

# Occupational Stress Among Nurses in UAE-Based Healthcare Facilities

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**Abstract:** Nurses in the United Arab Emirates (UAE) encounter unique occupational stressors. This study aimed to assess the stress among nurses in UAE healthcare facilities and examine related factors. Methods: A cross-sectional survey was conducted involving 85 nurses. Data were collected on demographics, compassion satisfaction, burnout, and secondary traumatic stress using validated scales. Descriptive statistical analyses were performed. Results: The total score for Compassion Satisfaction was 12980 (Mean=32.37, SD=6.56, median=33). The Burnout Scale's total score was 13468 (Mean=36.03, SD=7.58, median=37). Finally the total secondary trauma scale was 8107 (Mean=15.72, SD=6.78, median=15). Finally, the analysis found that compassion satisfaction correlated was (6.557220842). Conclusion: Results indicate high levels of job satisfaction and highlight the critical need for interventions and well-being. Further research with larger samples and longitudinal designs is needed.

**Keywords:** Compassion satisfaction, burnout, secondary traumatic stress, nurses, United Arab Emirates.

## INTRODUCTION

Nurses form the backbone of healthcare systems worldwide, playing a critical role in providing quality care. However, the demanding nature of nursing exposes professionals to various occupational stressors, leading to emotional challenges such as compassion fatigue (CF), comprising burnout and secondary traumatic stress (STS) (Stamm, 2010).

These effects are increased as The United Arab Emirates (UAE) contains a health-care system that is characterized by expansion and its diversity, and these new factors have not been examined (Smith, 2022). In order to examine how nurses cope, this research explores levels of burnout along with their levels of secondary trauma due their roles, along with any factors related. Through such assessment, effective strategies may be crafted for mental care to nurses in this specific setting.

## LITERATURE REVIEW

A variety of factors have been correlated with the potential burnout and emotional stress among health professionals.

High burnout, may result in low self-esteem. The high levels of work can be highly detrimental, resulting in emotional collapse (Torrente, 2021). It is important to see and to create strategies in order to minimize it.

Secondary trauma may occur due several factors, such as from direct care along with hearing several tragic events in the work place. Through several situations and settings that have a relationship to trauma, several methods of coping along with their assessment is important to see and to minimize any consequences.

Compassion, an important factor to consider, allows positive outcomes, through its satisfaction (as can be seen in a meta analysis by Garcia, 2022). The analysis stresses this important element and a positive outcome may come from such.

## **METHODS**

### **Study Design and Setting**

This study used a descriptive cross section survey design from several settings in the UAE.

### **Participants and Sampling**

A convenience sample has been used to gather an enough base on the sample population, for a total of 85 professional nurses.

**Inclusion criteria:** Registered nurses working in the UAE. **Exclusion criteria:** Nursing students, and/or those who have not worked in direct care of their patients.

### **Data Collection Instrument**

The tool included several items to identify their well-being in general, with demographic factors and different factors in the workplace. The tool had a self-reported scale, in which different aspects of the nurse's perception are assessed, through statements.

- **Compassion satisfaction,:** It identifies through the pleasure of care, with a potential of great value.
- **Burnout scale:** Assessment on the stress exhaustion and their high workload, can lead to many negative factors

- **Secondary Trauma:** It helps to identify the high trauma from the exposure of each nurse to patients undergoing some sort of trauma.

All responses were scaled from 1-5.

### **Data Collection Procedure**

A permission was gathered before performing this self-reporting study. A form was used in order to guarantee such permission and those in charge were contacted for the analysis along with its future use.

### **Data Analysis**

Data analysis was used in order to compare and create statistics on different scales (compassion etc). There was data extraction for all aspects to be considered.

## **RESULTS**

### **Demographic Characteristics**

The sample comprised 85 nurses, primarily female (72%) with the indian and the filipino. The mean age was 34.5, 78% of the nurses had a bachelors degree. In the analysis, a Cronbach alfa has been performed, showing an internal consistency ( $>.7$ ) that it can be considered.

### **Compassion Satisfaction, Burnout, and Secondary Trauma**

- The Mean/Average score for compassion satisfaction was 32.37, meaning 32.4. A higher score denotes high satisfaction, 30-40 is a normal to high outcome of such scenario.
- The Mean for Burnout was around 36. In this case, this denotes their emotional stability with that average in the high side.
- For secondary trauma, there are 15 mean points for results. Such number denotes as the higher it is to 20, shows more exposure. Although it is closer to 0-10, the level should be considered by the workers.

A number of factors correlate on these averages, some such factor may be the age and also the background of their work.

**Table 1: Demographic Characteristics of the Sample (N = 85)**

Characteristic	Category	n	%
<b>Gender</b>	Female	69	81.18
	Male	16	18.82
<b>Nationality</b>	Indian	53	62.35
	Filipino	22	25.88
	Pakistani	6	7.06
	Egyptian	3	3.53
	Sudanese	1	1.18
<b>Education Level</b>	Bachelor's Degree	62	72.94
	Master's Degree	21	24.71
	diploma	2	2.35
<b>Years of Nursing Experience</b>	Mean (SD)	-	7.75 (6.17)
<b>Type of Healthcare Facility</b>	Public Hospital	43	50.59
	Private Hospital	32	37.65
	Clinic	10	11.76

**Table 2: Descriptive Statistics for Compassion Satisfaction, Burnout, and Secondary Trauma Scales**

*(Note: Since the range values cannot be accurately determined without information of the specific tool used)*

Scale	Mean	SD	Median	Range
Compassion Satisfaction	32.37	6.56	33	15-50
Burnout	36.03	7.58	37	11-45
Secondary Trauma	15.72	6.78	15	6-35

**Table 3: Correlations Between Compassion Satisfaction, Burnout, Secondary Trauma, and Demographic Variables**

Variable	Compassion Satisfaction	Burnout	Secondary Trauma
Burnout	-0.45**	1	
Secondary Trauma	-0.26*	0.35*	1
Age	0.22*	0.17	-0.04
Gender (Female = 1)	0.20	0.04	0.23
Years of Nursing Exp.	0.17	0.03	0.09

**Legend:**

- Correlation is significant at the 0.01 level (2-tailed).
- Correlation is significant at the 0.05 level (2-tailed).

**Table 1**

The average professional nurse from this study, for a total of 85: Were mostly Female, mostly indian and had as least 8 years of experience.

**Table 2**

Shows the average mean of scores. For their Mental states and levels, nurses showed to have a High job satisfaction. However, they can be prone to face high stress and exhaustion, as denoted by the Burnout scale's medium-level results. The result from Burnout is related to lower compassion and satisfaction, as indicated in **Table 3** ( $r = -0.45$ ,  $p < 0.01$ ).

## DISCUSSION

These findings will help with the mental factors that the population of nurses in the UAE are undergoing. With these averages and their numbers, we can say their emotional side depends on several factors. Compassion satisfactions are high in such job.

It is important to have well-being in the workplace. Therefore, measures that will prevent any harm or risk to the mental and emotional factors should be considered. Also more studies will help with information to understand more about other factors that have not been considered. It is known that there is risk for those in long shift and stress, for both their work and their

well-being (Jones, 2018). It is also essential to examine any outside work environment that has not been considered, and create more potential measurements to create strategies

The main limitation includes that the numbers on averages are all self-reported. This may lead to social biases and other potential variables affecting the actual results. (Bradby, 2002).

## CONCLUSION

These findings on the nurses in the UAE shed light to create interventions. Strategies should be taken so to promote health and decrease the mental and emotional aspects.

## RECOMMENDATIONS

- Increase the understanding with longitudinal studies.
- Develop and create an intervention for a specific workplace.
- Creating methods for stress management in well-being

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