



Original Article

Burnout and job satisfaction among nurses in northwestern Syria during war time

Nassan Ali Al-Ahmed,¹ Heba Shafik Ibrahim Mohamed,^{2,3} Khaled Hasan Aldaeif,⁴
 Mhmoud Ali Alabed Alrzak,⁵ Murhaf Mohamed Aldugiem⁶

¹Department of Psychiatric Nursing, Idlib University Faculty of Health Sciences, Idlib, Syria

²Department of Psychiatric Nursing, Damnhour University Faculty of Nursing, Damnhour, Egypt

³Department of Psychiatric Nursing, King Saud Bin Abdelaziz For Health Sciences University, College of Nursing, Al-ahsa, Saudi Arabia

⁴Department of Mental Health, Gaziantep University, Gaziantep, Türkiye

⁵Department of Critical Care Nursing, Al-hayat University For Medical Sciences, Idlib, Syria

⁶Department of Critical Care and Emergency Nursing, Idlib University, Idlib, Syria

Abstract

Objectives: The Syria war increased the number of injured and wounded victims, which in turn increased the workload on the nursing staff. Experiencing frequent psychological exhaustion may increase nurses' burnout, which negatively affects their performance, production, patient output, and job satisfaction.

Methods: Our study utilized a descriptive correlational research design. A convenience sample of 60 nurses from three hospitals was utilized in the study.

Results: The findings from this study showed a significant negative relationship between burnout and job satisfaction.

Conclusion: The study considers the number of nurses in relation to the number of patients and provides respite-type care for nurses who reach significant emotional exhaustion.

Keywords: Burnout; job satisfaction; nurses; Syria; war.

The war increased the number of injured and wounded victims in Syria, which, in turn, increased the workload on the nursing staff.^[1] Work stress is ingrained in nursing practice during times of war. The nurses care for patients of all ages. This profession requires a wide range of nursing skills, from injuries to complex burns, trauma, and extensive pain management. With a lack of supplies and technology, nurses face challenges in caring for patients with different nutritional, cultural, and religious needs. The work of nurses often necessitates living away from home and dealing with multi-trauma patients.^[2] In addition, nurses had to work in a tumultuous medical care environment with an intense burden due to the COVID-19 pandemic.^[1] Being exposed to such stressful events had negative consequences for the nurses' physical and emo-

tional health. Experiencing frequent psychological exhaustion is considered as a major factor that may increase nurses' burnout, which negatively affects the nurse's performance, production, and patient output.^[1,3]

Nurses' burnout is defined as a chronic reaction to work-related stress.^[4] It has been recognized as an occupational harm suffered by those who work directly with people; for example, services related to human, education, and health services.^[5] Thus, occupational groups requiring communication with people more commonly suffer from the burnout phenomenon. Burnout is a negative state emanating from cognitive, emotional, behavioral, and physical phenomena that employees exhibit in response to the intense and persistent stress that these occupational groups frequently undergo.^[6]

Address for correspondence: Nassan Ali Al-Ahmed, Department of Psychiatric Nursing, Idlib University Faculty of Health Sciences, Idlib, Syria

Phone: 0936620151 **E-mail:** nassanali@hotmail.com **ORCID:** 0000-0002-0225-1773

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Burnout is divided into three dimensions: (1) Emotional exhaustion which is a sense of physical and psychological exhaustion, failure of the nurse to give more, lack of capacity, fatigue; (2) reduced personal and professional achievement presented by a feeling of incompetence, lack of confidence and output, deficiency to respond to demands and to manage work-related or personal situations or, contrariwise, a sense of omnipotence, which may be accompanied by a gradual loss of trust from colleagues and superiors; (3) Depersonalization which refers to the establishment of a cold, unfriendly, ironic relationship with patients and fellow workers, passive and unsuitable attitudes, loss of idealism, and irritability.^[7]

Studies show that people working in healthcare institutions, especially nurses, suffer from severe burnout. This is attributable to two kinds of factors: The first factor is related to the work environment or organizational factors such as conflicting roles, lack of support from managers, job insecurity, lack of participation in decisions, strict policies, long working hours, conflict with team members, intense interactions with the patient, lack of social support in the workplace, bureaucracy, and not meeting professional outlook. Other organizational factors include workload, shift work, working hours, low salary, lack of prestige, and occupation, as well as physical and mental obstacles and job diversity. The second factor is concerned with the personal or individual factors that differ from person to person, such as age, education, gender, health status, personality pattern, and the ability to handle stress. Other personal factors include idealism, self-esteem, objectives in life, commitment to work, and satisfaction with support. There is no doubt that the main factor that causes nurses' burnout is their inability to manage or cope with stress for a long time. [5] As a result of these factors, the risk of developing burnout among nurses is high, and precautions should be taken by performing situational analyses of this problem.^[8-11]

It was revealed that nursing staff are suffering from burnout syndrome, which comprises physical, mental, and emotional symptoms. First of all, people may experience physical exhaustion, which may manifest as low energy and feeling tired most of the time. In addition, these people usually complain of problems such as frequent headaches, nausea, disturbed sleep, and changes in eating habits (e.g., loss of appetite). Second, they suffer from emotional exhaustion, as manifested by depression and a feeling of helplessness. People with this condition experience an increase in negative emotions such as depression, feelings of insecurity, despair, anger, impatience, anxiety, and a lack of positive emotions such as kindness, respect, and friendship. The third condition is mental exhaustion, in which people often have a negative attitude and behave indifferently toward others. This period is called depersonalization.^[5,6,12]

What is presently known on this subject?

- Being exposed to stressful events such as war increases nurses' burnout, which negatively affects the nurse's performance, production, and patient output. The burnout syndrome comprises physical, mental, and emotional symptoms. Research has shown that nurses who are satisfied with their job are more productive, creative, and continue with their organization for longer time.

What does this article add to the existing knowledge?

- The objective of our study was to determine the relationship between burnout and job satisfaction 480 among nurses in a region during war conditions.

What are the implications for practice?

- The findings from this study showed a significant negative relationship between burnout and job satisfaction. The highest aspect of nurses' burnout was seen in weakness of achievement as a team, depersonalization, and emotional exhaustion.

Studies demonstrate that nurses' job dissatisfaction is closely associated with increased stress, burnout, and physical and mental drainage, combined with high burden levels and complexity of care.^[13] Another study showed that increasing burnout leads to decreased job satisfaction.^[3]

Job satisfaction is considered a major issue in modern management. It concerns enhancing the productivity and qualifications of the employees. In general, job satisfaction shows the attitudes and emotions of an individual in relation to his working limitations. More specifically, job satisfaction includes to what extent the person is satisfied with the job, including the type of work, such as worker compensation, working circumstances, and prospects for career development.^[14] The effects of job satisfaction were extensively studied in many specialties, including psychology, sociology, management, and nursing. Lack of job satisfaction is not only associated with employee withdrawal and leave but also with employee mental health and burnout.^[15]

Job satisfaction has been defined in many ways; for example, Edwin A. Locke's defines it as "the pleasure or positive emotional state resulting from an individual's job evaluation" or "job experience."^[13] Satisfaction is the cognitive situation that results from confirming or not confirming someone's belief.^[16]

The classical definition of job satisfaction refers to the feeling of fulfillment that stems from the perception of professional activities that can gratify important personal values related to work.^[17] It refers to a wide range of aspects, such as realizing the positive or negative feelings that oblige a person to work, the awareness of the harmony between work and personal principles and the value associated with it, and experiencing the degree of satisfaction.^[13]

There is a wide range of job characteristics that have a strong effect on job satisfaction, which include independence, workload, task and decision-making requirements, and salary.^[13] The first research on nurses' satisfaction at the University of Minnesota was conducted by Nehm (1940). He found that job satisfaction was influenced by a worker's income, employees' working times, working relationships, interest in work, mari-

tal status, and chances for advancement, as well as social relationships. Furthermore, Irvine and Evans (1995) associated job satisfaction with the role within the workplace, group estimate, psychological emotional burnout, and gender.^[14] In fact, workload has a high level of correlation with stress and job satisfaction. As such, the highest perceived stress exists in the working environment of nurses.^[13,16] Undoubtedly, the feeling of job satisfaction varies from person to person according to one's specific needs or circumstances.^[14]

Job satisfaction among nurses has a positive relationship with quality of care and a negative correlation with turnover. When nurses are dissatisfied with their jobs, they lead to withdraw from their patients, nursing tasks, and conscience.^[18] It is directly related to the performance of nurses and retention. That is why it is essential that nurses be satisfied with their work and careers.^[19]

Nurses who are satisfied with their job are more productive, creative, and continue with their organization for a longer time. In addition to the previously mentioned factors, job satisfaction in nursing has a significant effect on patients' satisfaction. Despite the importance of nurses' job satisfaction in relation to the mental health of nurses and patients, lack of attention was paid to the natural features of this compound concept in nursing.^[15]

Some studies support the idea that job dissatisfaction among nurses is associated with heightened stress and psychophysical and mental burnout, along with work overload. It was reported that low job satisfaction is a contributing factor associated with nurses leaving their jobs and careers.^[20,21] Other studies confirmed that nurses had low to moderate levels of job satisfaction. The growing interest in nurses' job satisfaction levels is attributed to many of the problems that emerged around the world, two of which have become extremely important: A high turnover rate and a shortage of the number of nurses. Burnout and job satisfaction in the nursing workforce have become global concerns. A wealth of literature has discussed how these two problems seriously impact health systems.^[13,22,23]

A few studies have been conducted around the Arab world on burnout and job satisfaction among nurses. All of those studies proved a relationship between burnout and job satisfaction.^[24–26] However, our current study was different from all the studies that were conducted, as it was conducted in exceptional circumstances, that is, it was done during war. We anticipate that the outcomes of this study will make significant contributions to the existing body of literature.

Aims

The aim of the study was to examine the relationship between burnout and job satisfaction among nurses in North-west Syria during wartime.

Research Question

Is there a relationship between burnout and job satisfaction among nurses in North-west Syria during wartime?

Materials and Method

Research Design

A descriptive-correlational research design was utilized in this study.

Setting

The study was carried out in three medical hospitals, namely Idlib University Hospital, National Hospital, and one medical center in North-west Syria. They serve four cities (Idlib, Areha, Maarrat Misrin, and Bennish). The services provided at those hospitals include hospitalization, physical examination, diagnosis, dispensing medications, surgery, radiology services, and laboratory investigation services.

Subjects

The subjects of this study included a convenience sample of 60 nurses. The Raosoft program was used to estimate the subject size. The minimal sample size was estimated to be 60 nurses based on the following: the population size was 220 nurses, with an acceptable error of 10% and a confidence of coefficient of 93%.

The subjects of this study met the following inclusion criteria: graduates from nursing institutes and nursing colleges who were working at one of the studied hospitals as employees or contracted and accepted to participate in the study.

Data Collection

Three tools were used to collect the study data, which included:

Tool I: Sociodemographic data structured questionnaire

This tool was developed and designed by the researchers to obtain information with respect to the sociodemographic data of the enrolled nurses, including age, gender, marital status, education, and work experiences.^[27,28]

Tool II: Burnout scale

The burnout scale was developed by the researchers after reviewing related literature. The burnout scale consisted of three subscales, namely, emotional exhaustion, poor achievement as a team, and depersonalization. The respondents were asked to rate each statement on a scale of 1–5, with 1 indicating “not applicable” and 5 indicating “totally applicable.” A total score was computed for those subscales, and the cutoff point was considered as follows: 66% and

more were considered high, between 33% and 66% were considered moderate, while <33% were considered low.^[29] The questionnaire was tested for its content validity by a jury of nine (9) experts in the psychiatric fields. To ascertain the relevance, clarity, and completeness of the tool, the scale was tested for its content validity by a jury of nine (9) experts in the psychiatric fields to ascertain its relevance, clarity, and completeness of tool. Then, it was tested for its reliability (Cronbach's alpha test was 95%).

Tool III: Job satisfaction scale

The researchers developed this tool after reviewing related literature. It comprises 45 statements, grouped into four subscales, which are: salary and incentives; satisfaction with professional development; criteria for promotion; and the relationship with management. The respondents were asked to rate each statement on a scale of 1–5, with 1 indicating “not applicable” and 5 indicating totally applicable. A total score was computed for those subscales, and the cutoff point was considered as follows: 60% and more were considered as satisfied, and <60% were dissatisfied.^[30] The validity was tested by a jury of nine experts in the same specialty. After that, it was tested for its reliability (Cronbach's Alpha test, which was 93%).

Data Collection Approach

Formal consent for study initiation was acquired from the directors of Idlib University Hospital, the national hospital and the medical center. The researchers obtained oral consent from nurses after explaining the purpose and significance of the study. Also, tools II and III were tested for content validity by nine experts in the field of psychiatric nursing, and amendments were made where needed. In addition, a pilot study was conducted on ten (10) nurses before embarking on the actual study to ascertain the clarity and applicability of the study tools and to identify obstacles that may be faced during data collection. Accordingly, the necessary modifications were done, as questions were paraphrased and others omitted or added. The questionnaire was distributed to each nurse separately (in the presence of the researchers). It took about 30 min to complete it. Data collection took about 1 month (October 2021).

Ethical Considerations

All methods were carried out according to the relevant guidelines and regulations of the Declaration of Helsinki. Permission to conduct this study was obtained from the Ethics Committee at the University of Idlib (Approval No. - REC-0045). Then, approval of institution administrators was obtained (Idlib University Hospital, National Hospital, and Medical Complex Hospital). Furthermore, informed oral consent (not written) was obtained from the nurses who met inclusion criteria. The

privacy and confidentiality of the studied subjects were kept at all times. Data were collected in a private place. Digital data were saved on a password-protected external drive. Participants were instructed that participation was voluntary and they had the right to withdraw at any time.

Statistical Analysis

Data were coded, computerized, and analyzed using the Statistical Package for the Social Sciences software package version 26. Descriptive statistics, such as numbers, percentages, minimums, maximums, means, and standard deviations were used to present the data. Analysis of variance, t-test, and Pearson correlation coefficient were used. The significance of the obtained results was judged, and ($p < 0.05$) was considered statistically significant.

Results

A total of 60 nurses participated in this study. More than half were female (55%), and the majority of them were married (86.6%). Their ages ranged from 26 to 45 years, with a mean age of 31.97 ± 7.57 years, as shown in (Table 1). The subjects of the study were distributed based on their socio-demographic characteristics.

In relation to their level of education, nearly half of the studied nurses (46.66%) graduated from nursing institutions, while only 11.66% graduated from nursing colleges. As for the studied nurses' residential status, more than half of them (55%) were refugees (who were forcibly displaced due to armed conflict in their areas), while the rest (45%) were residents. More than a quarter of the studied nurses (28.33%) were working in the emergency department, followed by a quarter of them who were working in the outpatient department (25%).

Regarding the studied nurses' years of experience, nearly one-third of the studied nurses (31.67%) had more than 10 years of experience, while more than a quarter (26.67%) had <5 years of experience.

Table 2 shows the distribution of the study subjects according to their level of burnout and job satisfaction. Regarding their level of burnout, more than three-quarters of the studied nurses (78.33%) were suffering from a high level of burnout, while the rest (21.66%) suffered from a mild level of burnout, with no evidence of having a low level of burnout. In relation to their level of job satisfaction, it was found that all the studied nurses (100%) had job dissatisfaction.

Table 3 reflects the mean of the burnout and job satisfaction dimensions. It was observed that the mean of poor achievement as a teamwork dimension was the highest for burnout dimensions (41.25 ± 2.55), followed by depersonalization (38.68 ± 3.62) and emotional exhaustion (37.58 ± 2.84). With

Table 1. Studied nurses based on their socio-demographic characteristics

Socio demographic characteristics	n=60	%
Age in years		
<25	17	28.33
35–25	21	35
45– 36	19	31.67
>45	3	5
Mean±SD	31.97±7.57	
Gender		
Male	27	45
Female	33	55
Marital status		
Single	8	13.33
Married	52	86.66
Divorced	0	0
Educational level		
Nursing school	25	41.66
Nursing institute	28	46.66
Nursing college	7	11.66
Residential status		
Resident	27	45
Refugee	33	55
Work place		
ICU	11	18.3
Ward	10	16.7
Out patient	15	25.00
Emergency	17	28.3
Others (lab, OR)	7	11.66
Years of working experiences		
<5	16	26.67
5 to less than 10	19	31.67
10 to less than 15	12	20
>15	13	21.66

SD: Standard deviation; ICU: Intensive care unit; OR: Odds ratio.

respect to job satisfaction dimensions, it was noted that the relationship with management dimension had the highest mean (35.12 ± 5.51), followed by satisfaction with professional development dimension (29.70 ± 2.94). The mean of the salary and incentives dimension (26.35 ± 4.24) was the lowest dimension's mean.

Table 4 illustrates the relationship between burnout and job satisfaction among the studied subjects. It can be noted that burnout was negatively correlated with job satisfaction among the studied subjects, which was statistically significant ($p=-0.498^{**}$).

Table 5 shows the association that exists between socio-demographic characteristics and studied nurses' burnout. The results of the present study have shown that there is no sta-

Table 2. Levels of burnout and job satisfaction of studied nurses

Variables	n	%	Mean±SD
Burnout			
High	47	78.33	119.79±3.83
Mild	13	21.66	99.38±3.53
Low	0	–	–
Job satisfaction			
Satisfied	0	–	–
Dissatisfied	60	100	119.82±6.86

SD: Standard deviation.

tistically significant relationship between sociodemographic variables and studied nurses' burnout.

Table 6 reveals the association that exists between sociodemographic characteristics and studied nurses' job satisfaction. The results of the current study revealed that there exists no statistically significant relationship between sociodemographic variables and studied nurses' burnout.

Discussion

Various studies have focused on the phenomenon of burnout among health-care professionals. The focus of most of the studies has been nurses and doctors. These studies show that the hospital work environment is associated with burnout and job satisfaction, especially for nurses. It was reported by Alzailai et al.^[26] (2021) that burnout is associated with lower levels of job satisfaction, and suggestive evidence has been found that one leads to the other.^[31] Hence, our study was done to investigate this relationship.

In the present study, it was shown that the majority of the studied nurses were suffering from an increased level of burnout. These results are not surprising because those studied nurses had been working in Syria under war circumstances, displacement, and overload working at that time. This is not consistent with the results of a study by Kelleci et al.^[21] (2011) in Türkiye, which showed that nurses there had a mild level of burnout.

The total sample of the studied subjects was dissatisfied with their job in this study, as the nurses expressed that they cannot work as a team, face difficulties in regulating their emotions during work, and feel worried regarding instability in the job (Table 3). These results were different from others, such as Kelleci et al.^[21] (2011) in Türkiye, who reported that all the study samples had a moderate level of job satisfaction. Furthermore, the results of a study conducted in Nigeria (2020) indicated that nurses had a moderate level of career satisfaction.^[32] This difference may be due to the difficult conditions that nurses live in.

Table 3. Burnout and job satisfaction dimensions according to their mean

Scale	Dimension	No (60) mean	SD
Burnout	Emotional exhaustion	37.58	2.84
	Poor achievement as team work	41.25	2.55
	Depersonalization	38.68	3.62
Job satisfaction	Salary and incentives	26.35	4.24
	Satisfaction with professional development	29.70	2.94
	Upgrade criteria	28.65	3.72
	Relationship with management	35.12	5.51

SD: Standard deviation.

Many studies have reported that there exists an association between burnout and job satisfaction among medical staff, especially nurses.^[3,20,21,26,32–34] In our current study, there is a statistically significant negative correlation between the studied subjects' burnout and their job satisfaction. This is consistent with a study done by Mi Hae'sin Korea (2008), who reported that there were negative associations with statistical significance between burnout and job satisfaction ($r=-0.492$, $p<0.001$).^[35] Furthermore, Mi Ran and Gyeong Ae conducted a study in Korea (2013) and showed that there was a negative relationship between burnout and job satisfaction.^[33] In addition, Kalikan and Arjun (2012) revealed that nurses work at lower job satisfaction, and burnout rises to higher levels in their study.^[36] Eseadi and Diale (2020) found a negative relationship between career satisfaction and overall burnout scores among the investigated nurses.^[32]

Regarding the means of the three dimensions of burnout, it was found in the present study that the highest mean was for the dimension of poor achievement as a team. This may be because the studied nurses were from a different age group and has different professional qualifications, and they may be working in the same ward or may have staff rotations due to different circumstances. This result is supported by many studies that prove burnout is related to the level of teamwork.^[37–39] However, it was confirmed that emotional exhaustion had the highest score.^[21]

By comparing the means of the four dimensions of job satisfaction, the lowest mean was that of the salary and incentives dimension. This may be due to low salaries compared to the workload of nurses, in addition to the increase in life stressors and burdens of living, high prices, and a lack of management interest even in motivational matters, whether material or moral. This result was supported by a study conducted by Al-Rashidi and Sumaidain (2020) from Saudi Arabia, who found that the factor of wages and incentives ranked second among the many factors in the level of satisfaction of nurses.^[40]

Regarding the relationship between burnout and the sociodemographic characteristics of the nurse participants in this study, the results of the present study demonstrat-

Table 4. The relationship between burnout and job satisfaction among studied subjects

Variables	n=(60) mean	SD	Pearson correlation	p
Job satisfaction	119.82	6.863	-0.498**	0.000
Burnout	117.52	5.622		

**: Correlation is significant at the 0.01 level (2-tailed). SD: Standard deviation.

ed that there is no statistically significant relation between burnout and the sociodemographic variables, but burnout was greater among single-faculty-graduated nurses. This happens because during war conditions, single nurses, in their enthusiasm and rush, may be exposing themselves to danger to save the wounded and injured from the bombing without any fear for their wives or children. Furthermore, due to the exceptional circumstances, most of the medical staff left the country, and only a small number of the medical staff remained. This created an exceptional work environment to deal with. Some nurses had to work as doctors, and some of them may have had to perform small surgeries. No doubt, in these circumstances, nurses who had the highest academic qualification tolerance had the heaviest burden. This was in line with the findings by AKYÜZ (2015), who found that there exists no statistically significant relationship between gender, age, educational level, marital status, number of children, and mean scores of the burnout level dimensions.^[41]

The current study showed that more than half of the studied nurses were female, which may be due to the convention that the nursing profession is still more desirable for females than males. The results of the present study showed that about half of the study sample had a qualification from a nursing institute, followed by graduates of nursing schools and nursing colleges. This disparity is because of the small number of university graduates compared with the graduates of nursing schools and institutes in Syria. This result indicates that the beginning of the nursing profession was limited to graduates

Table 5. Sociodemographic characteristics according to studied nurses' burnout

Sociodemographic	n=(60)	%	Mean±SD
Age in years			
<25	17	28	115.71±5.68
35–25	21	35	116.00±5.29
45–36	19	32	120.89±4.55
>45	3	5	117.00±6.93
Gender			
Male	27	45	117.52±5.60
Female	33	55	117.52±5.73
Marital status			
Single	8	13.33	120.12±3.87
Married	52	87	119.77±7.24
Divorced	0	–	–
Education level			
Faculty of nursing	7	11.66	119.14±6.84
Institute of nursing	28	46.66	116.89±5.61
Nursing school	25	42.66	117.76±5.42
Residential status			
Refugee	33	55	117.76±6.66
Resident	27	45	117.22±4.13
Work place			
Outpatient	15	25.00	117.40±5.98
ICU	11	18.33	117.00±6.75
Ward	10	16.66	119.00±4.60
Emergency	17	28.33	117.41±5.88
Other places	7	11.66	116.63±6.03
Working years of experience			
<5	16	26.66	119.63±4.41
5 to less than 10	19	31.66	118.84±7.17
10 to less than 15	12	20	119.75±10.39
>15	13	21.67	121.48±5.18

SD: Standard deviation.

of nursing schools and institutes, and there was no university specialization in Syria for nurses until lately.

Findings have proven that about two-thirds of nurses have <15 years of professional experience. Also, nurses under the age of 35 constituted two-thirds of the sample elements (Table 1). This may be because older and more experienced nurses withdrew from work or changed their field of work due to their inability to continue nursing work, regardless of the reasons. Furthermore, refugee nurses were about half of the sample due to the forced displacement that the area was subjected to. Most importantly, nurses who are psychologically and physically comfortable are satisfied with their work outcomes.

Recommendations

It is recommended, in light of the current study, to consider the number of nurses in relation to the number of patients.

Table 6. Sociodemographic characteristics according to job satisfaction of studied nurse

n=60	n	%	Mean±SD
Age in years			
<25	17	28	119.94±4.41
35–25	21	35	121.10±7.64
45–36	19	32	117.79±8.00
>45	3	5	123.00±2.00
Gender			
Male	27	45	119.89±7.71
Female	33	55	119.76±6.21
Marital status			
Single	8	13.33	117.00±4.24
Married	52	87	117.60±5.84
Divorced	0	–	–
Education level			
Faculty of nursing	7	11.66	117.43±7.68
Institute of nursing	28	46.66	118.89±5.51
Nursing school	25	42.66	121.52±7.82
Residential status			
Refugee	33	55	117.64±7.56
Resident	27	45	122.48±4.81
Work place			
Outpatient	15	25.00	119.93±5.47
ICU	11	18.33	118.91±7.97
Ward	10	16.66	120.30±5.38
Emergency	17	28.33	119.53±9.23
Other places	7	11.66	121.00±3.65
Experience in years			
<5	16	26.66	116.06±5.94
5 to less than 10	19	31.66	117.47±5.61
10 to less than 15	12	20	118.67±6.43
>15	13	21	121.54±5.16

SD: Standard deviation.

In addition, respite-type care for nurses should be provided who reach significant emotional exhaustion. Also, advise nurses to use effective coping strategies, such as planning for a recreational program at least at the weekend. Also, it is recommended to improve working conditions for nurses and to enhance working as a team. Finally, re-planning the shift working hours may help nurses work effectively.

Limitations

The limitations of this study include the following: First of all, there were many scales for burnout and job satisfaction, but none of them were prepared for the circumstances of war. Therefore, we had to develop new scales suited to war conditions and the local environment. The second limitation was that the studied subjects were very preoccupied because of war circumstances.

Conclusion

It can be concluded from the current study that there is a significant negative relationship between the studied nurses' burnout and their level of job satisfaction. Furthermore, the highest aspect of nurses' burnout was weakness in achievement as a team, depersonalization, and emotional exhaustion. Regarding job satisfaction, the study proved that the lowest aspect was satisfaction in the area of salary and incentives, followed by aspects of upgrade criteria, aspects of satisfaction with professional development, and aspects of relationship with management, respectively.

Ethics Committee Approval: The study was approved by the Idlib University Hospital, National Hospital, and Medical Complex Hospital Ethics Committee (No: REC-0045, Date: 21/12/2020).

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