

Original Article

Burnout experiences among nurses in Oman: A qualitative study

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Abstract

Background

Burnout among healthcare workers, especially nurses, is a growing concern globally, driven by emotional strain, limited autonomy, and organizational challenges. While quantitative studies have identified burnout prevalence, little is known about how nurses in Oman experience and interpret the causes of burnout in their work environments.

Objective

This study aimed to explore the contributing factors to burnout among nurses in public healthcare facilities in Oman and to gain a deeper understanding of their lived experiences within the healthcare system.

Methods

A qualitative descriptive design was employed between October 2024 and February 2025. Ten nurses were purposively selected from public hospitals and primary healthcare centers across different regions in Oman. Data were collected through semi-structured, in-depth interviews and analyzed using thematic analysis. Lincoln and Guba's criteria were applied to ensure trustworthiness.

Results

Two main themes emerged: (1) emotional and physical burden of undervaluation and its impact on professional satisfaction, and (2) constraints on autonomy and opportunities for empowerment. Nurses reported experiences of fatigue, lack of recognition, restricted decision-making power, inequitable access to training, and marginalization in interdisciplinary settings.

Conclusion

Burnout among nurses in Oman is shaped by emotional exhaustion, limited autonomy, and systemic inequities. These findings underscore the need for institutional reforms that promote professional recognition, expand development opportunities, and foster supportive workplace cultures. Addressing these challenges is crucial for sustaining the nursing workforce and enhancing care quality.

Background

In the healthcare sector, personnel well-being is closely linked to job satisfaction and motivation. When these factors decline, psychological consequences such as burnout syndrome can arise (Suleiman-Martos et al., 2020). Burnout is a psychological condition resulting from chronic workplace stress and emotional fatigue (Mohammad et al., 2020). It is especially prevalent among healthcare workers, including nurses, who often face intense emotional demands, long working hours, and overwhelming responsibilities (Alemu et al., 2024).

Nursing, similar to midwifery, is a cornerstone of healthcare systems and plays a critical role in patient care and health outcomes (Kruk et al., 2018). However, nurses are increasingly vulnerable to burnout due to systemic pressures, inadequate staffing, limited institutional support, and frequent exposure to pain, suffering, and conflict in clinical

environments (Stoll & Gallagher, 2019; Mengistie et al., 2023). These stressors are further compounded by feelings of undervaluation and limited professional autonomy (Mengistie et al., 2024).

The Sultanate of Oman, despite recent investments in healthcare infrastructure and nursing education, is not immune to these challenges. Nurses in Oman work in culturally diverse environments, often managing high patient loads and navigating complex interprofessional dynamics. While previous studies in other contexts have explored the prevalence and predictors of burnout among nurses, there is a paucity of qualitative data on how Omani nurses experience and make sense of burnout in their everyday professional lives.

Drawing parallels with findings among midwives in Jordan (Mohammad et al., 2020; Alnuaimi et al., 2020), it is essential to understand the lived realities of nurses in Oman. The absence of such localized, contextual insight

limits the development of targeted interventions that could enhance retention, professional satisfaction, and healthcare quality.

This study therefore aims to explore the contributing factors to burnout among nurses in Oman, seeking to capture their perspectives, challenges, and needs within the unique cultural and healthcare system of the country. The findings are expected to provide evidence to inform policy and practice improvements that prioritize the psychological well-being and professional empowerment of nurses.

Methods

Study Design

This study employed a qualitative descriptive design to explore the contributing factors to burnout among nurses in Oman. A qualitative approach was selected to gain an in-depth understanding of nurses' lived experiences and perceptions related to burnout, particularly in contexts where limited evidence exists (Doyle et al., 2020). The study was grounded in principles of naturalistic inquiry and interpretivism, emphasizing how individuals construct meaning within their social and professional realities (Colorafi & Evans, 2016). This study followed the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines (Tong et al., 2007) and was conducted between October 2024 and February 2025.

Participants

Participants were purposively recruited from various public hospitals and primary healthcare centers across different regions of Oman, including Muscat, Dhofar, and Al-Batinah. Information sheets outlining the study's purpose, inclusion criteria, and researcher contact details were distributed via nursing supervisors and online professional networks. Inclusion criteria required participants to be registered nurses aged between 20 and 50 years, with a minimum of one year of clinical experience. Nurses on long-term leave or those who declined to participate were excluded.

From 34 inquiries, 22 nurses met the inclusion criteria and were invited to participate. Using purposive sampling with variation in years of experience, gender, and work settings, a total of 10 participants were ultimately selected. This sample size was determined based on the

principle of data saturation, whereby no new themes emerged during the final interviews.

Data Collection

Data were collected through semi-structured, in-depth interviews conducted in Arabic by a trained female nurse researcher with prior experience in qualitative interviewing. The interviews took place in private meeting rooms within the participants' workplaces to ensure confidentiality and comfort. Each session began with the open-ended question: "Can you describe the main challenges you face as a nurse in your current role?" Probing questions followed to explore specific dimensions of workplace stress, emotional burden, and autonomy. The interview guide was reviewed by three nursing faculty members for content validity.

Interviews lasted between 45 and 60 minutes, were audio-recorded with consent, and supplemented by field notes. All interviews were transcribed verbatim and translated into English for analysis. Data collection concluded when three consecutive interviews yielded no new insights, indicating saturation.

Data Analysis

Thematic analysis was conducted manually following the six-step framework outlined by Clarke and Braun (2017). Transcripts were reviewed multiple times to ensure familiarity with the content. Initial codes were generated inductively from the data and clustered into categories. Two researchers independently coded the transcripts and resolved any discrepancies through discussion. Final themes were developed through consensus discussions and were validated using supporting quotes from participants.

Ethical Consideration

Ethical approval was obtained from the Research Ethics Committee. Participants provided written informed consent after receiving verbal and written explanations of the study's objectives, procedures, and confidentiality measures. Participation was voluntary, and individuals were assured of their right to withdraw at any time without consequences.

Trustworthiness

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Results

A total of 10 registered nurses participated in this study, with ages ranging from 24 to 45 years and a mean age of 34.1 years. All participants held a diploma or bachelor's degree in nursing. The majority were female (70%), and 60% were married. Participants worked in various public healthcare settings across Oman, including tertiary hospitals and primary healthcare centers. Their professional experience ranged from 2 to 20 years, with a mean of 9.3 years. Monthly income ranged between 400 to 900 Omani Rials (OMR)

Table 1. Themes and Sub-themes

Themes	Sub-themes
Emotional and Physical Burden of Undervaluation and Its Impact on Professional Satisfaction Constraints on Autonomy and Opportunities for Empowerment	Fatigue, Burnout, and Diminished Motivation
	Work-Life Conflict and Psychological Strain
	Limited Decision-Making Power
	Inequitable Workplace Dynamics
	Disrespect and Professional Marginalization
	Lack of Access to Continuing Education

Theme 1. Emotional and Physical Burden of Undervaluation and Its Impact on Professional Satisfaction

Subtheme 1.1. Fatigue, Burnout, and Diminished Motivation

Participants described persistent exhaustion linked to heavy workloads, limited staffing, and lack of emotional support. Many expressed feeling demoralized due to the absence of appreciation from management and patients. One participant stated, "No one sees the effort we put in. We are expected to be strong, all the time, but no one asks how we are doing" (Participant 2, female, 8 years of experience).

Subtheme 1.2. Work-Life Conflict and Psychological Strain

The difficulty of balancing family responsibilities with demanding shift schedules was a recurrent issue. As one nurse noted, "After 12 hours of duty, I barely have energy for my children. It feels like I am failing both at work and at home" (Participant 5, male, 10 years of experience). This ongoing struggle contributed to emotional strain and burnout.

Theme 2. Constraints on Autonomy and Opportunities for Empowerment

Subtheme 2.1. Limited Decision-Making Power

Participants reported frustration over hierarchical decision-making structures that restricted their ability to act independently. A senior nurse mentioned, "Even in emergencies, I often have to wait for a physician's order before taking basic actions. It delays care and makes me feel powerless" (Participant 4, female, 18 years of experience).

Subtheme 2.2: Inequitable Workplace Dynamics

Nurses frequently cited disparities in recognition, training access, and career progression when compared to physicians and even to allied health professionals. As one participant explained, "We rarely get selected for workshops. It's usually the same senior staff again and again" (Participant 3, female, 5 years of experience).

Subtheme 2.3. Disrespect and Professional Marginalization

Several participants described a culture where nurses' input was undervalued in

interdisciplinary teams. “Sometimes doctors treat us like helpers, not professionals with our own judgment,” noted Participant 7 (female, 9 years of experience). This sense of marginalization deeply affected their job satisfaction.

Subtheme 2.4. Lack of Access to Continuing Education

Limited institutional support for ongoing learning led to professional stagnation. One participant shared, “Without refresher courses, we feel left behind. It’s hard to grow when the system doesn’t invest in us” (Participant 8, male, 6 years of experience). This lack of development opportunities negatively impacted both clinical confidence and morale.

Discussion

This study explored the contributing factors to burnout among nurses working in public healthcare settings in Oman. The findings revealed significant emotional and physical distress resulting from lack of recognition, constrained autonomy, inequitable workplace dynamics, and limited access to professional development—factors that collectively erode job satisfaction and motivation.

Participants reported feeling emotionally exhausted and professionally unacknowledged. This aligns with previous studies that emphasized the impact of undervaluation and lack of support on emotional well-being and burnout in midwives and nurses globally (Cramer & Hunter, 2019; Yörük & Açıkgöz, 2022; Amede et al., 2023). Nurses in this study shared experiences of being overburdened without adequate emotional or institutional support, echoing findings by Hansson et al. (2022) regarding the consequences of inadequate appreciation in the workplace.

However, this contrasts with the findings from the meta-analysis by Pérez-Castejón et al. (2024), which reported relatively high levels of job satisfaction among midwives. The present study’s results suggest that job satisfaction is highly context-dependent and influenced by organizational culture and support systems,

which may be lacking or inconsistently applied in Oman.

Another key finding concerns the struggle to maintain work-life balance, particularly among nurses with family responsibilities. This theme is consistent with studies from Australia and Canada showing that unresolved conflicts between professional and personal roles are strong predictors of burnout (Fenwick et al., 2018; Pace et al., 2022). Similar to midwives in Jordan, nurses in Oman expressed frustration over unsupportive systems that fail to accommodate caregiving needs or flexible work arrangements.

Limited professional autonomy was also a central theme. Nurses reported restricted decision-making power, especially in acute care settings, which negatively affected their confidence and hindered timely patient care. These findings echo those of Vermeulen et al. (2023), who reported that perceptions of autonomy among midwives vary significantly by context and institutional culture. In New Zealand, autonomy is considered central to midwifery (Clemons et al., 2021), whereas in Oman, as in Jordan, nurses often operate under physician-led directives that limit independent practice.

This study also highlights institutional inequities in salary structures, training opportunities, and recognition, similar to findings in Bangladesh and sub-Saharan Africa where nurses and midwives experience systemic discrimination (Akther & Khatoon, 2019; Bradley et al., 2019). Nurses in Oman reported being excluded from capacity-building initiatives, which has implications for both morale and clinical competence. This lack of equitable professional development mirrors the findings of Ramamurthy et al. (2023), who argued for increased accountability in addressing structural exclusion in nursing and midwifery education.

Access to continuing education remains a barrier to nurse empowerment. Nurses in this study noted how outdated knowledge undermines their ability to provide evidence-based care. This reinforces Watson’s (2021) call for structural changes in professional

development systems to ensure nurses remain competent and confident. Wissemann et al. (2022) and McFadden et al. (2020) further support this by emphasizing the role of mentoring and skill enhancement in improving retention and practice quality.

These findings, while situated in Oman, reflect systemic issues shared across many low- and middle-income countries. The presence of emotional strain, disempowerment, and institutional inequity in clinical settings suggests a global need for nurse-centered reform, including greater professional recognition, inclusive education policies, and flexible workplace models that prioritize staff well-being.

Conclusion and Recommendation

This qualitative study provides insight into the lived experiences of nurses in Oman, revealing a complex interplay of emotional, organizational, and structural factors contributing to burnout. Nurses reported high levels of emotional fatigue, reduced job satisfaction, and a lack of professional recognition. Key contributors included undervaluation, constrained autonomy, inequitable workplace dynamics, and limited access to continuing professional development.

These challenges not only threaten the well-being and retention of nursing staff but also compromise the quality of patient care in Oman's public healthcare settings. Similar to patterns observed in other countries, particularly in low- and middle-income contexts, burnout in Oman reflects broader systemic shortcomings that require urgent and targeted reform.

Addressing nurse burnout in Oman demands a holistic, multilevel response. Institutional and policy interventions must acknowledge the emotional demands of nursing, promote inclusive training systems, enhance professional autonomy, and foster workplace cultures rooted in respect and collaboration. Such efforts are essential not only for safeguarding the mental health of nurses but also for strengthening the sustainability of healthcare systems and improving patient outcomes..

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Declaration of conflict of interest

The authors declare no competing interests.

Declaration on the Use of AI

No AI tools were used in the preparation of this manuscript.

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