ASSESSING BURNOUT AND QUALITY OF LIFE IN SHEIKH ZAYED HOSPITAL, RAHIM YAR KHAN

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Abstract

Background: Burnout is a widespread problem among nursing professionals, with significant implications for their well-being, job satisfaction, and patient care. The World Health Organization (WHO) defines burnout as "a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed." Quality of life (QOL) is a multidimensional concept that encompasses various aspects of an individual's life, including physical, psychological, social, and environmental dimensions. The aim of this research was to assess the prevalence of burnout and the QOL experienced by nursing officers within public hospitals.

Methods: The cross-sectional, analytical, quantitative study was conducted in the Sheikh Zayed Hospital Rahim Yar Khan (SZH RYK), Pakistan, to observe burnout and QOL among nursing officers. A Maslach Burnout Inventory (MBI) and World Health Organization (WHO) QOL-BREF questionnaire were filled in by 196 nursing officers.

Results: The study reveals that 50% of the nurses fall within the 25-30 age group, while 28.1% are between the ages of 31-35. Regarding burnout levels, 55.1% of nursing officers reported moderate burnout, 53.6% experienced high levels of depersonalization, and 36.7% showed significant burnout related to personal achievement. Concerning QOL, 52% of the nurses reported good physical health, 38.3% had moderate psychological health, 49.5% reported good social relationships, and 46.9% perceived their work environment as good.

Conclusion: The current findings underscore the imperative need for prompt and targeted interventions to address the pervasive burnout among nursing officers at SZH RYK. The significant correlation between burnout and diminished QOL highlights the critical importance of mitigating burnout to maintain the well-being of nursing professionals and ensure the delivery of high-quality patient care. By prioritizing the health and resilience of nurses, healthcare organizations can ultimately enhance the quality of care and patient outcomes.

Keywords: Burnout; Depersonalization; Health; Nurses; Personal achievement; Quality of Life

Introduction

Burnout is a worldwide issue that endangers nurses' health and well-being (Kapu et al., 2021). Despite thorough research and available therapies, no definitive remedy for burnout has been found by Maslach and Leiter (2016). Several burnout studies have concentrated on identifying nurses' work

environment characteristics to alleviate burnout (Lewis and Cunningham, 2016). Primary healthcare workplaces are not always conducive to nurses' ability to do their jobs well. Staff turnover and pay are low, and professionals often choose to juggle multiple jobs, putting their health and patients' health at risk. There are also issues with inadequate human resources, equipment, and inputs, as well as with occupational safety in the workplace and various forms of violence. Burnout is evident in work environments when nurses are consistently exposed to mental stressors, evaluate environmental variables negatively, and lack adequate coping strategies (Galletta et al., 2016). It is a multidimensional disease defined by emotional weariness, depersonalization, and poor professional success. The aspects are separate but interconnected.

The concept of burnout was first presented in 1974 by Freudenberger, a respected American psychologist (Maslach and Schaufeli, 2018). He used this word to describe how stressed out he and his coworkers were at work because they were working in a medical Centre that offered free services. Recent studies have looked at how healthcare workers in different countries deal with stress at work. Scientists have looked into job-related stress in a number of healthcare jobs, including those held by doctors, intensive care nurses, medical techs, radiation therapists, social workers, occupational therapists, and others (Schofield, 2021). A study conducted by Ani (2023) found that critical care nurses had the highest incidence of burnout compared to other nursing specializations. The findings indicated that a significant percentage of critical care nurses, ranging from 33% to more than 50%, had symptoms of burnout. It highlights the significant impact of job-related stress on this group of healthcare practitioners.

Burnout may adversely affect an individual's performance, resulting in higher levels of job withdrawal, turnover intent, and absenteeism (Santoso et al., 2018). Significant issues develop by burnout in the healthcare industry, resulting in huge expenses and causing distress to personnel, patients, colleagues, family members, hospital settings, and society. Protecting nursing staff from burnout is crucial during budgetary constraints, rising costs, and a shortage of personnel.

It is imperative to ascertain the occupational, sociodemographic, and psychological determinants linked to its onset. So far, the emphasis has been on occupational factors, often considered the most closely associated with the condition, including work experience, a yearly salary, working hours, or job stability. Few research studies focused only on sociodemographic parameters, and their findings are inconsistent. Some research investigations revealed no correlation between exhaustion and gender among nursing practitioners, whereas other writers argue the reverse. Corresponding results regarding the relationship between burnout and marriage status have also been found. Literature suggests no connection between being single or married and the three characteristics of burnout.

On the one hand, some studies suggest that single workers experience high burnout, but on the other hand, another study indicates that getting married is linked to the condition. The determinants encompass occupational characteristics such as accumulated work experience, professional background, job contentment, area of expertise, and work schedule, with sociodemographic variables such as age. Recently, there has been an increasing research focus on comprehending the professional QOL experienced by individuals providing care. The presence of work-related elements can lead to extended periods of fatigue, emotional depletion, and reduced personal accomplishment, manifesting as symptoms that undermine job satisfaction and adversely affect nurses' mental well-being (Poorhosseini Dehkordi, 2023).

Quality of life defined by the World Health Organization, refers to an individual's assessment of their living conditions within their community's cultural and value system (Group, 1995). This assessment considers their aspirations, expectations, conventions, and concerns. It includes physical well-being, mental health, independence, social relationships, individual perspectives, and environmental engagement. Quality of life is intricately connected to achieving a productive and healthy way of living and has been extensively studied by scholars (Costanza et al., 2007).

Health-related quality of life (HRQOL) is a measure of the patient's self-estimated health condition, taking into account physical, psychological, social, and spiritual aspects (Sosnowski et al., 2017). Work environment, job stress, and sociodemographic data influence the HRQOL of the nurses. Nurses are especially vulnerable to the adverse impacts on their HRQOL due to the nature of their work,

exposure to patients, inadequate staffing, and forced extra hours (Laserna Jimenez et al., 2022). Occupational stress can produce negative effects like burnout, increased staff turnover, lower quality of care, and decreased patient outcomes. Favorable work conditions and challenging tasks essential to patient care exacerbate burnout, which significantly influences nurses' QOL. It is very important to recognize burnout at work because it is associated with higher rates of absenteeism and a decline in job satisfaction and overall health. The well-being of patients, as well as the quality of care being offered in these facilities, make it very important to pay attention to burnout and the quality of life of nurses.

Research has discovered that burnout among nurses has a direct effect on the safety of patients and has a negative influence on the quality of care they offer. Consequently, this indirectly alters the QOL for nurses (Khatatbeh et al., 2024). Burnout among nurses destructively impacts the quality of care and patient safety, leading to higher levels of stress and dissatisfaction. The decrease in nurses' perception of satisfaction and gratitude as a result of burnout has been proven to have an adverse effect on their QOL (Evans, 2023). The lack of acknowledgement of the great effort and devotion of nurses worsens feelings of fatigue, leading to a decline in their overall QOL.

The healthcare system in Rahim Yar Khan, a city located at the intersection of Punjab, Sindh, and Baluchistan regions of Pakistan, encounters a distinctive array of obstacles. The amalgamation of populations from these heterogeneous regions gives rise to a substantial surge of patients in nearby hospitals, frequently leading to overcrowding and resource pressure. This situation offers a chance for a crucial investigation that centers on the welfare of the nursing personnel, whose standard of living and susceptibility to exhaustion is widely measured in this setting. The primary objective of the proposed study was to address this research gap by utilizing the Maslach Burnout Inventory (MBI) instrument, widely acknowledged as a reliable tool for evaluating burnout levels among healthcare practitioners. In addition, the nurses' QOL was evaluated using the World Health Organization's QOL (WHOQOL) instruments. These tools simplified the quantitative data collection to examine the relationship between the challenging work environment and its effects on nurses' mental and physical well-being. The study was critical because it could stipulate valuable understandings to hospital managers and policymakers concerning the urgent need for interferences to enhance nurses' working conditions. By inspecting the numerous elements that contribute to burnout and a deterioration in QOL, this research could inform the development of specific solutions that efficiently enhance job satisfaction, alleviate stress levels, and ultimately improve the quality of patient care.

Furthermore, the results of this study possibly provided a standard beside which upcoming research would be conducted in similar healthcare environments in Pakistan and other nations with similar socio-economic conditions. The findings of the study promote the implementation of a healthcare model that is more sustainable and places higher importance on the well-being of its employees. This model prioritized nurses' support, recognition, and awareness, enabling them to deliver optimal patient care. The primary objective of this research endeavour was to assess the prevalence of burnout and the QOL experienced by nursing officers within public hospitals.

Methodology
Population
The cross-sectional, analytical, quantitative study was conducted in which, targeted population was the nursing officers who worked in the tertiary care Sheikh Zayed Hospital (SZH) Rahim Yar Khan.

Sampling Procedures
In the current study, a non-probability convenience sampling technique was used. The sample size was 196 calculated through OpenEpi with the population proportion.

Data Collection tools
Data collection was done after receiving IRB approval on 7th Jun 2024. To assess the burnout and QOL two tools were used. The MBI-HSS for Medical Personnel tool was used to assess nurses' burnout. The MBI-HSS contains 22 items and three subscales. The Emotional Exhaustion subscale

includes 9 items, the Depersonalization scale has 5 items, and the third subscale is Personal Achievement, which includes 8 items. Scoring was done on a 7-point rating scale ranging from 0 (Never) to 6 (Always). The Maslach Burnout Inventory (MBI) Human Services Survey (HSS) for Medical Personnel was a widely used tool to measure burnout. It consists of three subscales: emotional exhaustion (burnout), depersonalization, and personal accomplishment. Each subscale is scored separately. Emotional exhaustion measures feelings of being emotionally drained. Depersonalization measures a cynical and detached attitude towards work, and personal accomplishment measures feelings of competence and achievement.

For the assessment of QOL, the WHO QOL-BREF instrument was used. World Health Organization QOL-BREF includes 26 questions and four domains. Two items were examined separately. Physical Health includes 7 items, the Psychological Domain has 5 items, Social Relationships includes 3 items, and the Environment Domain includes 8 items. The World Health Organization Quality of Life-BREF (WHO QOL-BREF) is a questionnaire used to assess an individual's QOL. It comprises four domains: physical health, psychological health, social relationships, and environment. By assessing these domains, the WHO QOL-BREF provides insights into different aspects of an individual's well-being.

Operational definitions
Burnout
If a participant scores on MBI -MP for Medical Personnel will be 17 or more in section A, 05 or more in section B, and 40 or less in section C, will be labelled as Burnout. Further levels will be as follows:
- Low level Burnout: 17 or less score indicating the low level of burnout.
- Moderate Level Burnout: 18-29 score indicating the moderate level of burnout.
- High Level Burnout: 30 or above score indicating the high level of burnout.

Quality of life
On the WHOQOL-BREF scale, the scores are linearly converted to 0–100. A candidate with a high score will be considered to have a good quality of life, and a low score will be considered to have a bad quality of life.

Recruitment and Participation
Eligibility criteria
The following study criteria were adapted for the selection of the sample.

Inclusion criteria
1. Public sector hospital nursing officers working in Sheik Zayed Hospital (SZH), Rahim Yar Khan.
2. Public sector nursing officers of SZH were willing to participate and gave consent for data collection.

Exclusion criteria
1. Public sector nursing officers newly appointed less than six months were excluded.
2. Public sector nursing officers who have continuously worked in OPDs were excluded.

The study involved participants recruited using inclusion and exclusion criteria, and a briefing session was coordinated with the nursing leadership team. Nursing officers were informed about the purpose of the current study, online survey completion, and voluntary participation and were allowed to ask inquiries. The language of the questionnaires was English because all participants were nurses and the study medium for nursing is English in Pakistan.

For the data collection, the questionnaire was provided to participants through their emails and WhatsApp in the form of a Google Form link. The study involved individuals signing a Google Form to provide information about the study and the investigator's contact details. Eligibility criteria were discussed before the participant could sign the consent form. After signing, a questionnaire was used to collect demographic data, followed by MBI and QOL surveys. Participants were asked to submit

their responses, and the de-identified data was made available for the research dissertation committee. The process was completed with gratitude and a closed screen.

Data Analysis

To calculate participants' burnout scores using the Maslach Burnout Inventory (MBI), the author sums the scores for each subscale: add up participant answers for questions 1-7 to get emotional exhaustion (Burnout) score, questions 8-14 for depersonalization, and questions 15-22 for personal accomplishment. To assess the QOL, Fig. 1 was used to calculate the domines (WHO QOL) raw score which was already published (Organization, 1996).

	Equations for computing domain scores	Raw score	Transformed scores*	
			4-20	0-100
Domain 1	(6-Q3) + (6-Q4) + Q10 + Q15 + Q16 + Q17 + Q18 ☐ + ☐ + ☐ + ☐ + ☐ + ☐ + ☐	=		
Domain 2	Q5 + Q6 + Q7 + Q11 + Q19 + (6-Q26) ☐ + ☐ + ☐ + ☐ + ☐ + ☐	=		
Domain 3	Q20 + Q21 + Q22 ☐ + ☐ + ☐	=		
Domain 4	Q8 + Q9 + Q12 + Q13 + Q14 + Q23 + Q24 + Q25 ☐ + ☐ + ☐ + ☐ + ☐ + ☐ + ☐ + ☐	=		

Fig. 1. Quality of life domains

After summing the scores, the raw score was then transformed to a 0-100 scale. The following equation was used to make domains comparable.

$$\text{Transformed score} = \left[\frac{(\text{raw score} - \text{lowest possible raw score})}{(\text{highest possible raw score} - \text{lowest possible raw score})} \right] \times 100$$

The collected data was analysis by SPSS software version IBM-21. Descriptive analysis was utilized to assess the frequency of burnout and QOL.

Ethical Procedures

Data collection was contingent upon approval by IRB. It received IRB approval 462-AAA-ERC-AFPGMI. All IRB procedures pertaining to human participants were followed. Further Ethical approval was taken from the Sheikh Zayed Hospital Ethical Review Committee (Ref. No. 109/IRB/SZMC/SZH) to conduct this study. It was contacted the leadership team at author proposed hospital site for research to determine the feasibility of the study. The leadership staff expressed willingness to allow nurses who were willing to participate. Before the study, explain the study and answer any questions they have. Consent was taken from this study's participants, who were informed that participation is voluntary, and they can elect to terminate anytime they choose to. Confidentiality of data is vital, and the principal investigator strictly followed the IRB regulations. The principal investigator or dissertation committee had access to the data and would destroy it after five years, consistent with university guidelines. Data was collected through Google Forms. The principal investigator emphasized the deidentification of information to the nurses to allay fears or anxiety which may arise relating to the sensitive information on burnout and QOL they provided.

Results
Demographic

The age distribution of the nursing officers at the public sector tertiary care Sheikh Zayed Hospital in Rahim Yar Khan reveals a relatively young workforce, with 98 (50%) participants falling in the 25-

30 age range, 55 (28.1%) in the 31-35 age range, 27 (13.8%) in the 36-40 age range, 8 (4.1%) in the 41-45 age range, 6 (3.1%) in the 46-50 age range, and 2 (1%) in the 51-55 age range as shown in Fig. 2 (A). The marital status of the nursing officers at the public sector tertiary care Sheikh Zayed Hospital in Rahim Yar Khan indicates that most nursing officers, specifically 145 individuals (74%), were married. In comparison, 51 individuals (26%) were single, as shown in Fig. 2 (B).
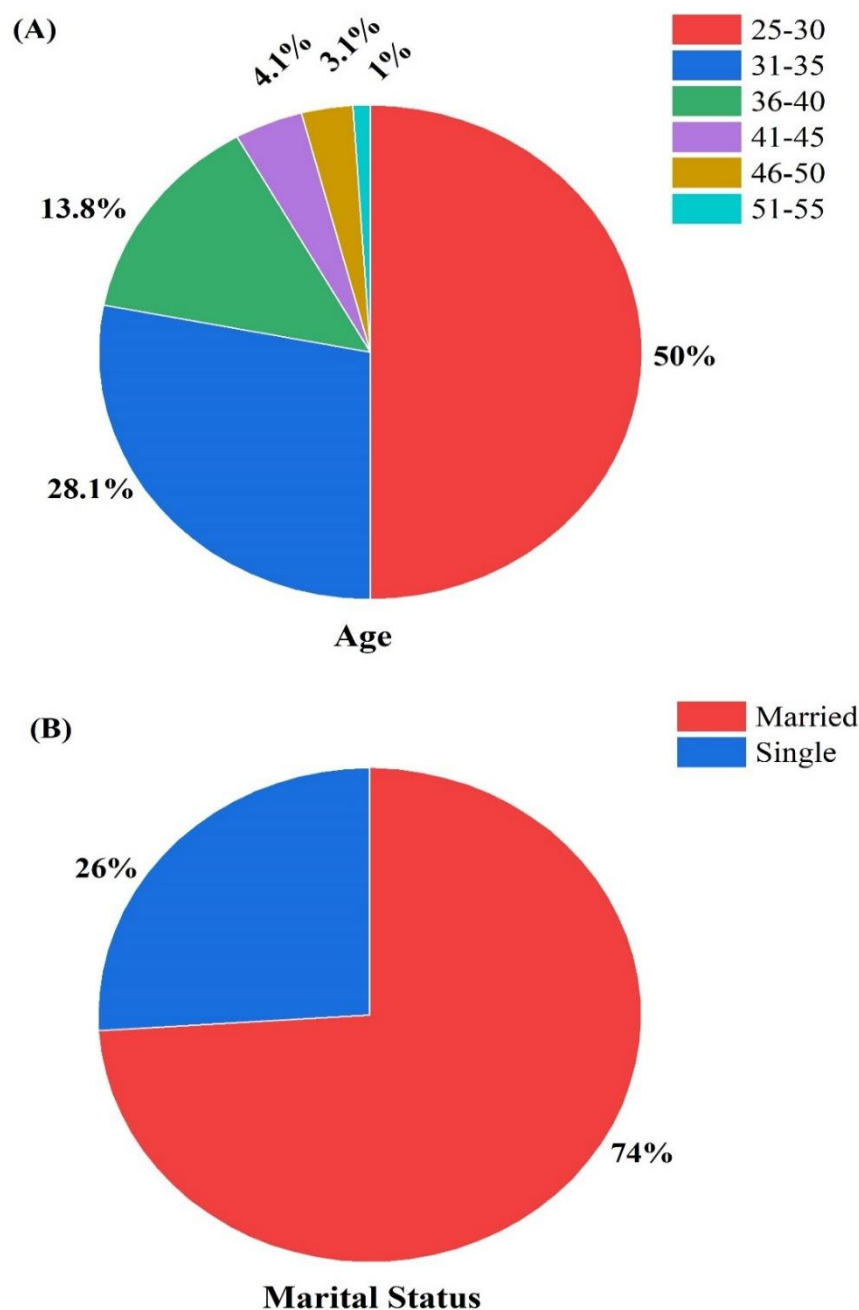

Fig. 2. Demographic variables of nursing officers

Burnout

The study examined the prevalence of exhaustion among nursing officers in public sector tertiary care at Sheik Zayed Hospital, Rahim Yar Khan, as shown in Fig. 3 (A). The finding revealed that, out of the 196 participants, 14 individuals (7.1%) revealed high levels of burnout, 74 individuals (37.8%) showed low levels of burnout, and 108 individuals (55.1%) reported suffering moderate levels of burnout. However, the percentage of depersonalization, which is a component of burnout, indicated that 105 nursing officers (53.6%) had significant burnout, 51 nurses (26.0%) reported moderate

burnout, and 40 nurses (20.4%) reported low burnout as shown in Fig. 3 (B). In the case of burnout (personal achievement) percentage among nursing officers indicated that 72 nursing officers (36.7%) had significant burnout, 27 officers (13.8%) experienced moderate burnout, and 97 officers (49.5%) reported modest levels of burnout in terms of their achievement as shown in Fig. 3 (C).
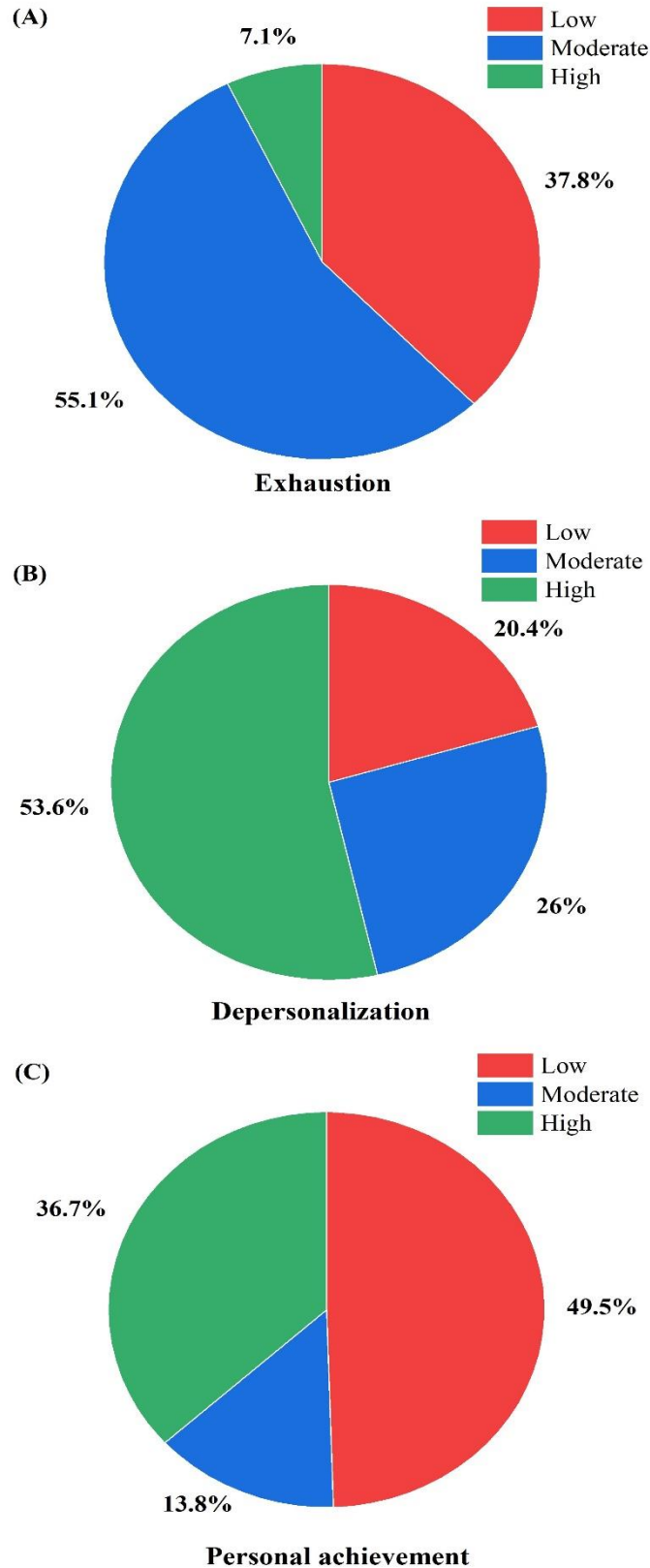
Fig. 2. Prevalence of burnout among nursing officers

Quality of life

The survey data analyzed the QOL among nursing officers in a public sector tertiary care hospital, Rahim Yar Khan. Fig. 4 depicts a distribution of nursing personnel QOL over four categories: physical health, psychological health, social relationships, and work environment. Regarding their physical well-being, as shown in Fig. 4 (A), most nurses (about 100) assessed themselves as being in good health, while roughly 60 evaluated their health as moderate. Similarly, the majority of nurses (about 100) rated their psychological health as good. In contrast, roughly 70 nurses reported moderate psychological health, as shown in Fig. 4 (B). Regarding social relationships, as shown in Fig. 4 (C), the majority of nurses (about 100) described them as good social relationships. In comparison, roughly 40 nurses reported them as having moderate social relationships, and another 40 nurses reported them as having very good social relationships. In the case of the working environment, as shown in Fig. 4 (D), approximately 90 nurses generally assessed the environmental circumstances as good, whereas 60 nurses considered them to be moderate working environments.
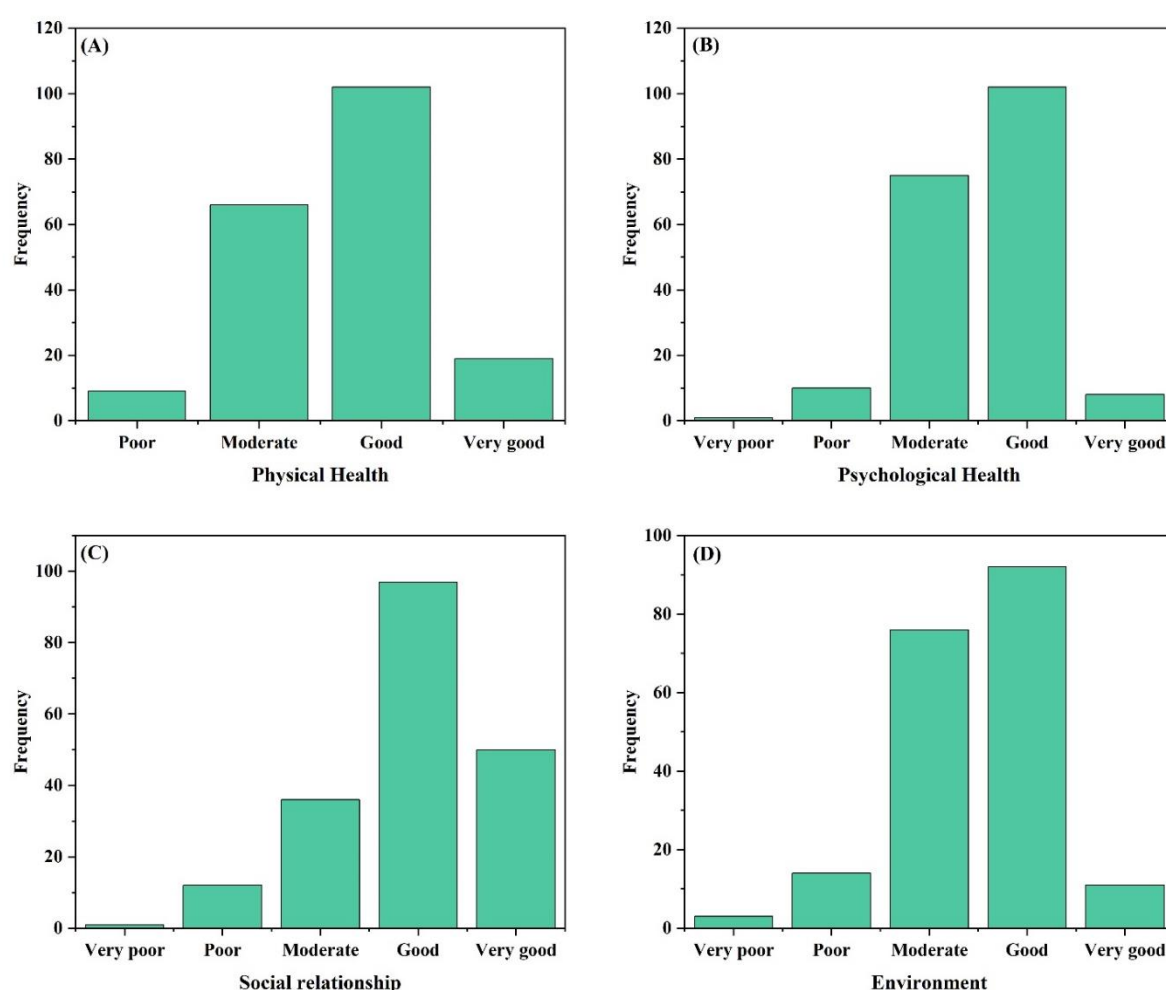
Fig. 4. Nurses' quality of life in tertiary care hospital

Discussion

The current study aimed to evaluate the prevalence of burnout and QOL among nursing officers working in tertiary care at Sheik Zayed Hospital, Rahim Yar Khan. Burnout is a widespread health issue that greatly affects the emotional, physical, and mental health of nurses. This, in turn, has detrimental effects on patient safety, quality of care, and overall results for both patients and organizations.

The age distribution of nursing officers at Sheikh Zayed Hospital in Rahim Yar Khan indicates a predominantly youthful workforce. More precisely, out of the total number of participants (196), 50%

(98 individuals) belong to the age group of 25-30. Additionally, 1% of the participants, or 2 individuals, are in the age range of 51-55, as seen in Fig. 2 (A). This demography of young people aligns with the results of other research investigations. According to Blythe et al. (2008), younger nurses have an excellent quality of life compared to their older counterparts. Studies have found a connection between younger age and better physical and psychological well-being, possibly due to lesser chronic health problems and more resilience in younger persons (Yasmin et al., 2015).

Nevertheless, younger nurses remain vulnerable to the adverse effects of burnout, which can significantly impact their overall health. The observed levels of burnout among these nurses suggest that while having initial improvements in well-being, they remain vulnerable to the detrimental effects of high burnout, which can impact their overall QOL (Labrague et al., 2018, Kim and Lee, 2020). Contreras et al. (2020) showed that younger nurses contribute substantially to hospital workforces by introducing fresh insights and displaying an enthusiastic approach toward patient care.

Similarly, Al Yahyaei et al. (2022) found that tertiary care hospitals are experiencing a rise in the incidence of younger nursing personnel, mostly owing to the influx of fresh graduates into the sector. Integrating new skills and contemporary education in healthcare enhances patient outcomes, whereas a very small proportion of older nurses, precisely 1% in the 51-55 age group, is consistent with prior research findings. The study conducted by Han et al. (2015) 2015 found that older nurses frequently shift to less physically strenuous positions or choose to retire early, decreasing the average age of nursing populations. Furthermore, the research led by Jun et al. (2021) suggests that older nurses are more susceptible to experiencing significant health-related challenges and increased job stress, which might influence their decision to retire early or choose alternative career paths within the healthcare sector. However, it is essential to acknowledge the challenges that a predominantly young nursing staff may encounter. Kim et al. (2017) found that younger nurses may lack the same degree of comprehensive competence as senior nurses, which is crucial for efficiently handling challenging patient care situations. Hence, it is imperative to establish robust mentorship and continuous professional development programs to ensure that younger nurses can gain the necessary skills and confidence.

At Sheikh Zayed Hospital in Rahim Yar Khan, a significant proportion (74%) of nursing officers, including 145 married nurses, were married, as shown in Fig. 2 (B). This suggests that their added familial obligations may impact their work-life balance capacity, elevating their susceptibility to burnout. This finding aligns with other studies indicating that the marital status of nurses substantially influences their ability to combine work and personal life, as well as their stress levels. Geuens et al. (2015) found that married nurses frequently encounter elevated stress levels because of their professional and home obligations. According to Kim and Kim (2021), married nurses had a greater incidence of burnout than unmarried nurses. This is attributed to the added burden of managing both household and work-related tasks.

Additionally, a study led by Giorgi et al. (2019) proposes that familial obligations might amplify stress and burnout in married nurses. Inadequate support systems contribute to heightened emotional exhaustion and diminished job contentment. However, a study conducted by Dyrbye et al. (2019) discovered that marital status does not predict burnout levels among nurses. Variables such as work environment, labour intensity, and coping mechanisms exert a more significant influence. While marriage might contribute to heightened stress levels, it is important to implement a complete approach that encompasses workplace assistance, moderate workloads, and suitable coping techniques to effectively tackle burnout among nurses.

The study examined the frequency of exhaustion (burnout domain) among nursing officers, as shown in Fig. 3 (A). Among the 196 participants, 14 (7.1%) reported experiencing high burnout. It highlights the urgent need for treatments aimed at addressing the severe symptoms of burnout in this group. 37.8% of nursing officers reported moderate levels of burnout, indicating that many successfully manage lower stress levels. The most extensive category, consisting of 108 people (55.1%), indicated that they had encountered moderate degrees of burnout. The findings are consistent with prior studies indicating a high prevalence of burnout among nurses. A study conducted by Alotni and Elgazzar (2020) discovered that 55.6% of Saudi nurses encountered significant burnout, although two-thirds

reported modest burnout levels. In a research conducted by Moscu et al. (2024), it was revealed that 46.2% of nurses had moderate burnout. Khamisa et al. (2016) shed light on the noteworthy problem of burnout among nurses, resulting in diminished job satisfaction, lower QOL, and substandard patient care. The study found a high prevalence of depersonalization (burnout domain) among nursing officers, as shown in Fig. 3 (B). Over half of the participants (53.6%) reported significant levels of depersonalization, indicating extreme emotional detachment and decreased personal achievement. This finding aligns with previous research showing elevated levels of depersonalization among nurses. For example, Andlib et al. (2022) found that 36.8% of nurses reported undergoing substantial depersonalization. Depersonalization may unfavorably disturb patient care and result in a reduced sense of sympathy and a deterioration in the quality of care stipulated (Delgado et al., 2021). In addition, it can lead to burnout and reduced work satisfaction between nurses (Lu et al., 2019). The findings demonstrate a notable prevalence of burnout, especially regarding personal accomplishment, as shown in Fig. 3 (C). Findings revealed that, out of the total participants, 72 nursing officers (36.7%) indicated experiencing high levels of burnout. This implies that more than one-third of the nurses are significantly affected by emotional tiredness and depersonalization.

Conversely, 97 nursing officers (49.5%) expressed modest levels of burnout, suggesting that over half of the participants can preserve their feelings of personal accomplishment and professional contentment. This finding aligns with prior research consistently showing a significant correlation between burnout and diminished personal achievement among nurses (Abellanoza et al., 2018, Shin et al., 2014). Nurses who feel unproductive and lack a sense of success may have diminished motivation, job satisfaction, and quality of care (Van Bogaert et al., 2017). Furthermore, it could result in the exhaustion and reduced welfare of nurses (Qu and Wang, 2015). 51.2% of participants reported low burnout due to personal achievement, suggesting a sense of success and competence, potentially enhancing work satisfaction and care quality.

In the case of QOL, the majority, 52%, report excellent physical health, while 33.7% have moderate health difficulties, as shown in Fig. 4 (A). The findings align with previous research showing a positive correlation between healthcare personnel's well-being and physical health (Almhdawi et al., 2021). García-Sierra et al. (2016) study found that healthcare workers' physical well-being significantly impacts their QOL, emphasizing the importance of prioritizing physical health to improve overall well-being (Philip and Cherian, 2020). The study found that 52% of nursing officers reported good psychological health, while 38.3% experienced moderate mental health, as shown in Fig. 4 (B). This aligns with previous research showing a positive correlation between better QOL score among nurses and lower stress and anxiety levels (Racic et al., 2017). Maslakçı et al. (2021) conducted a separate study and found that psychological well-being was vital in defining the QOL for healthcare workers. This underlines the need to give urgency to mental health to improve overall well-being. In the case of social relationships, 49.5% have good relationships, 18.4% have moderate relationships, and 6.1% have poor relationships, as shown in Fig. 4 (C). The findings align with previous research showing a positive correlation between social connections and healthcare practitioner QOL. Labrague and De los Santos (2020) research indicates that nurses with a higher QOL score tend to have strong social support networks and positive work relationships. A further study conducted by Easton and Van Laar (2018), found that social connections significantly impact the QOL for healthcare workers, emphasizing the importance of fostering positive interactions for overall welfare. However, the study revealed a varied perception of the work environment, with 46.9% describing it as good, 38.8% as moderate, 7.1% as poor, and 5.6% as very good, as shown in Fig. 4 (D). This aligns with the concept that a well-planned work setting may enhance job contentment, alleviate stress, and foster general welfare (Almalki, 2012). Nursing officers operating in a conducive work environment may experience heightened motivation, engagement, and dedication to their profession, resulting in improved patient care and results (Manyisa and van Aswegen, 2017). Javanmardnejad et al. (2021) found that public sector healthcare personnel often have a moderate to good QOL due to the stability and benefits of government jobs despite heavy workloads and limited resources. Labrague et al. (2017) found that moderate QOL ratings in nursing officers suggest work-related stress, worsened by factors like insufficient staffing, high patient-to-nurse ratios, and

emotional demands. The modest QOL scores may also indicate challenges in managing job obligations and personal life. Khatatbeh et al. (2022), highlight that healthcare professionals often suffer from low QOL due to occupational stress, inadequate support networks, and limited professional growth opportunities. It is crucial to meet these needs to prevent further decline in well-being and maintain high care standards. A survey revealed that only 6.1% of nursing officers had a very good QOL score, indicating a minority of individuals experience significant happiness and well-being in their work. Batalha et al. (2024) discovered that healthcare professionals with high QOL Score are satisfied by strong leadership, adequate resources, opportunities for professional development, and a supportive work environment, emphasizing the importance of fostering a positive workplace culture.

These findings collectively highlight the significance of managing burnout as a crucial issue influencing QOL. The study's findings indicate that treatments aimed at reducing burnout might substantially enhance a person's QOL. Future research should prioritize understanding the processes via which burnout impacts QOL and investigating intervention options that might successfully reduce or eliminate these effects.

Conclusion

The present research was to assess the frequency of burnout and the QOL among nursing officers employed at Sheik Zayed Hospital, Rahim Yar Khan. The results suggest a significant occurrence of burnout, especially among younger nurses, as 74% of participants reported having moderate to high degrees of burnout. Furthermore, the research found a significant association between burnout and QOL, with burnout accounting for 2.5% of the variability in QOL. The findings emphasize the need to tackle burnout in order to enhance the QOL among nursing officers. The study's results indicate that interventions targeting burnout might significantly improve an individual's QOL. Thus, healthcare institutions need to give priority to implementing initiatives that aim to mitigate burnout and enhance the QOL for nursing officers. It may be accomplished by offering comprehensive mentoring and ongoing professional development initiatives, advocating for a healthy balance between work and personal life, and giving assistance for both physical and emotional well-being. Future studies should focus on comprehending the mechanisms via which burnout affects QOL and exploring potential intervention strategies that might effectively mitigate or eradicate these consequences. Healthcare organizations may enhance patient care and results by tackling burnout and enhancing QOL. The study's results highlight the need for healthcare institutions to prioritize the welfare of nursing officers in order to guarantee the provision of top-notch patient care.

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