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**PSYCHOLOGICAL SAFETY, LEVEL OF BURNOUT AND INTENTION TO STAY
AMONG STAFF NURSES IN A TERTIARY HOSPITAL IN THE KINGDOM OF
SAUDI ARABIA**


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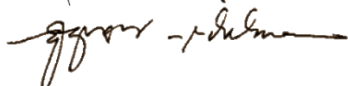
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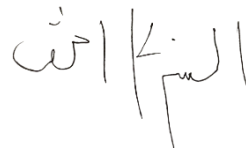
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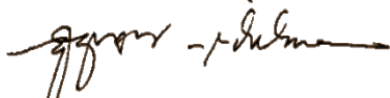


Kimzan G. Kamaluddin 08/08/2025

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Acceptance Page

This thesis of **KIMZAN GEPIGON KAMALUDDIN** titled: “**PSYCHOLOGICAL SAFETY, LEVEL OF BURNOUT, AND INTENTION TO STAY AMONG STAFF NURSES IN A TERTIARY HOSPITAL IN THE KINGDOM OF SAUDI ARABIA**” is hereby accepted by the Faculty of Management and Development Studies, U.P. Open University, in partial fulfillment of the requirements for the degree Master of Arts in Nursing.



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Biographical Sketch

I am Kimzan Gepigon Kamaluddin, a Nurse Clinician at King Faisal Specialist Hospital and Research Centre Jeddah Branch, where I lead staff development, mentorship, and promote evidence-based practice in the Post Anesthesia Care Unit. I graduated with a Bachelor of Science in Nursing from Western Mindanao State University in 2009.

I have 15 years of nursing experience in critical care settings like emergency room, intensive care unit, and post anesthesia care unit, I have developed strong expertise in patient safety, leadership, and collaborative practice. I am also an Advanced Cardiac Life Support Instructor and holds multiple certifications in advanced life support.

I am passionate about lifelong learning, advancing nursing leadership and contributing to research and innovations that improve both patient and staff outcomes.

Acknowledgement

First and foremost, I extend my deepest gratitude to the Almighty God for granting me strength, wisdom, and perseverance throughout the completion of this research.

I would like to sincerely thank my adviser and faculty mentors at the University of the Philippines Open University for their invaluable guidance, expertise, and encouragement, which have greatly shaped this study.

My heartfelt appreciation goes to the nursing administration and staff nurses of King Faisal Specialist Hospital and Research Centre Jeddah Branch, for their participation and cooperation, without whom this research would not have been possible.

To my family and loved ones, I am deeply grateful for their unwavering support, understanding, and encouragement throughout my academic and professional journey.

Lastly, to my friends and colleagues, thank you for your words of motivation, constructive feedback, and constant belief in my ability to complete this work.

This research is dedicated to all nurses who continue to serve with compassion and resilience despite the challenges of the profession.

Dedication

This work is wholeheartedly dedicated to my family, whose love, support, and sacrifices have been my greatest source of strength and inspiration. To my parents for instilling in me the values of education and perseverance, and to my spouse and children for their patience, understanding, and constant encouragement throughout this journey.

I also dedicate this study to my colleagues and fellow nurses, whose resilience and dedication to patient care inspired me to pursue this research. May this work serve as a contribution to improving not only our practice but also our well-being as healthcare professionals.

Lastly, I dedicate this research to the nursing profession, a calling that continues to challenge, inspire, and transform me, and to which I commit my service with compassion, integrity, and lifelong learning.

Abstract

Nurses play a critical role in delivering optimal patient care. However, punitive and blame-oriented organizational cultures can discourage the reporting of safety events, highlighting the importance of assessing psychological safety as a foundation for safe practice. This study examined the relationship between psychological safety, burnout, and intention to stay among staff nurses at King Faisal Specialist Hospital and Research Centre in Jeddah. Descriptive-correlational, cross-sectional design was utilized with a total of 284 Staff Nurse I employees were randomly sampled from a population of 1,081, with 234 nurses completing an electronic REDCap survey, resulting in an 82.4% response rate. The study employed Edmondson's Psychological Safety Scale, the Copenhagen Burnout Inventory, and McCain's Intent to Stay Scale. Descriptive statistics, Spearman's rho, and chi-square tests were used for data analysis. Results showed more than half of the participants (52.6%) reported experiencing low psychological safety, and nearly half (50.5%) reported moderate to high burnout, particularly in both personal and work-related domains. Additionally, 56% expressed a low intention to stay. Significant positive relationship was identified between psychological safety and intention to stay ($r_s = .278, p < .001$), however burnout and intention to stay had a negative relationship ($r_s = -.324, p < .001$). Psychological safety was significantly related to age, marital status, nationality, and type of experience, while burnout was associated with age, nationality, length of experience, and area of assignment. The findings demonstrate that psychological safety and burnout are both important predictors of nurse retention. Interventions including psychosocial support, work-life balance programs, and supportive leadership are essential to enhance well-being, reduce turnover, and sustain Magnet standards in tertiary hospitals.

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Chapter I

THE RESEARCH PROBLEM

Background of the Study

Nurses are a vital part of an organization in delivering an optimal level of care to patients in a healthcare organization. However, the optimization of care given depends on the organizational culture's approach to addressing patient safety events, as punitive and blame-culture organizations result in unreported patient safety events due to the consequences of frontline nurses' perceptions that reporting a mistake or a patient safety event will harm them. Therefore, assessing the psychological safety of nurses within an organization is crucial in facilitating continuous learning processes to ensure safe patient care. Moreover, psychological safety assessment should not be a standalone variable to address, because the possibility of nurses' burnout is a continuous problem that the nursing population is experiencing. The possibility of poor psychological safety among nurses can have numerous negative impacts on the organizational culture. According to the Patient Safety Network, a high level of psychological safety is associated with a greater likelihood of reporting near-miss safety events, which leads us to argue that poor psychological safety is linked to inadequate reporting of safety events. The negative consequences of inadequate psychological safety and nurse burnout can lead to nurse turnover. On the other hand, high psychological safety means resilience against burnout, which can help retain nurses in the healthcare organization.

Recent evidence has shown that the psychological safety of nurse practitioners in California is significantly correlated with low burnout perception and high psychological safety (Chen et al., 2024). Additionally, leadership with an inclusive approach has a positive impact on psychological safety, facilitating transformation and innovation (Jung

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et al., 2024). Furthermore, psychological safety was negatively related to burnout compared to non-burned-out nurses in a study by Vevoda et al (2016). Moreover, nurses' intention to stay in an organization can be classified into different indicators, as summarized in a systematic review by Yahyaei et al. (2022), which includes work environment factors, individual indicators, organizational profile, and patient-related factors. Burnout was one of the evident factors influencing nurses' intent to stay in an organization, as indicated by the individual indicators. In several studies conducted in three different countries by Hu et al. (2020), Galanis et al. (2020), and Jalili et al. (2020), burnout is a common syndrome that nurses experience, with independent predictors. In the study by Zarei et al. (2016), demographic profile was not significantly related to occupational burnout or safety culture; however, a strong relationship was established between burnout and patient safety.

Psychological safety is a vital component of an organizational patient safety culture, as clearly documented in the Patient Safety Network. Healthcare staff members who perceive a psychologically unsafe organization are most likely to report harmful patient safety events. Furthermore, burnout is a factor that influences the perception of psychological safety, as documented in a study by Vevoda et al. (2016). The perception of burnout among nurses is classified as one of the individual indicators of nurses' intent to stay in an organization (Yahyaei et al., 2022). In contrast, further investigation into psychological safety is necessary to implement effective interventions that address patient safety events. Moreover, burnout and intention to stay should be continuously investigated through longitudinal studies to better understand the trends of related variables, as recent studies have shown.

The foundation of quality care relies on frontline nurses who are directly involved in nursing care, which can be constrained due to a poor perception of psychological safety and high rates of burnout. King Faisal Specialist Hospital & Research Centre - Jeddah is

a Magnet Designated institution which promotes evidenced based practice, research activities and continuously monitoring the turnover rate of the organization, in addition turnover rate of the organization from 2019 to 2022 was below 11%, and according to General Directorate for National Health Economics and Policy Saudi Health Council in 2019 the nurse turnover rate in Saudi Arabia was 20%, however there are no pertinent data with regards to nurses psychological safety, and level of burnout in the organization which can be one of the probable reason of unsatisfactory nursing satisfaction survey results from 2019 to 2022 despite of being a magnet designated organization, although a significant improvement was documented in the recent years with regards to nursing satisfaction survey a further improvement is needed and sustainment plan should be in place, hence initiation of such study would create an encouragement of further studies regarding the different dimensions of nurses' psychological safety, burnout, and intention to stay.

The purpose of this study was to investigate the relationship between perceived psychological safety, burnout level, and the intention to stay among staff nurses in a tertiary hospital in the Kingdom of Saudi Arabia. The results provide a snapshot of information regarding nurses' psychological safety, burnout, and intention to stay. The findings of this study will provide a statistical data on psychological safety, level of burnout and intention to stay of staff nurses in the organization so that necessary improvement can be done and provide initial data on nurses' psychological safety and to further understand staff nurses' burnout, and nurses' intention to stay while the institution is on the process of becoming a High Reliability Organization.

Statement of the Problem

The King Faisal Specialist Hospital and Research Centre, Jeddah Branch, reported turnover rates of less than 11% from 2019 to 2023. The organization received its 3rd designation as a Magnet Accredited hospital in Jeddah, which signifies the provision of excellent nursing care to patients and nurses alike. However, there has been no study that relates nurse psychological safety, nurse burnout, and intention to stay, which is important because, as a Magnet organization, the nurse-related outcome should be studied so that an initial picture of the organization's well-being of the nurses is identified, so that necessary ideas can be drawn out from these findings. The organization offers social activities through the Employee Social Club. It has recently introduced Code Lavender, which provides immediate emotional support to nurses experiencing psychological stress, with responders from the nursing management leadership team. Nurses' burnout or low intention to stay may be related to nurses' perception of not practicing their profession safely. Nurses may feel that their license or even their career is at risk due to a poor perception of patient safety. Globalization has been a theme of the decade. Nurses' competitiveness has become even more complex in recent years. Having a blueprint of nurses' perceptions of burnout, psychological safety, and intention to stay requires data so that the organization can implement necessary interventions to improve its competitive status.

Main Objective: To determine the relationship between perceived psychological safety, level of burnout, and perceived intention to stay among staff nurses in a tertiary hospital in the Kingdom of Saudi Arabia

Specific Objectives:

1. To determine the demographic profiles of the staff nurses in terms of
 - 1.1. age
 - 1.2. sex
 - 1.3. marital status
 - 1.4 nationality
 - 1.5. length of experience
 - 1.6. area of assignment
2. To determine the perceived psychological safety of the staff nurses.
3. To determine the level of burnout perceived by staff nurses in terms of
 - 3.1 personal burnout
 - 3.2 work-related burnout
 - 3.3 client-related burnout
4. To determine the perceived intention to stay perceived by staff nurses.
5. To determine the relationship between perceived psychological safety and intention to stay among staff nurses.
6. To determine the relationship between the level of burnout and intention to stay as perceived by staff nurses.
7. To determine the relationship between the perceived psychological safety of staff nurses and the following demographic profiles
 - 7.1 age
 - 7.2 sex

7.3 marital status

7.4 nationality

7.5 length of experience

7.6 area of exposure

8. To determine the relationship between the perceived burnout of staff nurses and the following demographic profiles

8.1 age

8.2 sex

8.3 marital status

8.4 nationality

8.5 length of experience

8.6 area of exposure

Significance of the Study

To Nurses

This study's findings will offer important insights for nurses involved in day-to-day operations by highlighting evidence of their psychosocial well-being. The collected data will also examine the relationship between psychological safety and burnout, as well as nurses' intentions to remain in their positions. Recognizing these connections can enhance awareness among frontline nurses about the impact on their daily work, while also equipping nursing leaders with the knowledge to address burnout better and reduce turnover rates.

To Nursing Administration

The study will guide nursing administrators on the interrelatedness of nurses' psychological safety, burnout, and intention to stay, enabling the implementation of interventions to mitigate burnout and improve psychological safety, thereby increasing nurses' perception of intention to stay. Healthcare institutions are challenged by a global shortage of nurses and high nurse turnover; these two factors contribute to a poor patient safety culture. In this study, a snapshot of the nurses' psychological safety, burnout, and intention to stay will identify key elements that may contribute to formulating mitigating strategies, which will help the institution improve its operational workflow and formulate necessary interventions to promote, prevent, and restore the psychosocial well-being of nurses.

Scope and Limitation of the Study

The scope of this cross-sectional descriptive correlation study was to provide a snapshot of nurses' psychological safety and their level of burnout, with the intention of staying at King Faisal Specialist Hospital & Research Centre – Jeddah branch.

The respondents were limited to staff nurses at King Faisal Specialist Hospital Research Centre in Jeddah. The primary limitation of this study is its cross-sectional design, which restricts the study's ability to establish causality between the variables. Furthermore, the study's biases are considered, including response bias and non-response bias, as the study employed a self-reported survey.

Chapter II

THEORETICAL BACKGROUND

Review of Literature

This chapter presents a comprehensive review of existing literature relevant to the study. It discusses the concepts of psychological safety, nurse burnout, and intention to stay among nurses, as well as the interrelationships among these variables. The review also highlights previous research findings, theoretical frameworks, and gaps in current knowledge that this study aims to address.

To gather relevant and credible sources, a systematic search was conducted of online academic databases. The databases used included PubMed, ScienceDirect, Google Scholar, ProQuest, Sage Journal, and CINAHL. These platforms were selected for their extensive coverage of peer-reviewed journals and up-to-date scholarly articles in the fields of nursing, psychology, and healthcare management.

The literature search utilized specific keywords and Boolean operators to refine results. The main keywords included “*psychological safety*,” “*nurse burnout*,” “*intention to stay*,” “*nurse retention*,” “*occupational stress*,” and “*healthcare workforce*.” These terms were used both individually and in combination to identify studies that are directly related to the topic.

The collected literature provided foundational knowledge for the current research, informed the conceptual framework, and helped to identify potential variables for investigation. It also served to justify the significance of the study within the broader context of nursing practice and healthcare management.

Psychological Safety

High-reliability organizations in healthcare are institutions that follow continuous learning processes to improve patient safety by utilizing learning tools such as simulation, debriefing, open communication, staff engagement, and psychological safety (Annual Perspective: *Psychological Safety of Healthcare Staff, 2022*). Psychological safety has an important mutual relationship with safety culture, wherein healthcare staff who are perceived to be psychologically safe become more engaged in reporting patient safety events (O'Donovan & McAuliffe, 2022), and recent evidence showed that inclusive leadership provides a boost to psychological safety, which entails transformation and innovation (Lee & Seo, 2024). In a recent study of nurse practitioners in California, high psychological safety was related to lower burnout perceptions (Chen et al., 2024). In addition, a positive culture, characterized by collaboration, trust, and innovation, plays a crucial role in fostering interpersonal relationships and a productive work environment, which in turn promotes patient safety (Ito et al., 2021). Moreover, a 2016 study in the Czech Republic on general nurses aimed to investigate the relationship between burnout and psychological safety at work and found that nurses experiencing burnout had lower psychological safety (Vevoda, 2016).

Additionally, psychological safety is positively associated with nurses' participation in additional training in management concepts and leadership skills. However, it has a negative association with additional clinical training in specialized care and medical knowledge (Seibert et al., 2021). It is suggested that further studies should be conducted on the relationship between psychological safety, provider well-being, and patient mortality (Diabes et al., 2020). The evidence clearly indicates that psychological safety is correlated with a culture of safety. Moreover, burnout can lower the healthcare

staff's perception of psychological safety, which in turn affects the quality of nursing care. Furthermore, psychological safety should be continuously assessed and paired with different aspects of training in healthcare professionals, as evident in the study by Seibert et al. (2021). Nurses who received training on leadership and managerial concepts showed a positive association with psychological safety.

In contrast, clinical training specialization had a negative impact. The majority of the evidence employs a robust methodology for gathering information about the different dimensions of psychological safety, except for the study by Vevoda et al. (2016), which provided a snapshot of general nurses' psychological safety in relation to burnout. However, it is not as strong as the available evidence; nonetheless, it remains vital data indicating that the phenomenon exists. The author pointed out that further study is necessary in a prospective manner to better understand the relationship between the variables. The literature suggests further studies on psychological safety in getting objective measurement, development of interventions on psychological safety and producing prospective data in understanding psychological safety and correlating it to variables that can be significantly related to it, which this research study will produce wherein a data from a point of time in finding out if there is a relationship between psychological safety and burnout to intention to stay.

Burnout

Frontline nurses experiencing burnout is a common phenomenon, but not all healthcare institutions are adamant in identifying this common problem. Burnout was coined by Herbert Freudenberger, an American psychologist, who reported it as a reaction to a taxing workload and faultless expectations in a caring profession. Nurses are among the caring professions that experience burnout, and the evidence regarding

this occupational phenomenon has been widely studied, especially during the COVID-19 pandemic. However, nurses have been experiencing burnout continuously due to poor working conditions, high patient acuity, and being assigned to unfamiliar work areas. Burnout is typically identified using various self-assessment questionnaires, including the Maslach Burnout Inventory, the Copenhagen Burnout Inventory, the Oldenburg Burnout Inventory, the Professional Quality of Life Scale (version 5), and the Spanish Burnout Inventory. Nursing burnout is associated with increased workload, understaffing, poor work scheduling, and uncontrollable job demands, which can be potentially harmful to both patients and staff (Dall'Ora et al., 2020). In addition, nurses' job burnout is related to an undesirable work environment and deficient assistance from family (Shazad et al., 2019).

In the large-scale study by D. Hu et al. (2020), during the COVID-19 pandemic in Wuhan, China, it was found that burnout, anxiety, depression, and fear were at peak, and common among frontline nurses. Furthermore, in a similar study regarding pandemic-related anxiety, distress and burnout in North-West Italy by Naldi et al. (2021) established that with regards to symptom severity levels either anxiety or occupational burnout there was no significant dissimilarity between nurses, and physician but nurses had higher occurrence of severe distress as evidenced by elevated scores in avoidance and intrusion from the Impact of Event Scale-Revised subscales questionnaire than the physician sample, moreover, severe distress is a contributory factor of burnout syndrome which makes nurses susceptible to burnout. Lastly, in an extensive systematic review by Galanis et al. (2020), burnout was notably common among nurses during the COVID-19 pandemic, as measured by the Maslach Burnout Inventory. The cited evidence highlights a clear problem of burnout among healthcare professionals; however, the literature primarily focuses on nurse participants in the study by D. Hu et al. (2020). However, the paper of Naldi et al. (2021) had most sample responses from

nurses who were significantly affected by burnout during the pandemic. Both studies agree that nurses' burnout levels are significant during the pandemic; however, they believe a study should be conducted in different areas of the world, as both studies focused on their respective sample areas. The study by Naldi et al. (2021) acknowledged a limitation in that their study focused on self-reported burnout and was not conducted by a mental health professional. In the study of Galanis et al. (2020), which was a systematic review and meta-analysis, the study differs from both studies that were conducted as a cross-sectional methodology, also points out the high level of burnout that nurses experience but clearly discusses the possible biases that the studies conducted in different studies reviewed, and that a definite causal relation is nearly impossible to make. Among the literature, the most with a strong methodology is by Galanis et al. (2020); however, the evidence demonstrates that nurses' burnout is a problem that exists in our healthcare system and in different parts of the world, and that the pandemic has pushed the problem to the surface to be noticed. In addition, it is recommended that longitudinal studies be conducted to track the progression of nurses through the burnout process (La Fuente et al., 2014). The various studies provide evidence that burnout is a persistent problem in healthcare institutions, and the majority of the literature concludes that nurses experience burnout, which this study aims to extend or add to the existing evidence. Recent evidence suggests that nurses are susceptible to burnout, and it is important to identify this syndrome to support the crippling institutions to address the existing problem.

Personal burnout

Prolonged physical and psychological exhaustion is common among healthcare providers and nurses, which affects the delivery of quality care to patients. Most direct

care healthcare providers experience this phenomenon. Furthermore, personal burnout was notable in the study by Chor et al. (2020), which showed that nurses experience moderate to severe burnout due to interactions with doctors.

Work-related burnout

The workplace can contribute to the prolonged psychological exhaustion of healthcare providers, especially nurses, which in turn affects their care, as evidenced in the research of Nobre et al. (2019), which found that 59.4% of nurses presented burnout. Among the three subscales, work-related burnout had the highest average score. Furthermore, in a study by Khasne et al. (2020), which included 198 nurses in the sample (representing 8% of the total sample participants), a significant finding was obtained, indicating that nurses experience work-related burnout.

Client-related burnout

In the study by Nobre et al. (2019), client-related burnout was more favorable among younger professionals, with the assumption that novice nurses have difficulty establishing rapport with their clients. However, client-related burnout was included in the three subscales, resulting in a high level of burnout that significantly contributed to the overall high level of burnout.

Nurse Intention to Stay

Nurse well-being is a crucial concept for nursing administrators, particularly in Magnet-designated organizations, where continuous assessment of nurses'

satisfaction, turnover rates, and exit interviews is conducted to enhance retention practices within the organization. Work environment was positively related to nurses' intent to stay in their institutions, and public hospitals in Jordan had the highest score of intending to stay in their current position (Al-hamdan et al., 2016), furthermore in a systematic review by Yahyaei et al. (2022) which reported the importance of getting information from micro and macro level variables like organizational characteristics and work environment to impact nurses' intention to stay positively, lastly structural empowerment was positively related to nurses' intention to stay in three hospitals in Saudi Arabia eastern province (Al-Otaibi, 2023). Moreover, intention to stay has a relevant relationship with nurses' job satisfaction, organizational commitment, work-life balance, job security, and environment (Al Zamel et al., 2020). Additionally, nurses' intention to stay is a crucial indicator of retention (Li et al., 2020). The studies on nurses' intention to stay point out the importance of the work environment in keeping nurses in their current position, but in a thorough review by Yahyaei et al. (2022), wherein they enumerated four main categories that affect the nurses' intention to stay in an organization, which are individual indicators, organizational profile, work environment, and patient related. The studies conducted in Jordan and Saudi Arabia were collected in a certain point of time but it consistently points out the importance of a good working environment to retain nurses in a healthcare institution, moreover a systematic review by Yahyaei et al. (2022) supports the evidences that working environment is one of the important variable that impacts nurses' intention to stay in an organization and points out that intention to stay is a multifaceted concept that further studies should be conducted to better operationally and theoretically define and differentiate homogenous concepts. The concept of intention to stay requires investigation, and this study will contribute value to researchers interested in further understanding the phenomenon, clarifying, and corroborating the results from previous studies.

Relationship Between Psychological Safety and Nurse Intent to Stay

The nurse's intention to stay in an organization is a vital part of organizational success in delivering quality patient care; however, there is a limited study on the correlation between psychological safety and nurses' intention to stay in a healthcare institution. Research on the correlation between psychological safety and intention to stay is limited (Hansen, 2021). However, a significant relationship was found between psychological safety and intention to stay among the 54 home care workers in Sweden, which included nurses' assistants, nurses, coordinators, and occupational therapists (Hansen, 2021). Additionally, caregivers with a positive psychological inclination towards the healthcare provider are more likely to remain in their organization. In contrast, lower psychological safety impacts their retention intention (Chang et al., 2023). Hansen (2021) reiterated the importance of future research on psychological safety and intention to stay in healthcare organizations, given the scarcity of evidence on the phenomenon.

Furthermore, Chang et al. (2023) identified limitations in the conduct of their studies and suggested a thorough examination of the study's findings. The available evidence presents a promising study finding; however, its implications should be thoroughly scrutinized due to potential biases in the studies and the limited sample size. This study will build on existing evidence and establish data that will inform future research on the premises of psychological safety and nurses' intention to stay.

Relationship Between Burnout and Nurse Intent to Stay

Organizational structure and culture are important aspect that provides healthcare providers, including nurses, a balance between work and life. A succinct indicator of nurses' intention to stay in nursing is a low level of burnout. There is a consensus that retaining nurses in primary, secondary, and tertiary healthcare institutions is crucial for delivering adequate healthcare (Bell & Sheridan, 2020). Moreover, a study in the Republic of Korea found that burnout was the most significant driving factor in nurses' intention to stay. Furthermore, burnout played a significant role in the relationships among staff, resource adequacy, fellowship between nurses and physicians, manager support, and marital satisfaction (Kim & Lee, 2023). A systematic review of empirical studies by Yahyaei et al. (2022) supports the findings that validate burnout as a harm to nurses' intention to stay. Burnout has a clear relationship with nurses' intention to stay, according to recent evidence; however, studies clearly state the need for further research on nurses' intention to stay using different research methodologies and sampling techniques. This research study aims to revalidate the strong relationship between burnout and nurses' intention to quit, utilizing simple random sampling to address the limitations in previous studies.

Relationship of Psychological Safety and Selected Demographic Profiles

Psychological safety is a crucial factor in ensuring safe patient care in healthcare organizations, and understanding the demographic factors that impact psychological safety is essential for intervening and taking necessary actions to promote it. In a systematic review by Ito et al. (2021), psychological safety was found to be significantly related to individual factors, including demographic profiles. Age, minority status, and

socioeconomic status differences were identified as factors associated with psychological safety (Ito et al., 2021). Doctors felt more psychologically safe than nurses, and respiratory therapists felt the least psychologically safe in NICU (Ito et al., 2021). However, in a study by Mahmoudirad et al. (2019) conducted in IRAN on ICU and Emergency room nurses found that there were no significant association between psychological safety and demographic variables which includes place of work, sex, marital status, and educational level, in addition demographic profile like gender, age, race and level of highest education of pediatric nurses were not correlated to psychological safety (Pheifer et al., 2023). The evidence presents different information regarding the correlational significance of psychological safety and demographic profiles. However, a more robust study by Ito et al. (2021) systematically reviewed empirical studies on psychological safety and its significant relationship with demographic profiles. Furthermore, it has highlighted the importance of examining different national cultures that can impact psychological safety, especially in healthcare settings. This study collected demographic data from a diverse nursing population, adding value to the existing information on its relationship to psychological safety.

Relationship of Burnout and Selected Demographic Profiles

Burnout is an everyday occupational stress among healthcare workers, particularly nurses working in multiple healthcare institutions. There is clear evidence that nurses experiencing this occupational phenomenon are associated with risk factors. A study published by Oxford University Press on behalf of the Association of Physicians, authored by Ferry et al (2021), found that burnout was related to being younger, redeployment, exposure to patients with COVID-19, being female, and a history of depression. In another published study by Jalili et al. (2021), burnout was common

among healthcare workers caring for COVID-19 patients, regardless of age, gender, job category, and site of practice. A systematic review and meta-analysis conducted by Galanis et al. (2020) found that sociodemographic, social, and occupational factors affect nurses, leading to high levels of burnout during the COVID-19 pandemic. Ferry et al. (2021) and Jalili et al. (2021) studies showed that the independent predictors of burnout were being female, younger age, and working in the area. What varies between the two studies is that Ferry et al. (2021) noted that ethnicity may be an important predictor of the factors associated with burnout. However, Jalili et al. (2021) emphasized the importance of including ethnicity as a predictor variable to study associated risk factors of burnout. In a systematic review by Galanis et al. (2020), it was noted that identifying risk factors for burnout is crucial for better addressing it in the future, especially during times of pandemic. The literature has been clear about the specific predictors of burnout of healthcare workers. However, almost all the evidence samples are not limited to nurses, but include healthcare workers, which could be a factor in understanding it from a nursing perspective. Overall, the evidence clearly demonstrates, even from the older literature, that predictors and risk factors are closely related to burnout among healthcare workers. Although the timeline differs, it consistently reveals that sociodemographic factors are closely tied to burnout. Robust evidence suggests that demographic profiles are related to burnout, and further research on this relationship is encouraged in the literature. Most studies cannot draw generalizable conclusions, which, in the context of this study, would create tangible evidence of burnout in the Middle East. Recent evidence suggests that associated risk factors play a significant role in experiencing this occupational phenomenon, and identifying them is crucial for further studies to contribute to addressing this existing problem and determining which interventions are applicable.

Synthesis

Burnout is a widely studied phenomenon, especially in healthcare settings. It is common for healthcare workers to experience heavy workloads, time pressure, unfamiliar work environments, and unexpected workload demands. Healthcare workers who experience burnout are likely exposed to risky patient care, which contributes to poor patient outcomes (Rodrigues et al., 2017). Nurses are among the healthcare workers who experience this occupational phenomenon, and those who are burned out are most likely, according to available evidence, to provide substandard patient care. Furthermore, psychological safety is another crucial variable in enhancing the quality of patient care and overall patient safety. According to a study by Vevoda et al. (2016), nurses who were not experiencing burnout had a more positive perception of psychological safety.

Additionally, a study in California on nurse practitioners found that high psychological safety is correlated with low burnout levels (Chen et al., 2024). Identifying the problem is a crucial step in preventing patient harm, and recognizing the burnout phenomenon among nurses will help the organization address burnout and promote psychological safety. Nurses' psychological safety and level of burnout are likely to be linked to their intention to stay, given the importance of nurses' well-being and the need for a desirable working environment.

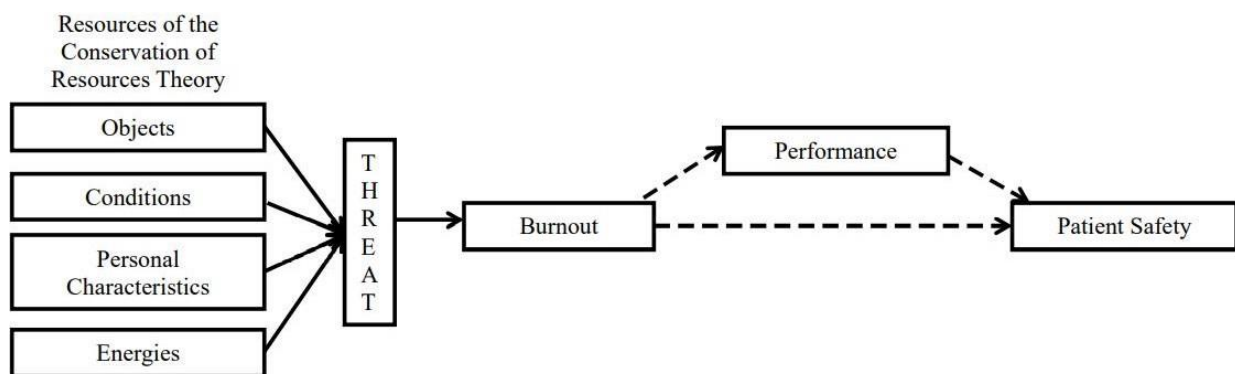
Theoretical Framework

The Conservation of Resources Theory for professional burnout among nurses and patient safety, as depicted by Prapanjaroensin (2017), will be the theoretical framework for this research study because it tackles the important aspects of the research study and depicts the essence of psychological safety and burnout that is related to threatened resources, whether it be mental, physical, or social stress. The theory revolves around the concept that affects the well-being of the nurse when one of these four resources is influenced by a negative outcome. The four resources are object, condition, personal characteristics, and energy. The object resources refer to the tangible things that the nurse has, such as food, a home, and clothing. When these resources are compromised, the possibility of burnout increases, potentially impairing the perception of psychological safety. Secondly, condition resources refer to the marital status, social relationships, and good health; the mentioned demographic profiles can be related factors of nurses perceived psychological safety and burnout.

Furthermore, regarding personal characteristics resources, which describe the innate status of the nurse, these resources include coping skills and social support structures within the organization. When these aspects are poorly managed, the result of poor psychological safety perception and nurse burnout is highly expected. Lastly, energy resources refer to threatened energy which is time pressure which can be controlled and uncontrolled feature of their working environments Chesney et al. (2003), moreover long working hours is another aspect of time pressure wherein in the study Stimpfel et al. (2012), Dall'Ora et al (2015) the nurses who work in more extended periods had higher burnout than those working less than 8 hours shift. When all these resources are threatened, the result can be poor psychological safety and burnout, which is closely related to performance and patient safety. In summary, this theory posits that nurses

strive to balance their resources, which contribute to their holistic well-being. These resources are crucial in supporting and maintaining their mental, physical, and psychosocial states to survive and remain resilient in the face of stressors related to their professional practice. The connection of this theory to this study is that it provides insight into the relationship between nurses' perception of psychological safety and burnout, which can be linked to the intention to stay in their job due to the threatened resources that affect their coping mechanisms in responding to the stress and demands of their work environment.

Figure 1. Theoretical framework of the conservation of resources for professional burnout among nurses and patient safety (Prapanjaroensin et al., 2017).

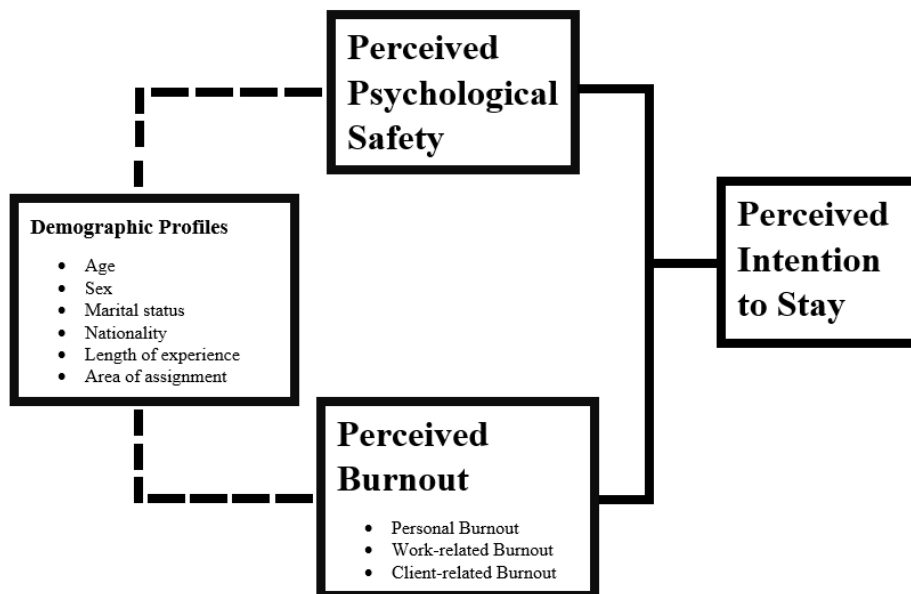


Conceptual Framework

The conceptual framework of this study outlines the key components that comprise it. It depicts the relationship between the predictors and the measured outcomes. It represents the blueprint of the research study. Nurses' psychological safety is crucial for delivering high-quality nursing care, and it is a key variable in maintaining a safe practice within healthcare organizations. As illustrated in Figure 2, nurses' perceptions of psychological safety, perceived burnout, and demographic profiles are Psychological Safety, Level of Burnout and Intention to Stay... xxii

linked to their intention to stay. The perceived psychological safety (independent variable) and perceived burnout (independent variable), as depicted in the conceptual framework, are clearly connected to nurses' intention to stay (dependent variable). It is illustrated that demographic factors, such as age, sex, marital status, nationality, length of experience, and area of assignment (attribute variables), affect the relationship between perceived psychological safety, perceived burnout, and nurses' intention to quit. The conceptual framework clearly depicts the variables in the study and how it is connected.

Figure 2. Conceptual framework describing the correlation of the variables in the study.



Operational Definition of Terms

Demographic Profiles – As defined in this study, the term refers to the demographic data of the nurses included in the research study.

- Age - refers to the number of years lived from the birth of the participant.
- Sex - in this study, refers to the gender of the participant
- Marital Status – refers to the study of the legal marital state of the participant
- Nationality - refers to the study in the country of origin.
- Length of experience - refers to this study as the number of years working as a nurse.
- Area of assignment – refers to the current work unit the participant is working in.

Nurse Psychological Safety – The term is defined in this study as a belief that one will not be punished or humiliated for speaking up with ideas, questions, concerns, or mistakes. It is measured using the Psychological Safety Survey (Edmondson, 1999).

Nurse Burnout – The term is defined in this study as a state of physical and psychological exhaustion experienced by nurses, categorized into low, moderate, and high burnout, as measured by the Copenhagen Burnout Inventory. This inventory is divided into three categories: personal burnout, work-related burnout, and client-related burnout.

- Personal burnout refers to the state of prolonged physical and psychological exhaustion.
- Work-related burnout refers to a state of prolonged physical and

psychological exhaustion that is perceived as being related to the person's work.

- Client-related burnout refers to a state of prolonged physical and psychological exhaustion that is perceived as being related to a person's work with clients.

Nurse Intention to Stay – The term is defined in this study as staff nurses' perception of the likelihood of staying in their current job, measured using McCain's intention to stay scale.

Statement of Hypothesis

Ha 1: There is a significant relationship between nurses perceived psychological safety and intention to stay.

Ha 2: There is a significant relationship between nurses' perceived burnout and intention to stay.

Ha 3: There is a significant relationship between nurses perceived psychological safety and selected demographic profiles (age, sex, marital status, nationality, length of experience, and area of assignment).

Ha 4: There is a significant relationship between nurses' perceived burnout and selected demographic profiles (age, sex, marital status, nationality, length of experience, and area of assignment).

Chapter III

RESEARCH METHODOLOGY

This chapter specified the research methodology that guided this research study. This section included the research design, sampling design, inclusion and exclusion criteria, data collection procedure, instrumentation, plan for data analysis, and ethical considerations in conducting the study.

Research Design

A descriptive-correlation, cross-sectional design was employed to systematically understand and gather information on the relationship between nurses' perception of psychological safety and their level of burnout, as well as their intention to stay. Furthermore, the study aimed to investigate the correlation between nurses' perception of psychological safety and burnout, as well as their intention to stay. The use of a study design aligns with the research objectives of investigating the prevalence of nurses' psychological safety and burnout levels in relation to their intention to stay in the organization, and how these factors are connected to demographics that strongly support the relationship between nurses perceived psychological safety and their level of burnout.

Sampling Technique

The sampling technique utilized in this research project was simple random sampling, so that each staff nurse in the organization had an equal opportunity to be selected. The list of staff nurses in an Excel sheet was arranged alphabetically, with each staff nurse assigned a numerical number from 1 to 1081. Using a random number generator, the staff nurses were selected accordingly.

Population and Sample Size

The sample size was determined by using the Epi Info™ sample size calculator for a descriptive study. The current Staff Nurse I in King Faisal Specialist Hospital & Research Center – Jeddah is 1081. The sample size for Staff Nurse I, as calculated, was 284 from a sample size of 1081, with an anticipated frequency of 50%, confidence limits at 5%, and a design effect set to 1, as recommended by the Epi Info sample size calculator for descriptive studies.

Inclusion Criteria

- Staff nurses with one year of experience in King Faisal Specialist Hospital and Research – Jeddah
- Staff nurses who are on permanent contracts in King Faisal Specialist Hospital and Research – Jeddah

Exclusion Criteria

- Nurses who hold Grade 9 and above status in the KFSHRC-Jeddah Branch, particularly those in leadership and managerial roles unrelated to the study focus, are the target of the research study on frontline care/bedside care for staff nurses.
- Staff Nurses I who are on leave.
- Staff Nurses I who are in probationary status.

Research Setting

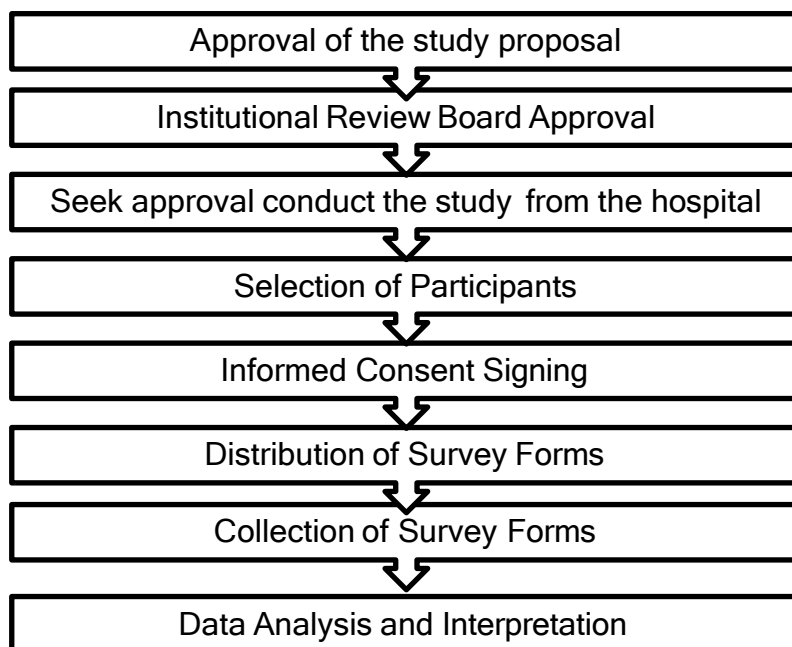
The study setting was the King Faisal Specialist Hospital and Research Center – Jeddah branch, a tertiary specialist hospital with a 500-bed capacity located in the western part of Saudi Arabia. It is an internationally recognized healthcare institution that is accredited by the Joint Commission International and the American Nurses Credentialing Center as a Magnet-designated hospital in Saudi Arabia. The study was conducted in this facility to assess the current outlook of nurses' perceptions of psychological safety and its correlation with nurses' burnout and intention to stay in the organization. The data collected in this research study will further support the organization's goal of delivering Zero Harm to its patient population, as well as inform efforts regarding nurses' well-being.

Data Collection Method and

Procedures

The study proposal was submitted to the IRB of King Faisal Specialist Hospital & Research Centre, Jeddah Branch, and after approval from both IRBs, data collection for the study commenced according to the research methodology plan outlined in this study. The selection criteria were based on the inclusion and exclusion criteria of the study, determined through simple random sampling after participants consented to participate in the study electronically. The electronic survey was distributed through the REDCap Application via email and automatically saved in the application after completion. The data was analyzed using SPSS for data analysis and interpretation.

Figure 3. Data gathering flowchart.



Research Instrumentation

The study utilized the following research tools.

The Psychological Safety Survey (Edmondson, 1999)

PSS is a research instrument used to measure the psychological safety of all types and sizes of organizations, including healthcare institutions. The survey consists of 7 questions related to psychological safety, and it uses a 5-point Likert scale, scored from 1 (Strongly Disagree) to 5 (Strongly Agree). Questions 2, 4, 6, and 7 are positively worded items, coded as 5 for “strongly agree” and 1 for “strongly disagree.” In contrast, items 1, 3, and 5 are negatively worded and are coded in reverse. The adapted survey tool is widely used and has a Cronbach’s alpha of 0.82, as documented in *The Fearless Organization: Creating Psychological Safety in the Workplace for Learning, Innovation, and Growth* (Edmondson, 2018). The higher the total score, the more psychologically safe the working environment.

Copenhagen Burnout Inventory

It is a research instrument used to measure burnout which is divided into three subscales: (1) personal, (2) work-related, (3) client-related burnout, and all subscales survey questionnaires are Likert scale from (Always, Often, Sometimes, Seldom, Never/Almost Never, and to a very high degree, to a high degree, somewhat, to a low degree, to a very low degree). In the study of Ogunsuji et al. (2022), the internal reliability and concurrent validity of the Copenhagen burnout inventory, Cronbach’s alpha score was highest in the personal burnout scale with a score of 0.91 compared to Maslach Personal Accomplishment at 0.62. Copenhagen burnout inventory subscales scored the highest compared to Oldenburg burnout subscales and Maslach subscales. The personal burnout subscale has six questions which assesses the person’s state of

prolonged physical and psychological exhaustion; The work-related burnout subscale has seven questions and assesses the person's state of prolonged physical and psychological exhaustion that is related to work; and lastly client-related burnout has six questions and assess the person's state of prolonged physical and psychological exhaustion related to working with clients. All subscales with three unanswered questions will be considered a non-response. The tool is a closed-ended survey questionnaire, wherein each subscale score will be summed. The average score will be calculated as follows: 100% represents a very high degree, 75% represents a high degree, 50% represents somewhat, 25% represents a low degree, and 0% represents a very low degree.

McCain's Intent to Stay Scale

It is a research instrument used to measure staff nurses' perceptions of the likelihood of staying in their current job. It is a 5-point Likert scale with five questions with responses scored from 5 (Strongly Agree), 4 (Agree), 3 (Neutral), 2 (Disagree), and 1 (Strongly Disagree). The score will be interpreted by summing up and dividing the number of items to attain a mean. A higher score indicated a higher intent to stay. McCain's Intent to Stay Scale Cronbach's alpha is from 0.88 to 0.90 (McCloskey, 1999). In the study by Mrayyan in 2008, the Cronbach's alpha of the scale was 0.75.

Plan for Data Analysis

Descriptive and inferential statistics were employed to analyze and present the numerical data from the research study, examining trends, patterns, and relationships within the quantitative data collected. The SPSS statistical package was used to analyze the dataset. Descriptive statistics included percentages, frequencies, medians, and

standard deviations. Furthermore, inferential statistics, specifically Spearman's rho and chi-square tests, were employed to examine the relationships between independent, dependent, and attribute variables, and to determine whether significant associations existed, thereby contributing valuable conclusions to the research community.

Data Management

The data were maintained in accordance with the policies and procedures of the Internal Review Board of King Faisal Specialist Hospital and Research Centre – Jeddah regarding data management, including collection, storage, and disposal. The data were kept confidential unless requested for the purpose of improving hospital policies, procedures, and other related practice improvements and developments.

Ethical Considerations

The research study adhered to the ethical principles of respect for persons and justice, as outlined in the Belmont Report.

Respect for persons – The staff nurses involved in this research study were autonomous beings capable of consenting to participate in the research by answering survey tools, and their right to privacy and confidentiality was upheld regardless of their responses to the survey tools used in the research project. The staff nurses' direct identifiers, to include name and address, and other demographic profile characteristics that could potentially reveal their identity, were not included in the survey questionnaires. After answering all survey questionnaires, their responses were stored in a secure RedCap application, to which only the research team had access to the private data. An

electronic implied informed consent was obtained before administering the survey questionnaires, and the responses were appropriately managed in accordance with the Internal Review Board of King Faisal Specialist Hospital & Research Centre – Jeddah. The commencement of the research project followed the approval of the University of the Philippines Open University Ethics Board and the Internal Review Board of King Faisal Specialist Hospital & Research, Jeddah Branch, specifically the Research Centre – Jeddah Department.

Justice – Eligible staff nurses based on the inclusion criteria of the research project were included in the study, and the staff nurses' identifiers were completely confidential, regardless of which department and unit they were working in. Participation in the study was voluntary, with no incentives provided.

Chapter IV

RESULT AND DISCUSSION

Presentation of Findings and Discussion

This chapter presents the results and discussion of the study. The results are presented according to the identified objectives of the study, and briefly explain the demographics, perception of psychological safety, burnout, and intention to stay of the study participants. The chapter summarizes the findings on the relationship between the different variables of the study, including psychological safety, burnout, intention to stay, and their demographic profiles.

Results and Discussion

Table 1

Participants' demographic profile (n=234)

Item	Sub-item	Frequency	Percentage
Age	Young Adults (20 - 30 years old)	59	25.2
	Early Middle Age (31 - 40 years old)	105	44.9
	Midlife Adults (41 - 50 years old)	41	17.5
	Late Middle Age (51 - 60 years old)	27	11.5
	Older Adults (60 years old and above)	2	0.9
Sex	Female	214	91.5
	Male	20	8.5
Marital Status	Single	94	40.2
	Married	127	54.3
	Divorced	9	3.8
	Widowed	4	1.7
Nationality	African Region	7	3.0
	Eastern Mediterranean Region	81	34.6
	European Region	7	3.0
	South-East Asia Region	17	7.3
	Western Pacific Region	120	51.3
	Region of the Americas	2	0.9

Length of experience	New Nurse Professional (1-5 years)	67	28.6
	Early Career Nurse (6-10 years)	50	21.4
	Competent nurse (11-15 years)	54	23.1
	Proficient nurse (16-20 years)	28	12.0
	Expert Nurse (above 20 years)	35	15.0
Area of assignment	Ambulatory Care Nursing	67	28.6
	Nursing General Services	76	32.5
	Nursing Specialty Services	91	38.9
Total		234	100

Demographic Profiles

Majority of the 234 participants were the early middle-aged nurses (31 – 40 years old), and followed by young adult nurses (20 – 30 years old) that gives a snapshot of a young and relatively maturing nurse professionals who are professional active in their careers who are forming their professional identify, on the period of enculturation to the rapid changes in the nursing practice, and adjusting to the nursing responsibilities. Furthermore, participants were primarily female, which is demographically expected in the profession, and predominantly married, followed by single participants. In terms of nationality and regional description, nurses who are from the Western Pacific Region (e.g., Philippines, Malaysia) which is expected to follow the nursing migration profile of the countries in this region, followed by those from the Eastern Mediterranean Region (e.g., Saudi Arabia, Egypt, Jordan), since the organization is in the locality of Saudi Arabia. Regarding professional nurses length of experience, most of them are new professional nurses (1 to 5 years' experience) who are still new to the nursing profession, and most probably new to the organization and in the period of adapting to the institutions culture, workflow and environment, followed competent nurses (11 to 15 years' experience) who are confident on their nursing skills, and then notably followed by early career nurses who are in middle of their career in nursing with a notable nursing experience. Lastly, nursing participants were distributed across the three nursing departments of the organization, with the highest

number working in nursing specialty services (e.g. Medical Surgical ICU, Pediatric ICU, Neonatal ICU), followed closely by nursing general services (e.g. Inpatient Units, Operating Theatre, Oncology Treatment Areas), and then ambulatory care nursing (e.g. Emergency Room, Outpatient clinics,) which represents a comprehensive evenly distribution of nursing responses across organization. In a similar study in Iran, the demographic profiles collected included workplace, year of service, educational level, gender, age, and marital status (Mahmoudirad et al., 2019). In addition, a recent study conducted by Pfeifer et al. (2023) collected participant characteristics, including gender, age, race, and highest level of education. The study participants in these studies were predominantly female, aged between 20 and 30 years, and the studies specifically addressed areas in nursing, including the emergency room, intensive care unit, and neonatal intensive care unit. These studies have similar results regarding sex or gender, with the study conducted in which mostly females were the participants; however, most of the study participants in this study were between 31 and 40 years old. This study has not considered taking the respondent's highest educational degree. However, hospital units were all included if the participants were selected randomly. Participants' specific nationality was grouped according to the WHO regions for healthcare/epidemiological research. In the study in the USA, race was categorized into Asian, White, Black, or African American, and other, or left blank. This study features a multinational population with an evidence-based identifier, providing valuable information to researchers and enabling them to gain additional insights into the importance of demographic profiles in correlating them with variables such as psychological safety and burnout.

Table 2

Perceived psychological safety of the staff nurses (n= 234)

Independent Variable	Frequency	Percentage	Mean Total Score (SD)
Low Psychological Safety	123	52.6%	20.56 (2.69)
High Psychological Safety	111	47.4%	26.51 (2.33)
Total	234	100%	23.39 (3.90)

Perception of Psychological Safety

The survey results of 234 staff nurses revealed that most participants had a low perception of psychological safety, at 52.6%, while 47.4% of staff nurses had a high perception of psychological safety. However, they were almost equally divided into two groups of approximately the same size (Table 2). The 7-item assessment questionnaire of the psychological safety survey revealed that most participants in the low group (20.56±2.69) tended to disagree or were uncertain about the psychological safety assessment. In contrast, participants with a high perception of psychological safety (26.51 ± 2.33) reported feeling psychologically safe in their working environment. The data shows that majority of staff nurses have low perception on psychological safety which means most of the nurses are inclined in not speaking up if they notice unsafe practices, not reporting possible safety events, disengagement, dissatisfaction from work and miscommunication among teams that can impact patient safety culture, in contrast high psychological safety perception was reported by 111 participants which mean this participants are highly engaged in reporting safety events, openly voicing out their concerns and feels safe in practicing their profession, however the overall mean (23.39±3.90) shows that the participants are slightly above the neutral, which means that nurses have acceptable perception of psychological

safety among all participants. In a 2016 study in the Czech Republic, psychological safety was significantly lower among respondents who were burned out, as measured by emotional exhaustion and depersonalization using the Maslach Burnout Inventory (Vevoda et al., 2016). The results of the 2016 study in the Czech Republic are like those of this study, as most participants had a lower perception of psychological safety, which was related to burnout. Psychological safety is a crucial indicator of nurses' well-being and a significant factor in safety culture, as healthcare staff who feel psychologically safe are more likely to report safety events (O'Donovan & McAuliffe, 2022).

Table 3

Level of burnout perceived by staff nurses (n= 234)

Independent Variable	Sub-category	Frequency	Percentage
Personal burnout	High Burnout	79	33.8
	Moderate Burnout	71	30.3
	Low Burnout	84	35.9
Work-related burnout	High Burnout	61	26.1
	Moderate Burnout	73	31.2
	Low Burnout	100	42.7
Client-related burnout	High Burnout	42	17.9
	Moderate Burnout	60	25.6
	Low Burnout	132	56.4
Overall Burnout	High Burnout	54	23.1
	Moderate Burnout	64	27.4
	Low Burnout	116	49.6
Total		234	100%

Perception of Burnout

The survey results of 234 staff nurses revealed that majority had low burnout (35.9%), then (33.8%) with high burnout, and followed by (30.3%) with moderate burnout in terms of personal burnout, the participants reports showed that exhaustion

unrelated to direct work factors affects a notable number of participants, in terms of work-related burnout, most of the staff nurses perceived low burnout (42.7%), then (31.2%) had moderate burnout, and (26.1%) perceived high burnout levels related to work, the reports suggest that almost half of the participants have reasonable, reassuring working environments and resilient coping mechanisms, however considerable amount of participants have moderate burnout level which means fatigue and exhaustion are felt by participants related to their workload, work environment conditions, and low resilience level that can exacerbate their conditions to a high burnout level that was experience by 26.1% of the participants who perceived their workload were excessive, lack of support from the organization, and absence of recognition of their contribution to the operational success of the institution, moving forward client related burnout responses of the participants were mostly perceived on low level burnout (56.4%), then (27.4%) with moderate burnout, followed by high burnout level (17.9%), notably more than half of client related burnout level of the participants are low level burnout that can be related to effective interpersonal experience of patient and nurses, moreover this result mean that most of the participants have emotional resilience towards their patients, in spite of that substantial participants experience moderate level of burnout perception that can be related to stress and emotional fatigue related to their interaction with their patients, in addition this perception can be related to complexity of the patient's condition, overwhelming patient assignment and exposure to palliation wherein a portion of the participants perceived it on a high level of client related burnout. The overall majority of staff nurses (49.6%) perceived low burnout, indicating that participants have a stable coping mechanism, are resilient, and are generally well in all three domains of burnout.

In comparison (27.4%)these participants burnout that indicates participants who are

at risk of having high burnout level is at a substantial number that cannot be miss look because of the possible consequences of external factors within the organization, in relation to high burnout, nearly 1 out of 4 nurses (23.1%) experiencing high levels of burnout which was the least perceived by the participants is still a concern to be considered because necessary action is needed to address this participants to mitigate the impending dysfunction on their physical, and psychosocial well-being (Table 3). In a similar study using the Copenhagen Inventory of Burnout, which assessed 928 nurses in Alabama, USA, low burnout perception was the most common, followed by moderate burnout. Then, high burnout was observed across the three domains of burnout (Montgomery et al., 2021)—in a study conducted in Portugal with 32 nurses, 78% of the nurses exhibited overall high burnout levels.

In contrast, 22% had low burnout levels. Furthermore, 59.4% of nurses had high personal burnout, 68.7% had high work-related burnout, and 56.3% had high client-related burnout (Nobre et al., 2019). Moreover, most nurses have reported low perceptions of burnout regarding personal, work-related, and client-related aspects. Although most nurses reported low burnout perception, it is essential to consider that nearly half of the participants have a moderate to high burnout perception, which warrants vigilance in identifying this phenomenon and implementing surveillance to take necessary action immediately and mitigate uncontrollable burnout levels. In comparison to this study, which employed appropriate sampling techniques and utilized the Copenhagen Burnout Inventory, the researcher has a more transparent snapshot of the burnout level among nurses.

Table 4

Perceived intention to stay by staff nurses (n= 234)

Independent Variable	Frequency	Percentage	McCain's Intention Stay Survey Mean (SD)
Low Intention to Stay	131	56.0%	13.43 (2.55)
High Intention to Stay	103	44.0%	20.01 (2.54)
Total	234	100%	16.33 (4.15)

Intention to Stay

The survey results of 234 staff nurses revealed that the majority had a low intention to stay, at 56.0% (13.43 ± 2.55). In contrast, 44.0% (20.01 ± 2.54) of the staff nurses had a high intention to stay. This result means more than half of the participants have a perception of being unsure of staying in the organization which warrants to possible turnover intention; however, participants who intends to stay in their current roles is relatively close to the participants who are intending to leave their current roles, furthermore the overall mean score (16.33±4.15) shows that overall participants are leaning towards leaving their current roles, while a notable number of participants express their commitment in staying in the organization (Table 4). Similar study conducted in Saudi Arabia in 2023 correlating midwives and nurses' intention to stay using McCain's Intent to stay scale to structural empowerment, and resiliency had a positive relationship which means intention to stay perception increases when perception of structure empowerment and resiliency increases (Al-Otaibi et al., 2023), however the study did not clearly represented in their study how many nurses and midwives were with high and low intention to stay. This study has clearly represented the number of nurses with a high intention to stay in the organization compared to those with a low intention.

Table 5

Relationship between perceived psychological safety and intention to stay among staff nurses (n= 234)

Correlations			Psychological Safety	Intention To Stay
Spearman's rho	Psychological Safety	Correlation Coefficient	1.000	.278**
		Sig. (2-tailed)	.	.000
		N	234	234
	Intention To Stay	Correlation Coefficient	.278**	1.000
		Sig. (2-tailed)	.000	.
		N	234	234

Psychological Safety and Intention to Stay

Data analysis of 234 staff nurses revealed a positive correlation between psychological safety and intention to stay, as indicated by the Spearman Coefficient ($r_s = .234^{**}$, $p = 0.000$). Since the p-value is less than the alpha level of 0.05, the result is statistically significant, suggesting that higher levels of perceived psychological safety are associated with a greater intention to remain in the organization (Table 5). This finding aligns with previous studies. For instance, a study conducted in Sweden among 54 home care workers found a significant relationship between psychological safety and intention to stay (Hansen, 2021). Similarly, a study in China among caregivers demonstrated that a positive perception of psychological safety had a favorable impact on retention intention (Chang et al., 2023).

With a larger sample size, the current study adds further evidence to the existing literature, reinforcing the conclusion that psychological safety plays a meaningful role in influencing nurses' intention to stay in their workplace.

Table 6

Relationship between perceived burnout and intention to stay among staff nurses (n= 234)

Correlations			Overall Burnout	Intention To Stay
Spearman's rho	Overall Burnout	Correlation Coefficient	1.000	-.324**
		Sig. (2-tailed)	.	.000
		N	234	234
	Intention To Stay	Correlation Coefficient	-.324**	1.000
		Sig. (2-tailed)	.000	.
		N	234	234

Burnout and Intention to Stay

Data analysis of 234 staff nurses revealed a significant negative correlation between overall burnout levels and intention to stay, with a Spearman correlation coefficient of $r_s = -0.324$ ($p\text{-value} < 0.001$). The result indicates that a higher perceived level of burnout is associated with a lower intention to remain in the organization (Table 6). The p-value of 0.000 is below the alpha threshold of 0.05, confirming the statistical significance of this relationship. These findings are consistent with previous research, which shows that low burnout levels positively predict nurses' intention to stay (Bell & Sheridan, 2020) and that burnout is one of the strongest predictors of nurses' retention (Kim & Lee, 2023). Supporting existing evidence, the results of this study further validate that burnout is a key factor influencing nurses' decisions to remain in their workplace.

Table 7

Psychological safety demographic profiles (n= 234)

Demographic Profile	Low Psychological Safety	High Psychological safety f	Chi-Square value	p-value
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	f (%)	(%)		
Age				
20 - 30 years old (Young Adults)	41 (33.3)	18 (16.2)	X ² = 13.420	p<0. 009
31 - 40 years old (Early Middle Age)	52 (42.3)	53 (47.7)		
41 - 50 years old (Midlife Adults)	21 (17.1)	20 (18.0)		
51 - 60 years old (Late Middle Age)	9 (7.3)	18 (16.2)		
60 years old and above (Older Adults)	0 (0.0)	2 (1.8)		
Sex				
Female	116 (94.3)	98 (88.3)	X ² = 2.706	p<0. 100
Male	7 (5.7)	13 (11.7)		
Marital Status				
Single	59 (48.0)	35 (31.5)	X ² = 8.866	p<0. 031
Married	57 (46.3)	70 (63.1)		
Divorced	6 (4.9)	3 (2.7)		
Widowed	1 (0.8)	3 (2.7)		
Nationality				
African Region	4 (1.4)	3 (2.7)	X ² = 13.190	p<0. 022
Eastern Mediterranean Region	51 (20.6)	30 (27.0)		
European Region	2 (0.9)	5 (4.5)		
South-East Asia Region	4 (1.9%)	13 (11.7)		
Western Pacific Region	62 (27.1)	58 (52.3)		
Region of the Americas	0 (0.0)	2 (1.8)		
Length of experience				
1-5 years (New Nurse Professional)	44 (35.8)	23 (20.6)	X ² = 17.399	p<0. 002
6-10 years (Early Career Nurse)	33 (26.8)	17 (15.3)		
11-15 years (Competent Nurse)	21 (17.1)	33 (29.7)		
16-20 years (Proficient Nurse)	13 (10.6)	15 (13.5)		
above 20 years (Expert Nurse)	12 (9.8)	23 (20.7)		
Area of assignment				
Ambulatory Care Nursing	33 (26.8)	34 (30.6)	X ² = 1.309	p<0. 520
Nursing General Services	44 (35.8)	32 (28.8)		
Nursing Specialty Services	46 (37.4)	45 (40.5)		

Psychological Safety and Demographic Profile

Chi-square analysis was conducted to determine the relationship between psychological safety and the demographic profiles of 234 staff nurses. The results showed that psychological safety had a significant relationship with age ($\chi^2 = 13.420$, $p < 0.009$), marital status ($\chi^2 = 8.866$, $p < 0.031$), Nationality ($\chi^2 = 13.190$, $p < 0.022$), and length of experience ($\chi^2 = 17.399$, $p < 0.002$). Younger nurses (20 to 30 years old) reported low psychological safety perception compared to older age groups which may indicate that perception of psychological safety can be better by age or experience, in

regards to nurses marital status, married nurses were reporting higher psychological safety perception than single nurses suggesting that personal life stability can influence perception of psychological safety, moving forward nationality and length experience have significant association with perception of psychological safety, wherein nurses from Western Pacific and South-East Asia regions had higher psychological safety perception than Eastern Mediterranean region were more likely to report low psychological safety that maybe related to cultural differences. Lastly, nurses with more than 10 years of experience were more likely to report a high perception of psychological safety, indicating that experience is a significant factor in boosting confidence and resilience in the workplace. In a similar 2021 study, a systematic review found that psychological safety was associated with age, minority status, and status differences (Ito et al., 2021).

Additionally, it was found that doctors felt more psychologically safe than nurses and respiratory therapists in a NICU setting (Ito et al., 2021). Conversely, a study conducted in Iran among ICU and emergency room nurses reported no significant relationships between psychological safety and demographic variables such as workplace, sex, marital status, and educational level (Mahmoudirad et al., 2019). Similarly, a U.S.-based study on pediatric nurses found no significant correlations between psychological safety and variables such as age, gender, race, and educational level (Pfeifer et al., 2023). The current evidence suggests that psychological safety may be associated with specific demographic profiles of participants and warrants further investigation with stratification to gain a deeper understanding of these profiles.

Table 8

Burnout demographic profiles (n= 234)

Demographic Profile	Low Burnout f (%)	Moderate Burnout f (%)	High Burnout f (%)	Chi- Squa re value	p- valu e
Age					
20 - 30 years old (Young Adults)	20 (17.2)	14 (21.9)	25 (46.3)	X ² = 41.77 9	p<0. 000
31 - 40 years old (Early Middle Age)	44 (37.9)	38 (59.4)	23 (42.6)		
41 - 50 years old (Midlife Adults)	25 (21.6)	10 (15.6)	6 (11.1)		
51 - 60 years old (Late Middle Age)	25 (21.6)	2 (3.1)	0 (0.0)		
60 years old - above (Older Adults)	2 (1.7)	0 (0.0)	0 (0.0)		
Sex					
Female	108 (93.1)	59 (92.2)	47 (87.0)	X ² = 1.796	p<0. 407
Male	8 (6.9)	5 (7.8)	7 (13.0)		
Marital Status					
Single	37 (31.9)	27 (42.2)	30 (55.6)	X ² = 10.84 7	p<0. 097
Married	70 (60.3)	35 (54.7)	22 (40.7)		
Divorced	7 (6.0)	1 (1.6)	1 (1.9)		
Widowed	2 (1.7)	1 (1.6)	1 (1.9)		
Nationality					
African Region	6 (5.2)	1 (1.6)	0 (0.0)	X ² = 33.66 6	p<0. 000
Eastern Mediterranean Region	23 (19.8)	28 (43.8)	30 (55.6)		
European Region	4 (3.4)	3 (4.7)	0 (0.0)		
South-East Asia Region	14 (12.1)	1 (1.6)	2 (3.7)		
Western Pacific Region	67 (57.8)	31 (48.4)	22 (40.7)		
Region of the Americas	2 (1.7)	0 (0.0)	0 (0.0)		
Length of experience					
1-5 years (New Nurse Professional)	27 (23.3)	18 (28.1)	22 (40.7)	X ² = 36.90 6	p<0. 000
6-10 years (Early Career Nurse)	13 (11.2)	19 (29.7)	18 (33.3)		
11-15 years (Competent Nurse)	30 (25.9)	14 (21.9)	10 (18.5)		
16-20 years (Proficient Nurse)	16 (13.8)	8 (12.5)	4 (7.4)		
above 20 years (Expert Nurse)	30 (25.9)	5 (7.8)	0 (0.0)		
Area of assignment					
Ambulatory Care Nursing	26 (22.4)	24 (37.5)	17 (31.5)	X ² = 12.60 1	p<0. 013
Nursing General Services	34 (37.5)	18 (28.1)	24 (44.4)		
Nursing Specialty Services	56 (48.3)	22 (34.4)	13 (24.1)		

Burnout and Demographic Profile

Chi-square analysis was conducted to determine the relationship between burnout and the demographic profiles of 234 staff nurses. The results revealed that burnout had a significant relationship with age ($\chi^2 = 41.779$, $p < 0.000$), nationality ($\chi^2 = 33.666$, $p < 0.000$), length of experience ($\chi^2 = 36.906$, $p < 0.000$), and area of assignment ($\chi^2 = 12.601$, $p < 0.013$) (Table 8). In contrast, sex and marital status did

not show a significant relationship with burnout (Table 8). In the analysis, younger adult nurses (20 to 30 years old) had the highest proportion of experiencing high burnout perception, followed by early middle-aged nurses (31 to 40 years old), which implies that young to early middle-aged nurses are vulnerable to high burnout perception. Furthermore nationality by region was mainly from the Western Pacific Region nurses (e.g. from Philippines, Malaysia) who reported that they had low to moderate burnout level that can be attributed to their cultural familiarity of the nursing profession, and strong peer presence of colleagues who are nurses in their unit, however, notably nurses from Eastern Mediterranean Region had a significant number of nurses who experience perception of high burnout level that may be connected to high workload, socio-cultural factors and unfitted work environment, moreover the nurses length experience was significantly commonly perceived as low burnout level for competent and expert nurses which is expected from the exposure to nursing career clinical experiences and expertise in their nursing knowledge and skills, in contrast new professional and early career nurses had the highest proportion of high burnout perception possibly related to exposure to new clinical setting, lack of clinical experience, and developing knowledge and skills in nursing profession, lastly, perception of low burnout were common in nursing specialty services that can be related to better staff to patient ratio, clearer role expectations and teamwork, however, high burnout perception were prevalent in ambulatory care nurses and nursing general services possibly related to high number and rapid turnover of patients, high workload, staff to patient volume, and unpredictable staffing challenges (Table 8). These findings align with a study conducted in Iran, where burnout among healthcare workers was significantly associated with age, gender, job category, area of assignment, and caring for COVID-19 patients (Jalili et al., 2021). In that study, nurses were identified as the

second most at-risk group for burnout (Jalili et al., 2021). The results of this investigation support the existing evidence that demographic profiles can serve as predictors of perceived burnout among nurses.

Chapter V

CONCLUSION AND RECOMMENDATIONS

Summary of Findings, Conclusions, and Recommendations

This chapter summarizes the key findings of the research study. The section included a summary of the research findings, recommendations, and implications, all in accordance with the ethical standards of international research studies.

Summary

This study aimed to determine the relationship between perceived psychological safety, burnout, and the intention to stay among staff nurses working in a tertiary hospital in Jeddah, Saudi Arabia. A total of 234 out of 284 staff nurses participated in the study, conducted from August 2024 to February 2025. A descriptive correlational, cross-sectional design was employed, utilizing a reliable and adapted survey questionnaire to assess psychological safety, burnout, and intention to stay, along with basic demographic information.

The sample size was calculated using the Epi Info sample size calculator for descriptive studies. Participants were randomly selected based on their hospital identification numbers, which were generated using a random number generator. Most respondents were early middle-aged (31-40 years) (44.9%), female (91.5%), married (54.3%), new professional nurses (1-5 years of experience) (28.6%), working in nursing specialty services (38.9%), and from the western pacific region (51.3%). Findings revealed that most staff nurses reported low psychological safety (52.6%),

while more than half (47.4%) reported no burnout. A positive correlation was found between psychological safety and intention to stay (Spearman's $r_s = .278^{**}$, $p = 0.000$). In contrast, burnout showed a negative correlation with intention to stay (Spearman's $r_s = -.324^{**}$, $p < 0.000$).

Further analysis indicated that among the demographic variables, age ($\chi^2 = 13.420$, $p < 0.009$), marital status ($\chi^2 = 8.866$, $p < 0.031$), nationality ($\chi^2 = 13.190$, $p < 0.022$), and length of experience ($\chi^2 = 17.399$, $p < 0.002$) were significantly associated with psychological safety. In contrast, burnout was significantly associated with age ($\chi^2 = 41.779$, $p < 0.000$), nationality ($\chi^2 = 33.666$, $p < 0.000$), length of experience ($\chi^2 = 36.906$, $p < 0.000$), and area of assignment ($\chi^2 = 12.601$, $p < 0.013$).

Overall, the findings confirmed that perceived psychological safety and burnout were significantly related to nurses' intention to stay in their current role. Psychological safety had a positive influence on the intention to stay. At the same time, higher levels of burnout were associated with a decreased intention to remain in the institution.

Conclusion

The main findings of this study have established that nurses' perception of psychological safety, burnout, and intention to stay have a significant correlation. A high perception of psychological safety has a positive relationship with intention to stay. In contrast, a negative perception of burnout is associated with a lower intention to stay. Furthermore, psychological safety was associated with demographic factors like age, marital status, nationality, and length of experience. In contrast, burnout was associated with age, nationality, length of experience, and area of assignment. The study has established a significant finding in the realm of nurses' psychological safety,

burnout, and intention to stay, which can help nursing administrators align their goals and objectives with nurses' well-being and establish robust programs and policies addressing these phenomena.

Recommendations

To Nurses

It is recommended that nurses who engage in operational work monitor their psychosocial well-being by accessing their organization's psychological well-being assessment programs and utilizing psychosocial well-being programs to establish awareness of their state of psychological safety and burnout level. This awareness enables them to seek assistance from their direct managers in addressing these issues. Furthermore, nurses who are aware of their psychological safety and perception of burnout can collaborate with their nursing administrators in developing policies and programs tailored to their needs in maintaining overall psychosocial well-being.

To Nursing Administration

It is recommended that nursing administrators have data on their nurses' perceptions of psychological safety, burnout, and intention to stay, as this will help them navigate and develop appropriate policies and programs to address these issues. Nursing administrators need to establish programs that promote and maintain nurses' psychosocial well-being within the organization. Nursing administrators should implement programs that help retain nurses in their organizations, such as work-life

balance programs, social club activities, hospital-wide awareness of psychological well-being, and ethically appropriate incentives. The results of the study aligned with the existing evidence; however, caution should be exercised when interpreting the association between perceived psychological safety and burnout among staff nurses' demographic profiles.

Future research is encouraged on the relationship between psychological safety, burnout, intention to stay, and their demographic profiles among multidisciplinary healthcare practitioners. It is recommended to formulate longitudinal studies with specific stratification of the study participants to gather more data on the trends of the correlated variables. Furthermore, a mixed-methods approach can also contribute to validating the existing evidence. It may provide important data for generalizing the study phenomena. On the other hand, the study's explication has implications for nursing administration's delivery of nurse well-being programs, work-life balance, and safety culture. Nursing administrators should thoroughly analyze the importance of this data in relation to their policy to effectively mandate their role in planning, organizing, staffing, directing, and controlling.

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