and are aware of regional traditions when treating patients. They expressed a strong feeling of pride in helping their communities and improving the general well-being of their fellow citizens. The nursing workforce in Oman is also largely made up of non-Omanis, who bring a variety of cultural backgrounds, knowledge, and abilities (25), offering distinctive perspectives and understanding of the Omani healthcare environment.

These nurses frequently struggle to adjust to different healthcare systems, language, and cultural norms. They might initially struggle to comprehend local customs, overcome communication challenges, and learn how to use the local healthcare system (26). Nurses from outside Oman, particularly those from nations with distinct healthcare systems, may also encounter difficulties because of variations in nursing education, clinical procedures, and professional rules.

This study revealed that nurses in Oman have an average level of psychological and structural empowerment regarding access to opportunity, information, support, and resources, as well as JAS and ORS levels. These results are in line with those of a previous study conducted in Oman, which reported that nurses who believed they had high degrees of structural empowerment expressed increased job satisfaction and organizational commitment (27). The creation of supportive policies, the provision of suitable staffing levels, the promotion of interdisciplinary collaboration, and the maintenance of efficient communication channels within healthcare organizations all contribute to improving structural empowerment in nursing practice. Oman's nurses had a high degree of psychological empowerment; a different study found that psychological empowerment positively impacts nurses' overall well-being, commitment to the organization, and job satisfaction (28). Fostering psychological empowerment among nurses in Oman may entail giving them opportunities for decision making, opportunities for professional growth, and acknowledgment of their contributions to patient care.

This study also explored the level of burnout among nurses in Oman, and the findings suggest a very high level of burnout; specifically, 56% of the participants reported high levels of emotional exhaustion, and 51% reported high levels of depersonalization. Nursing burnout is a common, serious problem that affects not only the well-being of nurses but also patient care and healthcare systems around the world. In Oman, nurses experience burnout for a variety of reasons. Physical and mental exhaustion may result from a heavy workload due to long working hours, a lack of staff, and increased patient demands. Depersonalization and diminished personal success can also be caused by a lack of autonomy, decision-making power, and support from superiors and coworkers. Additionally, working with seriously ill patients and observing patient suffering can be stressful and raise the risk of burnout among nurses (29). Despite their high levels of burnout, a large proportion of nurses in this study (approximately 44%) showed high levels of personal accomplishment. Nurses in Oman frequently express high levels of personal achievement, demonstrating a sense of satisfaction and success in their work. This sense of accomplishment is a result of the commitment of Omani nurses to patient care, their cultural ideals of helping others, and the gratitude of patients and their families (30). Positive comments and expressions of thanks from patients can support nurses' beliefs that they have a significant impact through their profession and raise their sense of personal

accomplishment. However, compounding factors related to psychological structural empowerment and burnout levels may lead to nurses' desire to leave their jobs or increase job turnover. The nurses in this study had an average ATS score. Although little research has specifically focused on Omani nurses' plans to leave the profession, turnover intentions are seen as a widespread problem. Similar to nurses in other countries, Oman's nurses deal with challenges such as a hefty workload, a lack of staff, few opportunities for career advancement, and job dissatisfaction, all of which raise their desire to leave the profession (31). This topic must be thoroughly explored to create practical nurse retention measures for the Omani healthcare system. According to the study findings, burnout was negatively correlated with psychological and structural empowerment. Higher degrees of empowerment among nurses are linked to lower levels of burnout. By contrast, nurses who experience disempowerment and lack of control over their work are more likely to experience burnout. Turnover intention is positively correlated with burnout, as burnout makes nurses more prone to considering changing careers. Consequently, healthcare companies must comprehend the relationship among burnout, structural empowerment, and aspirations to leave. If organizations wish to lower nurse fatigue and turnover intentions, they should prioritize programs that boost empowerment (32). This could involve creating a welcoming work environment, encouraging group decision-making, offering opportunities for career progression, and appreciating and respecting the contributions of nurses.

Study Limitations

Although this study contributes to our understanding of the interplay between burnout, turnover intentions, and nurse empowerment in Dhofar, Oman, it has several limitations. First, the study employed a descriptive correlational design, which limits the ability to establish causal relationships between the variables. Relationships were found, but it is unclear whether empowerment causes lower burnout and turnover intentions or if lower burnout levels contribute to a higher perception of empowerment. Second, the information was gathered through self-reported online surveys, which carry the risk of response biases, such as social desirability or recall bias. Most participants may have, in one way or another, experienced the issue of over-reporting or under-reporting their level of burnout, empowerment, and even turnover intentions due to personal viewpoints or a fear of being judged, despite guarantees of anonymity. Third, the study was narrowed down to Dhofar nurses employed in healthcare facilities under the Ministry of Health. Therefore, the findings may not be applicable to nurses in the private sector or other regions of Oman, where the organizational culture and work conditions may differ. Additionally, the sample was homogeneous - it consisted mainly of nurses with the same level of education and years of experience, which reduces the likelihood of generalizing the findings to a more diverse nursing population. Another restriction is the cross-sectional design, which only captures data at a single point in time. This design makes it impossible to investigate the possible variation of empowerment or burnout over

time, or concerning organizational changes. Lastly, the study did not consider all possible confounding factors, including personal characteristics, coping mechanisms, or organizational policies that could impact burnout and turnover intentions. These findings would be more accurate and useful if subsequent studies employed broader scope longitudinal or experimental designs.

Conclusion

This study makes several important contributions to the literature on this topic. First, the results shed light on the demographic makeup of nurses in Oman. According to the findings, most nurses are employed in medical surgical units and community health facilities and are women. Both Omani and non-Omani nurses comprise the nursing workforce, and married nurses account for a substantial proportion of nurses. Most nurses have a B.Sc. or diploma in nursing, and the age group of 31-35 years is the most strongly represented. Furthermore, much of Oman's nursing workforce comprises senior and junior staff nurses with more than 10 years of experience. Second, this study highlights the importance of nurses' psychological and structural empowerment in the context of the Omani healthcare system. The development, fulfillment, and well-being of nurses in Oman depend on psychological and structural empowerment. Healthcare organizations and governments should establish an atmosphere that supports nurses' autonomy, decision-making skills, and overall empowerment by recognizing and addressing these factors. Empowered nurses are more likely to deliver high-quality care, show greater dedication to their companies, and help Oman's healthcare system as a whole. Additionally, healthcare institutions and authorities in Oman must pay attention to the problem of nurse burnout. Health and job satisfaction among nurses can be improved by identifying the causes of burnout and implementing preventative measures. Ultimately, managing burnout benefit nurses while strengthening the overall healthcare system and improving patient outcomes. Furthermore, healthcare institutions in Oman face increasing difficulties due to the level of nursing staff turnover, which affects patient treatment. To improve nurse retention and the stability of the healthcare system as a whole, it is essential to understand the factors that influence turnover intentions and to utilize effective retention methods. Healthcare organizations and politicians in Oman can reduce nurses' turnover intentions and improve nurse retention by addressing workload difficulties, offering professional development opportunities, and fostering a supportive work environment. According to this study's findings, burnout is negatively correlated with both structural and psychological empowerment. Greater empowerment among nurses is associated with reduced burnout rates; however, nurses who feel that they are powerless and lack control over their profession are more likely to experience burnout. The likelihood of turnover was positively correlated with burnout, as burnout prompted nurses to consider leaving their positions. These results may motivate healthcare organizations to implement healthcare programs and policies that support and cater to the needs of nurses in Oman.

References

1. Şenol Çelik S, Sariköse S, Çelik Y. Structural and psychological empowerment and burnout among nurses: a systematic review and meta-analysis. Int Nurs Rev. 2024;71(1):189-201. [Crossref]

2. Barrett D, Heale R. COVID-19: reflections on its impact on nursing. Evid Based Nurs. 2021;24(4):112-113. [Crossref]

3. World Health Organization (WHO). (2021). Director-General's opening remarks at the World Health Assembly. Retrieved from: https://www.who.int/director-general/speeches/detail/director-general-s-opening-remarks-at-the-world-health-assembly---24-may-2021 [Crossref]

4. Heesakkers H, Zegers M, van Mol MMC, van den Boogaard M. The impact of the first COVID-19 surge on the mental well-being of ICU nurses: a nationwide survey study. Intensive Crit Care Nurs. 2021;65:103034. [Crossref]

5. Abhicharttibutra K, Tungpunkom P. Association of Structural and Psychological Empowerment with Depersonalization and Personal Accomplishment among Nurses: a Systematic Review. PRIJNR [Internet]. 2019 Sep. 16 [cited 2023 Sep. 12];23(4):398-413. [Crossref]

6. Chandler GE. The source and process of empowerment. Nurs Adm Q. 1992;16(3):65-71. [Crossref]

7. Jarden RJ, Jarden A, Weiland TJ, Taylor G, Bujalka H, Brockenshire N, et al. New graduate nurse wellbeing, work wellbeing and mental health: a quantitative systematic review. Int J Nurs Stud. 2021;121:103997. [Crossref]

8. Bibi M. Linkage between performance of healthcare professionals and management practices in health care organizations. J Pak Med Assoc. 2021;71:725-729. [Crossref]

9. Park JH, Park MJ, Hwang HY. Intention to leave among staff nurses in small- and medium-sized hospitals. J Clin Nurs. 2019;28(9-10):1856-1867. [Crossref]

10. Tang Y, Dias Martins LM, Wang SB, He QX, Huang HG. The impact of nurses' sense of security on turnover intention during the normalization of COVID-19 epidemic: the mediating role of work engagement. Front Public Health. 2022;10:1051895. [Crossref]

11. Al-Yaqoubi S, Arulappan J. Sources of work-related stress among Omani nurses: a cross-sectional study. J Patient Exp. 2023;10:23743735231166504. [Crossref]

12. Bhembe LQ, Tsai FJ. Occupational stress and burnout among health care workers caring for people living with HIV in Eswatini. J Assoc Nurses AIDS Care. 2019;30(6):639-647. [Crossref]

13. Al-Maskari MA, Dupo JU, Al-Sulaimi NK. Quality of work life among nurses: a case study from Ad Dakhiliyah Governorate, Oman. Sultan Qaboos Univ Med J. 2020;20(4):e304-e311. [Crossref]

14. Al Maqbali MR, Al Omari O, Slimane SBA, Balushi NA. The nursing profession in Oman: an overview. Nurs Sci Q. 2019;32(4):322-325. [Crossref]

15. Khoshmehr Z, Barkhordari-Sharifabad M, Nasiriani K, Fallahzadeh H. Moral courage and psychological empowerment among nurses. BMC Nurs. 2020;19(1):43. [Crossref]

16. Kelbiso L, Belay A, Woldie M. Determinants of quality of work life among nurses working in Hawassa Town Public Health Facilities, South Ethiopia: a cross-sectional study. Nurs Res Pract. 2017;2017:5181676. [Crossref]

17. García-Sierra R, Fernández-Castro J. Relationships between leadership, structural empowerment, and engagement in nurses. J Adv Nurs. 2018;74(12):2809-2819. [Crossref]

18. Jun J, Ojemeni MM, Kalamani R, Tong J, Crecelius ML. Relationship between nurse burnout, patient and organizational outcomes: systematic review. Int J Nurs Stud. 2021;119:103933. [Crossref]

19. Al Sabei SD, Labrague LJ, Miner Ross A, Karkada S, Albashayreh A, Al Masroori F, et al. Nursing work environment, turnover intention, job burnout, and quality of care: the moderating role of job satisfaction. J Nurs Scholarsh. 2020;52(1):95-104. [Crossref]

20. Brand SL, Thompson Coon J, Fleming LE, Carroll L, Bethel A, Wyatt K. Whole-system approaches to improving the health and wellbeing of healthcare workers: a systematic review. PLoS One. 2017;12(12):e0188418. [Crossref]

21. Li H, Shi Y, Li Y, Xing Z, Wang S, Ying J, et al. Relationship between nurse psychological empowerment and job satisfaction: A systematic review and meta-analysis. J Adv Nurs. 2018;74(6):1264-1277. [Crossref]

22. Ennis CA, Walton-Roberts M. Labour market regulation as global social policy: The case of nursing labour markets in Oman. Glob Soc Policy. 2018;18(2):169-188. [Crossref]

23. Gupta GR, Oomman N, Grown C, Conn K, Hawkes S, Shawar YR, et al. Gender equality and gender norms: framing the opportunities for health. Lancet. 2019;393(10190):2550-2562. [Crossref]

24. Weaver R, Ferguson C, Wilbourn M, Salamonson Y. Men in nursing on television: exposing and reinforcing stereotypes. J Adv Nurs. 2014;70(4):833-842. [Crossref]

25. Al-Maskari MA, Patterson BJ. Attitudes towards and perceptions regarding the implementation of evidence-based practice Among Omani nurses. Sultan Qaboos Univ Med J. 2018;18(3):e344-e349. [Crossref]

26. Al Yahyaei A, Hewison A, Efstathiou N, Carrick-Sen D. Nurses' intention to stay in the work environment in acute healthcare: a systematic review. J Res Nurs. 2022;27(4):374-397. [Crossref]

27. Kelly C, Barattucci M, Shakil Ahmad M. Job satisfaction as a mediator between structural empowerment and intent-to-leave: a study of critical care nurses. Intensive Crit Care Nurs. 2022;70:103194. [Crossref]

28. Cougot B, Gauvin J, Gillet N, Bach-Ngohou K, Lesot J, Getz I, et al. Impact at two years of an intervention on empowerment among medical care teams: study protocol of a randomised controlled trial in a large French university hospital. BMC Health Serv Res. 2019;19(1):927. [Crossref]

29. Elbarazi I, Loney T, Yousef S, Elias A. Prevalence of and factors associated with burnout among health care professionals in Arab countries: a systematic review. BMC Health Serv Res. 2017;17(1):491. [Crossref]

30. Al-Sawai A. Leadership of healthcare professionals: where do we stand? Oman Med J. 2013;28(4):285-287. [Crossref]

31. Sheng H, Tian D, Sun L, Hou Y, Liu X. Nurse practice environment, perceived organizational support, general well-being, occupational burnout and turnover intention: a moderated multi-mediation model. Nurs Open. 2023;10(6):3828-3839. [Crossref]

32. Navajas-Romero V, Ariza-Montes A, Hernández-Perlines F. Analyzing the job demands-control-support model in work-life balance: a study among nurses in the European context. Int J Environ Res Public Health. 2020;17(8):2847. [Crossref]