

Relationship between Organization Support and Nursing Staff Burnout in Critical Care Units

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Abstract

Background: Healthcare organizations are now challenged to retain nurses' generation. Acquiring knowledge about the effect of level of perceived organizational support can help organizational leaders to deal effectively with dysfunctional behaviors and nursing staff burnout. **Aim:** To assess the relationship between organizational support and nursing staff burnout in critical care units. **Design:** Descriptive correlational design was utilized. **Research Question:** What is the relationship between organizational support and nursing staff burnout in critical care units? **Sample:** A convenient sample of 200 staff nurses. **Tools:** Three tools were utilized to collect data; Personal Data Questionnaire, Perceived Organizational Support (POS) and The Maslach Burnout Inventory (MBI). **Results:** More than half of the studied sample perceived moderate level related to total organizational support. In addition, half of the studied sample had moderate level related to total burnout. **Conclusion:** there was high significant negative coefficient correlation between total score of organizational support and total score of burnouts in critical care units.

Key words: Organizational Support, Burnout, and Critical Care Nursing.

Introduction

Challenge for any health care organization keeping nurses to participate in the real market (Kumar, 2014). Continuing positive work outcomes, task performance, engagement and citizenship results from supporting organization. Perceived organizational support (POS) effects on all organizational strategies. Creating suitable work conditions, manager support, appropriate prizes and justice in the work that are human beliefs leads to the improvement of one's self-esteem, hope and personal growth of employees. Resulting in being of physical, mental, emotional, and spiritual wellbeing (Radwan et al. 2018).

Perceived organizational support (POS) one of the main concepts that have a considerable impact on organizational, it affects all organizational policies. Creating appropriate work conditions, Supervisor support, appropriate rewards and justice in the workplace that are human values leads to the improvement of one's self-esteem, hope and

personal growth of employees. Resulting in existence of physical, mental, emotional, and spiritual wellbeing (Abou Hashish, 2017).

Highly perceived level of organizational support may aid to restore the balance between the benefits awarded by the organization and the contributions of the individual. In general, the perceived organizational support has a positive reflection on employees and the institution; staff tends to perform better with organizational support. Furthermore, there are various forms for organizational support such as emotional support, provision of opportunities, encourages being autonomous and encouraging performing appropriate decision (Morsi, & Ebraheem, 2020).

Nurses working in the intensive care unit (ICU) may be exposed to considerable work-related stress, distress symptoms among staff have been described as being frequent and previous studies have identified high levels of burnout symptoms among ICU staff (Elsheikh, M., & Naga, A. 2021).

Burnout (BO) is considered an epidemic of modern society and the issue of occupational stress and burnout is receiving increasing attention worldwide. Burnout focuses on specific stressors in the workplace and the environmental pressures affecting the health of employed people. It was first described in the mid-1970s by Freudenberger and ever since it has been the subject of many studies (Shahin et al., 2020).

Burnout is a psychological concept often used as a response to long-term emotional and interpersonal stressors, usually in the work context. Burnout may be a result of too much work and too little recovery. The clinical impact of burnout may be decreased well-being (insomnia, irritability, eating problems, difficulty in social relationships, moodiness, anxiety, irritability and depressive problems) and increased sick leave among staff (Abbas et al., 2019).

Literature revealed that burnout can be diminished by organizational support. However, to establish the actual relationship between the organizational support and occupational burnout, there is a need to control for other demographic and clinical variables of the staff nurse which could be related to occupational burnout in nurses. In fact, the actual role of organizational support in decreasing occupational burnout, controlling for other demographic and clinical variables of the staff nurses is not well known (Higazee et al., 2016).

Significance of the Study

Nurses who are working in stressfully units such as Intensive care units (ICU), Critical care units (CCU) and Emergency Rooms (ER) are vulnerable to highly stressful events and burned out than nurses who are working in other units. (Izaquierdo & Riskey, 2012). Several studies around the world in different continents have been carried out showing the high rates of burnout among nurses, more especially staff nurses working in hospital. (Anwar & Elareed, 2017) detected burnout appeared to be common among participating

nurses. Searching for and eliminating sources of stress in hospitals in addition to teaching nurses coping strategies to deal with stress at work.

The present study aims to study this relationship to find out factors which could be used by administrators in order to improve nurse's job burnout and perceived organizational support. Lack of perceived organizational support lead to increase of job stresses and burnout and it was observed that of phenomena burnout lead to turnover in nursing carrier, on the other hand perceived organizational support promote quality of nursing care which decrease burnout. Positive Perceived organizational support leads employees to care about the organization's well-being, increase commitment and loyalty to the organization, help the organization accomplish its goals, perform better and reduce their tendency to miss work. (Liu et al., 2015).

(Abdelhamed, 2015) Detected Perceived organizational support has been suggested to decrease stressors from work related tasks while buffering the effects of fatigue, burnout, anxiety and strain, it is the main important to change employees' attitude in support employees, to render organizational appropriate rewards, to do justice, and to focus on working conditions. Therefore, the following study will be conducted to assess the relationship between organizational support and nursing staff burnout in critical care units.

Aim of the study

The aim of the current study was to assess the relationship between organizational support and nursing staff burnout in critical care units.

Methods and subject

Research Question

What is the relationship between organizational support and nursing staff burnout in critical care units?

Research Design

A descriptive correlational design was utilized to achieve the aim of the current study. Studies with descriptive correlational design are concerned with studying the

interrelationship or association between two variables, that is, a tendency for variation in one variable to be related to variation in another. Descriptive research is used to describe phenomenon being studied, it doesn't answer questions about (how, when why the phenomenon occurred) rather it addresses the (what) question. Correlation is defined as a statistical measure of a relationship between two or more variables, gives an indication of how one variable may predict another. However, correlation doesn't imply causation, that is simply because two events are in some way correlated doesn't mean that one necessarily causes the other (Shields & Rangarjan, 2013).

Setting

The study was conducted at Kasr Al Ainiy University Hospital in four settings. The first setting was 185 New Emergency Hospital that provide free health care to critical ill patient. The second setting was: (First unit) critical care department which consists of two floors with bed capacity (45) beds and provide free health care to critical ill patient and includes different categories of staff nurses.

The third setting was: (Third unit) intensive care unit consists of two halls with bed capacity (28) beds that provides free health care to critical ill patient and include different categories of staff nurses. The fourth setting was: Cardio-thoracic ICU that contains two halls with bed capacity (11) beds and provides free health care to critical ill patient and includes different categories of staff nurses.

Sample

All nurses working in selected (ICU), (CCU) units and Emergency Rooms (ER). At El-Manial hospital, new teaching hospital and Alkaser Al Ainiy University hospital at the time of the study. Nurses who are working in this units are vulnerable to high stressful and burnout than nurses who are working in other

units (convenient sample) sample is around 200 staff nurses.

Data collection tools:

Three tools were utilized to collect data as well as, content validity of the study English and Arabic version tools were reviewed by a panel of juries of expertise at the Nursing Administration department from Faculty of Nursing Cairo University.

Tool (I): personal data questionnaire:

Personal data about nurses relevant to this study age, sex, level of education, years of experience in profession, marital status, years of experience in this unit, salary, number of children, place of residence, and current position.

Tool (II): perceived organizational support tool (POS)

This tool is concerned with adapted based on Perceived organizational support tool (POS) BY (Abed& Elewa, 2016) consisted of 32 items classified to four dimensions as follow: The first dimension is: Employee's safety and job stability (items1-10), the second dimension is: supervisor support (items11-17), the third dimension is: Work conditions and organization rewards (18-30) and the fourth dimension is: promotion opportunities (items 31-32). This tool is measured using a Likert scale of (Disagree=1, uncertain=2, Agree=3). Tool reliability was constructed with highly significant result as cronbach $\alpha = 0.81$. The total scores of the scale were 32-96 grades. These scores will be summed and classified into 3 levels:

- High-level if score 64-96 grades.
- Moderate level if score 33-63 grades.
- Low level if score 0-32 grades

Tool (III): occupational burnout tool

The Maslach Burnout Inventory (MBI) (Maslach et al. 1996) is composed of 22 items

divided into 3 subscales: Emotional Exhaustion (EE, 9 items) describing feelings of being emotionally exhausted by one's work; Depersonalization (DP, 5 items) describing the experience of becoming cold and indifferent to other's needs; lack of Personal Accomplishment (PA, 8 items) used to assess how one perceives his or her competence. Each item was answered on a 7-point Likert scale ranging from every day to never: every day (6), a few times a week (5), once a week (4), a few times a month (3), once a month (2), a few times a year (1), and never (0). Tool reliability was constructed with highly significant result as cronbach $\alpha = 0.84$.

The scoring system for the job burnout scale was according to the following table:

Burnout Subscale	Item score	Levels of burnout		
		Low	Moderate	High
Emotional exhaustion	(0-54)	0-17	18-29	≥ 30
Depersonalization	(0-30)	0-5	6-11	≥ 12
Personal Achievement	(0-48)	0-33	34-39	≤ 33
Total job burnout	0-132	≤ 60	61-67	≥ 68

Pilot Study

The pilot study was carried out on 10 % of study sample (20nurses), who were selected randomly from the aforementioned settings. It was done to ascertain the relevance, clarity & applicability of the developed tools and to estimate the time needed to fill the questionnaire. Those nurses who shared in the pilot study were excluded from the main study sample as a result of the modifications made to the questionnaire. where some of the questions were added and others were omitted and rewording. The final form of the tool was formulated, and the time needed for completing them was also determined.

Ethical Consideration

Before data collection, primary approval of the ethical committee of Faculty of Nursing Cairo-University was obtained to carry out the study. Also, an official permission obtained

from the General Medical Director, General Nursing Director of the aforementioned settings. Participation in the study was voluntary and based on the nurses' acceptance to give informed consent, where it should be signed by participants after reading all its details; the ethical issues considerations include explaining the purpose and nature of the study, stating the possibility to withdraw from the study at any time. Confidentiality of the information was assured. Their names did not appear on the study and didn't reveal in any reports that result from this study. After data collection, final approval of the ethical committee at the Faculty of Nursing Cairo-University was obtained.

Procedure

After primary approval of the ethical committee in Faculty of Nursing Cairo-University was obtained to carry out the study, data collection permission was obtained from the General Medical Director and General Nursing Director at the aforementioned settings. The investigator explained the aim, nature, and significance of the study for every eligible nurse to obtain their acceptance to participate in the study. Then, the investigator obtained their acceptance in a written form.

The investigator was collecting the questionnaire from the participant nurses, one day and one night shift every week to cover day and night shift nurses. During data collection the investigator handed the questionnaire individually to the participant nurses in their units then the investigator explained the questionnaire to them and asked them to fill it. The investigator waited until the participants filled the questionnaire and was ready to answer any question. Questionnaire filling process takes about 30 mints. After completion of filling the questionnaire, the investigator collected them. Data was collected over a period of 6 months from the beginning of August 2018 to the end of January 2019.

Statistical Design

The statistical analysis of data was done by using the computer software of Microsoft Excel Program and Statistical Package for Social Science (SPSS) version 25. Data were presented using descriptive statistics in the form of frequencies and percentage for categorical data, the arithmetic mean (\bar{X}) and standard

deviation (SD) for quantitative data. Qualitative variables were compared using chi square test (χ^2), P-value to test association between two variables and R- test to the correlation between the study variables. Level of significance was adopted at $p \leq 0.05$.

Results

Table (1): Personal characteristics of the studied nurses. (n=200)

Personal characteristics	The studied sample (n=200)	
	No	%
Gender		
Male	36	18.0
Female	164	82.0
Marital status		
Single	32	16.0
married	136	68.0
divorced	32	16.0
Number of children		
None	28	14.0
more than one	172	86.0
Educational level		
Secondary nurse	48	24.0
Nursing Technician	57	28.5
Bachelor of nursing	65	32.5
Postgraduate	30	15.0
Place of residence		
Near	106	53.0
Far	94	47.0
Salary		
Enough	84	42.0
Not enough	116	58.0

Table (1): shows that 82% of the studied group were female, 68% were married, and 86% of them had more than one child. Furthermore, the findings revealed that, 32.5% of the studied group had Bachelor of nursing and 53% of them reported that their place of residence was near. Eventually, the table clarified that, 58% of the studied group said that the salary is not enough.

Figure 1: Distribution of nurses according to their age

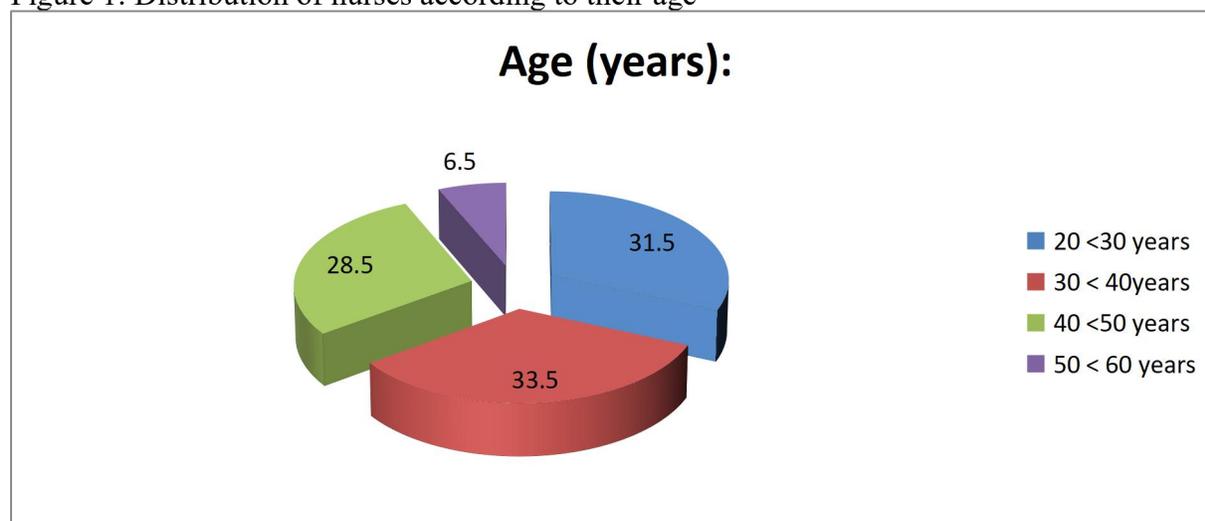


Figure (1): reveals that the highest percentage (33.5%) of the studied group aged 30<40 years, while the lowest percentage (6.5%) aged between 50< 60 years old.

Table 2: Distribution of nurses according to their total organizational support. (n=200)

Domains	No of items	The studied sample (n=200)						Mean SD
		High		Moderate		Low		
		No	%	No	%	No	%	
Employee's safety and job stability	10	48	24	112	56	40	20	18.50±2.03
Supervisor support	7	58	29	104	52	38	19	14.54±2.62
Work conditions and organization rewards	14	42	21	108	54	50	25	24.83±2.63
Promotion opportunities	2	62	31	100	50	38	19	4.03±1.05
Total organizational support	33	50	25	106	53	44	22	61.91±4.54

Table (2) demonstrates that, (56% & 52%, respectively) of the studied nurses perceived moderate level related to employee's safety and job stability, and supervisor support. In addition, (54% & 50%, respectively) of the studied nurses perceived moderate level related to work conditions and organization reward, promotion opportunities. Finally, 53% of the studied nurses perceived moderate level related to total organizational support.

Table 3: Distribution of nurses according to their total burnout. (n=200)

Domains	No. of items	The studied sample (n=200)						Mean SD
		High		Moderate		Low		
		No	%	No	%	No	%	
Emotional Exhaustion	9	56	28	108	54	36	18	26.08±4.28
lack of Personal Accomplishment	8	110	55	60	40	30	15	28.6±3.94
Depersonalization	5	90	45	96	48	14	7	15.1±3.72
Total burnout	22	60	30	100	50	40	20	69.78±11.94

Table (3) demonstrates that, (54% & 48%, respectively) of the studied nurses had moderate level related to emotional exhaustion and depersonalization. In addition, 55% of the studied nurses had high level related to lack of personal accomplishment. Moreover, 50% of the studied nurses had moderate level related to total burnout.

Table (4): Relation between personal characteristics of the studied staff nurses and their perception level of organizational support (n=200).

Personal characteristic		Total Organizational support						X ²	P-Value
		High (N=50)		Moderate (N=106)		Low (N=44)			
		N	%	N	%	N	%		
Age (year)	20 < 30	0	0.0	19	17.9	44	100	14.32	.007**
	30 < 40	10	20	57	53.8	0	0.0		
	40 < 50	27	54	30	28.3	0	0.0		
	50 < 60	13	26	0	0.0	0	0.0		
Gender	Male	30	60	6	5.7	0	0.0	11.35	0.028*
	Female	20	40	100	94.3	44	100		
Marital status	Single	12	24	10	9.5	10	22.7	3.225	.146
	married	28	56	84	79.2	24	54.5		
	divorced	10	20	12	11.3	10	22.7		
Education level	Secondary nurse	0	0.0	16	15.1	32	72.7	19.62	.001**
	Nursing Technician	0	0.0	45	42.5	12	27.3		
	Bachelor	20	40	45	42.5	0	0.0		
	Postgraduate	30	60	0	0.0	0	0.0		
Place of residence	Near	25	50	56	52.8	25	56.8	5.301	.110
	Far	25	50	50	47.2	19	43.2		
Salary	Enough	50	100	34	32.1	0	0.0	18.65	.005**
	Not enough	0	0.0	72	67.9	44	100		
Current position	Staff nurse	0	0.0	69	65.1	44	100	27.53	.001**
	Charge nurse	35	70	37	34.9	0	0.0		
	head nurse	15	30	0	0.0	0	0.0		
Working place	new emergency hospital	15	30	40	37.7	15	34.1	2.657	.239
	First unit critical care department	15	30	31	29.2	24	54.5		
	Third unit intensive care unit at El- Manial hospital	10	20	25	23.6	5	11.4		
	Cardio-thoracic ICU	10	20	10	9.4	0	0.0		
Past experience	< 5	0	0.0	56	52.8	44	100	21.67	.001**
	5 < 10	25	50	50	47.2	0	0.0		
	10 < 15	23	46	0	0.0	0	0.0		
	15 < 20	2	4	0	0.0	0	0.0		

No significant at $p > 0.05$. *Significant at $p < 0.05$. **highly significant at $p < 0.01$.

Table (4) shows that, there were highly statistically significant relation between perception level of organizational support among the studied staff nurses and their age, educational level, salary, current position and past experience at ($P = < 0.01$). In addition, there were statistically significant relation with their gender at ($P = < 0.05$). While there was no statistically significant relation with their marital status, place of residence and working place at ($P = > 0.05$).

Table (5): Relation between personal characteristics of the studied staff nurses and their level of total burnout (n=200).

Personal characteristic		Total burnout						X2	P-Value
		High (N=60)		Moderate (N=100)		Low (N=40)			
		N	%	N	%	N	%		
Age (year)	20 < 30	43	71.7	20	20	0	0.0	16.3 0	.005* *
	30 < 40	17	28.3	50	50	0	0.0		
	40 < 50	0	0.0	30	30	27	67.5		
	50 < 60	0	0.0	0	0.0	13	32.5		
Gender	Male	0	0.0	0	0.0	36	90	13.6 7	0.014 *
	Female	60	100	100	100	4	10		
Marital status	Single	10	16.7	12	12	10	25	2.10 4	.222
	married	40	66.7	76	76	20	50		
	divorced	10	16.7	12	12	10	25		
Educational level	Secondary nurse	48	80	0	0.0	0	0.0	29.3 0	.000* *
	Nursing Technician	12	20	45	45	0	0.0		
	Bachelor	0	0.0	55	55	10	25		
	Postgraduate	0	0.0	0	0.0	30	75		
Place of residence	Near	0	0.0	66	66	40	100	19.3 3	.001* *
	Far	60	100	34	34	0	0.0		
Salary	Enough	0	0.0	44	44	40	100	23.6 3	.000* *
	Not enough	60	100	56	56	0	0.0		
Current position	Staff nurse	60	100	53	53	0	0.0	26.9 8	.000* *
	Charge nurse	0	0.0	47	47	25	62.5		
	head nurse	0	0.0	0	0.0	15	37.5		
Working place	new emergency hospital	20	33.3	40	40	10	25	1.96 3	.301
	First unit critical care department	25	41.7	35	35	10	25		
	Third unit intensive care unit at El- Manial hospital	15	25	15	15	10	25		
	Cardio-thoracic ICU	0	0.0	10	10	10	25		
Past experience	< 5	60	100	40	40	0	0.0	28.8 8	.000* *
	5 < 10	0	0.0	60	60	15	37.5		
	10 < 15	0	0.0	0	0.0	23	57.5		
	15 < 20	0	0.0	0	0.0	2	5		

No significant at $p > 0.05$. *Significant at $p < 0.05$. **highly significant at $p < 0.01$.

Table (5) shows that, there were highly statistically significant relation between level of total burnout among the studied staff nurses and their age, educational level, place of residence, salary, current position and past experience at ($P = < 0.01$). In addition,

Table 6: Correlation among total organizational support domains and total burnout domains.

Domains		Employee's safety and job stability	Supervisor support	Work conditions and organization rewards	Promotion opportunities	Total organizational support	Emotional Exhaustion	Personal Accomplishment	Depersonalization
Employee's safety and job stability	R p								
Supervisor support	R p	.694** .000							
Work conditions and organization rewards	R p	.697** .000	.576** .000						
Promotion opportunities	R p	.691** .000	.526** .000	.646** .000					
Total organizational support	R p	.660** .000	.577** .000	.696** .000	.400** .000				
Emotional Exhaustion	R p	-.331** .000	-.369** .000	-.413** .000	-.434** .000	-.548** .000			
lack of Personal Accomplishment	R p	-.310** .000	-.420** .000	-.467** .000	-.410** .000	-.344** .000	.425* .000		
Depersonalization	R p	-.331** .000	-.417** .000	-.422** .000	-.313** .000	-.363** .000	.341* .000	.530** .000	
Total burnout	R p	-.397** .000	-.394** .000	-.496** .000	-.302** .001	-.510** .000	.220* .000	.409** .000	.443** .000

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

Table (6): detects that, there was high significant positive coefficient correlation between all domains of organizational support at ($p < 0.01$). Besides, there was high significant positive coefficient correlation between all domains of burnout at ($p < 0.01$)

Discussion

Perceived organizational support (POS) is the degree to which employees believe that their organization values their contributions and cares about their well-being and fulfills socioemotional needs. In the nursing circumstances, staff needs organizational support to keep them provoked and deliver best care for patients. Additionally, with organizational support the turnover ratio and burnout decrease, staff enjoy with their job, and deliver best care for patients (Bano et al., 2017).

In the current study, two-third of the studied sample their age ranged between 20<40 year. While the lowest percentage aged between 50< 60 years old. These results may be due to the administrators selected young age nurses to be able to perform mainly tasks in the critical units effectively. This result agreement with Abou Hashish (2017) who carried out their study at Egypt to assess the relationship between ethical work climate and nurses' perception of organizational support, commitment, job satisfaction and turnover intent, and revealed that the mean SD of nurses' age was 28.46 ± 0.29 years.

Also, the majority of the studied sample were female, more than two thirds were married and the majority of them had more than one child. This could reflect that the profession of nursing in Egypt was mostly females. These results similar with Anwar & Elareed (2017) who carried out their study to assess burnout among Egyptian nurses and stated that the majority of the studied nurses were female. In addition, more than half of them were married. In addition, these results agreement with the study performed by Haghinezhad et al. (2019) which entitled "Relationship between perceived organizational justice and moral distress in intensive care unit nurses" and indicated that less than two-third of studied nurses was married.

According to level of education, the finding of the current study indicated that one third of the studied sample had Bachelor of

nursing. These results may be due to the studied sample was taken from critical places in the hospital, and this indicates that the hospital relies on highly qualified nursing staff to provide health care to patients. These results similar with Abou Hashish, (2017), who revealed that one-third of nurses had Bachelor of Nursing Science, while about one third of them had Bachelor of Nursing Science.

Regarding to total organizational support among staff nurses, the finding of the current study revealed that, more than half of the studied nurses perceived moderate level related to total organizational support. Also, one-quarter of them perceived high level. While less than one-quarter of them perceived low level. This result could be attributed to the atmosphere and environment of the Egyptian hospitals has proven to be more exposed to organizational injustice because of the shortage of nurses, work overload, and nurse managers' personal attitude and behavior. These results supported with the study done by Radwan et al. (2018) who found that more than half (53%) of the studied nurses had moderate level of perceived organizational support. In addition, these results disagreement with the study performed by Robaee et al. (2018) who concluded study to assess the perceived organizational support and moral distress among nurses and revealed that low perceived organizational support in the nurses.

Regarding to total burnout levels among staff nurses, the finding of the current study demonstrated that, half of the studied sample had moderate level of total burnout, whereas more than one-quarter of them had high level. These results may be due to, burnout might lead nurses to inferior job performance and sacrificing different aspects of personal live and perception of injustice can threaten employees' resources and give them a feeling of inappropriate rewards for an investment of personal resources, frustrate them, and even wear them out, which eventually translate into burnout. So, if nurses experience burnout and

imbalance (due to injustice, in this instance), they will likely aspire to regain and maintain balance. These results agreement with Anwar & Elareed (2017) who mentioned that moderate levels of burnout were found in more than half of the study nurses.

In the same line, these results supported with the study done by Ali et al. (2018) about "Examining The Relations between Organizational justice, Turnover and Burnout among Staff Nurses", who emphasized that nearly sixty percent of the staff nurses responses go to "one time a week " in a high percentage as presented in which they feel used up at the end of the work day, Feel emotionally drained from my work, and they feel patients blame them for some of their problems respectively.

According to the relations between personal characteristics of the studied staff nurses and their perception level of organizational support, the present study revealed that, there were highly statistically significant relation between perception level of organizational support among the studied staff nurses and their age, educational level, salary, current position and past experience. In addition, there were statistically significant relation with their gender. It is evident that the percentages of nurses with low perception of generational support were higher among those in with age group (20 < 30 year), not enough salary and decreased with the level of their qualification. In the same line, these results supported with the study done by Higazee, (2016) & Chang, (2015) who revealed that the age, educational level, past nursing experience and monthly income of the studied nurses had a significant effect on the perceived organizational support.

Related to the relations between personal characteristics of the studied staff nurses and their level of total burnout, the present study revealed that, there were highly statistically significant relation between level of total burnout among the studied staff nurses and their age, educational level, place of residence,

salary, current position and past experience. In addition, there were statistically significant relation with their gender. It is noticed that the percentages of nurses with high burnout were higher among those in with age group (20 < 30 year), not enough salary and decreased with the level of their qualification. Also, the percentages of nurses with high burnout were higher among female, far residence, less past experience and working as staff nurse.

Similar findings were reported by Dyrbye et al. (2019) who conducted study to assess the burnout and satisfaction with work-life integration among nurses who revealed that sex, age, work environment, educational level and work experience make significant contributions to the prediction of burnout among the nurses. These results disagreement with the study performed by Atef Khalaf & Saiad Adam, (2018) & Ezenwaji et al. (2019) who revealed that there were no statistically significant relations between staff nurses' characteristics and their total burnout.

Concerning the correlation among total perceived organizational support domains and total burnout domains, the current study revealed that there was high significant negative coefficient correlation between all domains of organizational support and all domains of burnout.. This could be explained as high level of burnout among nurses was more encountered among those nurses with low level of organizational support. These results were supported by the study which was conducted by Liu et al. (2018) and revealed that there were negative statistically significant correlations between organizational support and burnout.

This result may be related to, when the organization didn't provide the employees with needed support, fairness, respecting their dignity, authority, this affecting the employees loyalty to the organization and increase their psychological stress and increase their need for leaving the hospital especially if they work in a hospital which increase level of stress due to the risk of dealing with critical

patients on employees so they need more support, justice, stable and safe work environment.

Conclusion: Based on the findings of the current study, it is concluded that: more than half of the studied sample perceived moderate level related to total organizational support. In addition, half of the studied sample had moderate level related to total burnout. Moreover, there was high significant negative coefficient correlation between total score of organizational support and total score of burnouts in critical care units.

Recommendations:

- Emphasizing organizational strategies for provision of caring and supportive work climate and reducing staff burnout.
- Provide educational efforts such as orientation and training program on ethical issues and matters for both management and clinical staff to ensure the predominance of principled climate.
- Establish a recognition/reward programs which considered an important retention strategy for nurses. Also, provision of job-related benefits such as educational reimbursement, flexible scheduling, and work bonuses are significant factors in decreasing nurses' burnout and increasing their satisfaction.
- Nurse leaders should aim to better understand nursing work, reduce employee workload and organizational constraints and minimize workplace conflict.
- Further research is needed to investigate the tools, guidelines, and interventions used by managers in the nursing field to create healthy and welcoming working conditions.

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