**Original Research Article**

# ICU Nurses Voice Their Concerns on Worklaod and Wellbeing in a Saudi Arabian Hospital: A Need for Employee Wellbeing Program

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## Abstract

***Introduction: Purpose:*** The purpose of this paper is to share insights, research findings and discuss key issues related to workload factors and their influence on the wellbeing of ICU nurses working in a Saudi Arabian. ***Design/Methodology/approach:*** The authors used a mixed method approach and using a convergent parallel mixed methods design. A qualitative and quantitative approach was adopted for the study that sampled national and foreign nationals ICU nurses to explore the various workload factors that influenced their wellbeing within the ICU environment during direct patient care. ***Results:*** The findings from the study were aligned to the JDR Model and provided evidence that ICU nurses experienced various workload factors that influenced their wellbeing and productivity within the ICU environment. The research paper has provided a platform for ICU nurses to voice their concerns on workload influencing their wellbeing in the critical care environment and cry out for the need of support and wellbeing program for the organisation to overcome workload factors experienced. ***Research limitations/implications:*** The limitation that was faced by the researcher was the timeline for conducting the current research, which was governed by the University's policies and protocol. Identified various workload factors and its influence on ICU nurses wellbeing guided the study findings to formulate a comprehensive managerial framework as a support for nurses specifically coping strategies for the organisation. This will assist nurses in all other sectors of the organisation to utilise such employee wellness programs in coping with workload factors influencing their wellbeing. ***Practical Implications:*** Healthcare organisation across the globe is challenged to achieve nurse workforce stability, safety, and well-being. It was evident that the participants experienced many workload challenges that influenced their wellbeing within the various ICUs. This study sets out the key messages for health care managers to empower and to meet the needs of ICU nurse related to health and well-being. The findings formed the foundation for management contribution to provide improved and seamless support to the health and well-being of ICU nurses. This approach is a guide to support the nurses and implement employee well-being programs to leverage off the work demands and stress within the health care sector. ***Originality/Value:*** This paper explores the various workload factors experienced by ICU nurses and its influence on their wellbeing in A Saudi Arabian Hospital from national and international perspectives. The authors were able to explore various workload factors from diverse population and multi-cultural backgrounds within the organisation. The value of the research will enable health care organisations locally and internationally to ensure that the organisation implements well-being programs as a support for nurses.
**Keywords**: Workload, Wellbeing, Nurses; Intensive Care Unit, Job Demand Resource Model, Saudi Arabia.

# INTRODUCTION

According to the World Health Organisation (WHO), a healthy workplace environment is essential, where workers and managers collaborate for continuous quality improvement processes, to protect and promote the health, safety and well-being of all employees (WHO 2015: 3). Nursing has a high prevalence of work-related stress compared with other healthcare professions. (Health and Safety Executive, 2014; Wu *et al*., 2010) and the reasons for this are multifaceted.

Nursing demands a high level of skill, provision of 24-hour care and the input of what is referred to by Phillips (1996) as "emotional labour. The shortage of specialized ICU nurses because of the above factors may, therefore, impact on their ability to stay focused to provide quality and safe nursing care and can contribute

**Citation:** Krishnavellie Chetty *et al* (2021). ICU Nurses Voice Their Concerns on Worklaod and Wellbeing in a Saudi Arabian Hospital: A Need for Employee Wellbeing Program. *Saudi J Nurs Health Care, 4*(9): 296-307.

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to their well-being thus affecting their ability to be productive. As a result, working in ICU's might be perceived as stressful and demanding emotionally with possible poor health outcomes for nurses' well-being (Hsu *et al*. 2010:1592).

Workload represents an important context for studying the well-being of nurses because of different factors that impact on their mental health, optimal social functioning and performance of work tasks such as patient care delivery, which clearly demands a significant amount of employees' time and effort. Findings from literature searches revealed a generalized focus on challenges faced by ICU nurses for example, stress, and burnout and job dissatisfaction. These findings then became a catalyst for this study, whereby the researcher aimed to develop a comprehensive healthcare managerial framework that explicated the manner in which workload factors influenced nurses' well-being in the critical areas in a Saudi Arabian Hospital. Given this context, healthcare organisations are increasingly implementing workplace wellness programmes to promote health and wellbeing amongst their employees globally (Blake *et al*., 2013; Lee *et al.,* 2010; Lee and Blake, 2009). The literature shows that organisational benefits of such interventions have been recognised (Lee *et al.*, 2010; Blake and Lloyd, 2008), and evaluations indicate that employees are enthusiastic about workplace interventions for health, and perceive benefits from accessing them (Blake *et al*., 2015; Blake *et al*., 2014; Lee and Blake, 2009; Phillip and Thorne, 2008). However the concept of wellbeing programs in Saudi Arabia health sector does not exist within the organisations and the cry for the support and employee wellbeing programs is critical for ICU nurse's emotional well-being to be productive and attain job satsfaction. Job satisfaction and well-being are important for the Saudi Arabian healthcare system to retain workforce from outside the country. Researchers have found that there are many workload variables, such as work environment, age, job demands, level of skills and patient and organisation expectations that can influence nursing well-being (Borkowski 2011: 19). This study explored the perceptions of workload factors and its influence on the wellbeing of ICU nurses.

**Purpose and Problem Statement**

Our purpose was to explore various workload factors experienced by the ICU nurses and to develop a comprehensive health care managerial framework that explicates the manner in which workload factors influence the ICU nurses wellbeing. The healthcare system and the health infrastructure in Saudi Arabia are improving and developing gradually. Most nurses working within the Saudi Arabian healthcare system come from other countries and should they terminate their contracts for whatever reason, the Saudi Arabian healthcare system and public hospitals will be faced with a crisis due to loss of human resources. Therefore, job satisfaction and well-being are important for the

Saudi Arabian healthcare system to retain workforce from outside the country. Researchers have found that there are many workload variables, such as work environment, age, job demands, level of skills and patient and organisation expectations that can influence nursing well-being (Borkowski 2011: 19). While there is a plethora of searched literature on patient safety, medication errors, job satisfaction, factors contributing to intention to leave, burnout and workplace stressors there is little information on the impact of workload factors on nurses' well-being in ICUs from a nursing perspective in Saudi Arabia. At an organisational level, the provision of employee wellness programs within the workplace demonstrates that employers are concerned about staff welfare (Phillip and Thorne, 2008; Mackereth *et al*. 2005) and this resonates with the views expressed by our participating ICU nurses. Indeed, prior evaluations have shown that staff opinions towards the organisation as an employer may be improved following implementation of workplace wellness programmes incorporating various coping strategies to alleviate emotional labour and workplace stress (Blake *et al.* 2014) A greater understanding of nurses' experiences will not only provide a baseline from which to work, but it will help raise awareness throughout the various ICU's related to workload and well-being and to identify workload factors most in need of improvement.

**Significance**

Existing nursing literature focuses on job satisfaction, workplace stress, absenteeism and high turnover. However there is limited literature on employee wellbeing for ICU nurses related to workload factors and their wellbeing in Saudi Arabia. Despite the many published articles on wellness programs in other countries such as USA and UK, literature on this subject within health care sectors in KSA is very limited and needs more focus for the future of nurse's wellbeing. By exploring these gaps within the health care organisation we believe that such wellness programs will not only benefit ICU nurses to be more productive in the workplace but also have a good support system emotionally to focus on quality patient care and safe outcomes within the various ICUs. The ICU nurses voice can be heard and will stimulate healthy management discussions at executive level and promote new model and framework development to support employee wellness programs facilitation in other health care sectors within Saudi Arabia.

**Literature Review**

Our review was relevant to workload and wellbeing among ICU nurses within an ICU environment. The literature reviewed was to support the study and discuss the selection for the chosen theoretical framework which was used to guide and frame the study. Several peer reviewed ideas, findings to support and substantiate the study were presented, and comparisons were made, to other theoretical models in relation to the study's objectives. The illustration of

the JD-R model was used to explain employees' well-being regardless of occupation, and purports that working conditions can be divided into two broad categories, namely job demands and job resources (Demerouti *et al.* 2001: 499). It has also been noted, that if high job demands are accompanied with enough job resources, the outcome can be a positive one resulting in increased staff morale, motivated staff and increased job satisfaction. (Bakker and Demerouti 2007: 315). Caring for critically ill and terminally ill patients in various ICUs can generate grief reactions, stress, high staff turnover, difficulty concentrating, professional loneliness, and a sense of hopelessness when not addressed. In complex patient care settings where nurses are at risk for compassion fatigue and burnout, it is necessary to provide supportive care, offer educational opportunities, and teach new coping strategies on an ongoing basis.

### Nurses Voice regarding Employee wellness Programs

Nurses in the ICU expressed great concern regarding their wellbeing. Many of the nurses expressed their work stress and wellbeing related o language barriers, cultural factors, lack of support and most important workload demand in the ICU. Within all the definitions of workplace wellness, a common consensus was derived about the meaning of being well. A balanced, or a holistic approach, was agreed upon between many studies as the root to all successful programs and initiatives. In one research article, it was noted that during a focus group the participants stated a more "holistic approach" would better suit their needs and help to increase moral of the employees (Henke, Goetzel, McHugh and Isaac, 2011). The negative influences ranged from low to moderate up to moderate and high as shown in Table 1 reproduced from the study of the relation of health promotion programs and employee absenteeism (Aldana and Pronk, 2001). By knowing, what health risks increase an unhealthy population in the work environment, programs could be tailored to improving those risks can be created based on the needs of the Nurses. For example, to decrease rates of stress in ICU nurses, which was found to be a moderate to high risk factor, a program, that involved removing employees temporarily from their stress or educating those employees on how to manage that stress. This solution could reduce the incidence of stress related unhealthy habits within the workplace and improve the productivity levels. To be considered environmentally well, an individual should be in good health by occupying pleasant, stimulating environments that support well-being. Environmental wellness within a workplace may not always be the most assessable resource. It was noted in a study about worksite culture, environment, and policies that influence healthy eating and physical activity plus the barriers to those behaviors that some worksites do not influence healthy behaviors (Strickland, 2015). This creates a more difficult time for employees to adopt those healthier behaviors.

## SUBJECTS AND METHODS
### Research Population

An pragmatism research paradigm was used together with mixed method for this study. This emphasis points to the underlying belief in complementarily, that is, qualitative and quantitative approaches can be combined in order to complement the advantages and disadvantages present within each other (Tashakkori and Teddlie 1998: 61). Pragmatic researchers favour working with mixed methods, both quantitative and qualitative data, because it enables them to better understand social reality. In this study, the target population were ICU nurses (N=200) working in the ICUs at the Saudi Arabian hospital keeping in mind that the sample size of a qualitative study cannot be predetermined and it was dependant on the availability of nurses who met the inclusion criteria and gave voluntary consent. Therefore the sample comprised of a purposive, non-probability sampling strategy was used to recruit nurses to participate in the semi-structured interviews, whereby ICU nurses both local and foreign nationals who were working directly with patients in the ICU were invited to participate. Data were gathered in the qualitative phase using interview methods and quantitative using questionnaires which were analysed by qualified statistician.

### The ICU nurses position within the organisation

Nurses fitting the descriptions and only nurses working in the ICU with 2 and more years' experience were sought within the ICU environment of the origination under study. These nurses were all full time employees and all registered nurses with a Bachelor's degree or Diploma in nursing science.

### ICU Nurses workload and wellbeing understanding

Those ICU nurse who were thought to be able to best meet the study objectives were selected from the various ICUs within the organisation and those who were directly involved in patient care were interviewd accordingly. ICU nurses were then interviewed until data saturation was reached. Data saturation in research studies occurs when the researcher samples to the point where no new information is obtained and redundancy is achieved (Polit and Beck 2012).

### The Participants experiences to workload and wellbeing within the ICUs

It was vital that interviewee ICU nurses understood the various workload factors related to nursing practice and the influence on their wellbeing within the ICU environment, which allowed the researcher to gain situational insight, understanding and meaning in addressing individual experiences. Our literature search had identified global and national challenges related to workload factors and its influence on ICU nurse wellbeing. The sample comprised of a diverse group of ICU nurses working in various ICUs within the organisation under study. Probing type questions were used to guide the interviews, during

which participants articulated their responses by giving an in-depth account and narrated their experiences surrounding their workload factors influencing their well-being in the ICU during direct patient care:

**Grand tour question**

"What are your experiences of the nursing work related factors in your current role?"

**Probing questions**

1.) Identify five work-related factors you may perceive to be having a negative impact on your work tasks in the ICU environment.
2.) How do you perceive these work-related factors as influencing your well-being?
3.) What are some of the consequences you experience because of these work-related factors?
4.) How do you deal with challenging situations and events within the ICU environment?

5.) What recommendations can you make that will improve the work related demands related to nurses' well-being in the ICU?
6.) What are some of the situations that you believe could contribute to nurses work related demands and influence their well-being in the ICU.
7.) How do you rate your quality of life in relation to your psychological and emotional well-being after a 12 hour shift?
8.) Are you involved in decision making processes with your supervisor?
9.) Do you get adequate support from your supervisors when you encounter work related challenges in the ICU?
10.) Does the unit have any form of employee programmes for staff well-being?
11.) Do you believe that such programmes will benefit the staff? Justify your answer.

**Table-1: Demographic Profiles of participants**

| P | Age in years | Gender | Highest Level of Education | Employment Status | Units Allocated | Country of Origin | Experience in Current Position |
|---|---|---|---|---|---|---|---|
| 1 | 41-50 | Female | Degree | Contract Programme | Adult General ICU | Philippines | 9 years and 10 months |
| 2 | 41-50 | Female | Degree/Diploma | Contract Programme | Adult General ICU | South Africa | 3 years |
| 3 | 31-40 | Female | Degree | Contract Programme | Paediatric ICU | Saudi Arabia | 12 years |
| 4 | 31-40 | Female | Degree | Contract Programme | Paediatric ICU | Philippines | 10 years and 1month |
| 5 | 31-40 | Male | Diploma | Contract Programme | Adult General ICU | Malaysia | 5 years and 1 month |
| 6 | 41-50 | Female | Diploma | Contract Programme | Adult General ICU | India | 8 years and 1 month |
| 7 | 31-40 | Female | Diploma | Contract Programme | Coronary Care Unit | India | 10 years and 10 months |
| 8 | 31-40 | Female | Diploma/Post Basic Diploma | Contract Programme | Coronary Care Unit | South Africa | 9 years |
| 9 | 41-50 | Male | Diploma | Contract Programme | Cardiac ICU | Jordan | 10 years and 6 months |
| 10 | 31-40 | Female | Diploma | Contract Programme | Cardiac ICU | India | 3 years and 10 months |
| 11 | 21-30 | Male | Degree | Contract Programme | Cardiac ICU | Philippines | 3 years and 1 month |
| 12 | 41-50 | Female | Degree/Masters | Contract Programme | Neonatal ICU | Philippines | 19 years and 9 months |
| 13 | 31-40 | Female | Diploma | Contract Programme | Neonatal ICU | India | 14 years |
| 14 | 41-50 | Female | Diploma | Contract Programme | Neonatal ICU | India | 17 years |
| 15 | 41-50 | Female | Degree | Contract Programme | Neonatal ICU | Egyptian | 14 years and 4 months |
| 16 | 41-50 | Female | Degree/Masters | Contract Programme | High Dependency Unit: Obstetrics | India | 13years and 3 months |
| 17 | 41-50 | Female | Degree | Contract Programme | High Dependency Unit: Obstetrics | Philippines | 9 years and 9 months |
| 18 | 21-30 | Female | Degree | Contract Programme | Cardiac ICU | Saudi Arabia | 3 years and 1 month |
| 19 | 21-30 | Female | Diploma | Contract Programme | Cardiac ICU | Saudi Arabia | 3 years |
| 20 | Above 50 | Female | Degree | Contract Programme | High Dependency Unit: Obstetrics | British | 5 years and 7 months |

*Setting*

Selecting a suitable setting is a vital component for effective data collection in a research

study. According to Grove *et al.* (2013), qualitative studies conducted in a natural setting means that the researcher cannot manipulate or change the study

environment that allows a rich process, people and interaction mix, which assists in addressing the study's research questions. We selected participants who had been directly involved with patient care within the various ICUs after permission was sought, granted and approved by all respective parties within the organisation and the university requirements for the study

### *Data collection tool pretest study*

Meyer *et al*. (2009) define a pre-test as one that is conducted to test, validate and refine data collection instruments. The pre-test was conducted before the commencement of the main study to establish reliability and validity of data collection instruments. The pre-test was also used to identify whether there is a need to refine the methodology or the data collection processes. It was conducted in the same setting as the main study, using the same data collection and analysis techniques. The pre-test was conducted with ten homogeneous respondents from the nurses working outside the ICUs to determine the clarity of questions, the effectiveness of instructions, the average time required to complete the questionnaires and data collection methods. The pre-test study participants were asked to comment on the applicability and validity of the questionnaires to the healthcare sector in the Saudi Arabian context. For this study, ten homogeneous respondents, who were not part of the sample respondents participated in this study and were randomly selected to test the questionnaire.

### *Interviews*

Interviews are known to capture interviewees' unique experiences and special stories and produce data as words Grove *et al*. (2013). Autonomy was maintained by obtaining informed consent from participants. Semi-structured interviews were conducted, and most questions were open-ended and designed to address our research questions. A semi-structured interview is described by Liamputtong and Ezzy (2006: 56) as a form of in-depth interview which aims to explore the complexity and nature of meanings and interpretations that cannot be examined using positivist methodologies. Interview questions were formulated using the adapted JD-R model from the survey. Interviews were scheduled for 25–30 min and audiotaped, which helped to provide unobtrusive and accurate recordings the allotted time allowed the researcher not only to ask the predetermined questions, but also to obtain rich, detailed information as the nurses expressed their experiences about the workload factors that influenced their well-being. Total interviews were guided by data saturation. All interviews were later transcribed by the researcher with the participants' permission.

### Ethical considerations

Ethical clearance was obtained from the University Institutional Research Ethics Committee and a written consent was obtained from all participants, who made an informed, voluntary decision to participate in the study.

### Trustworthiness

The study's qualitative nature allowed Lincoln and Guba's (1985) strategy (credibility, transferability, dependability and confirmability) to be applied to enhancing trustworthiness. Credibility in this study was achieved by accurately describing the study's parameters such as whom, where and when (Polit and Beck, 2012). Transferability was promoted by ensuring that the research process was accurately described to all participants. Descriptions regarding data gathering, data analysis and interpretation attained dependability, while voice recordings and field notes increased conformability.

## RESULTS

The findings were grouped into themes and sub themes from the interviews: Seven (7) major themes emerged during the analysis of the findings. The sub-themes are presented against each major theme in Table below.

**Table-2: Themes and sub-themes that emerged from the Interviews**

| Major themes | Sub-themes |
|---|---|
| **Theme 1: Shift work and its impact on work life.** | Psychological concerns of shift work. |
| | Physical concerns of shift work. |
| | Workplace productivity related to shift work. |
| | Moral distress issues resulting from shift work. |
| | Occupational exposure during shift allocation. |
| **Theme 2: Human resource concerns.** | Nurse-patient ratios during work allocation. |
| | Patient allocation in the ICU work environment. |
| | Shortage of skilled labour ICU work environment. |
| | Shortage of medical and surgical supplies in the ICU work environment. |
| | Budgetary constraints and its effect on ICU functioning. |
| **Theme 3: Cultural barriers to communication.** | Language barriers and its effect on communication. |
| | Multicultural diversity of staff and its impact on communication. |
| | Support systems to assist with staff communication challenges. |

| Theme 4: Factors influencing staff turnover in the ICUs. | Staff attrition and its influence on staff turnover. |
| | Staff absenteeism and its impact on staff turnover. |
| | Staff job satisfaction and its influence on staff turnover. |
| | Staff Retention and its impact on staff turnover. |
| Theme 5: Group cohesion in the workplace. | Decision making and team building in the workplace. |
| | Psychosocial barriers to teamwork in the workplace. |
| | Human respect and value systems in the workplace. |
| | Teamwork and teambuilding in the workplace. |
| Theme 6: Emotional exhaustion factors in the workplace. | Sleep deprivation and its influence on emotional exhaustion. |
| | Fatigue and distress and their influence on emotional exhaustion. |
| | Work life balance and its influence on emotional exhaustion. |
| Theme 7: Safety and security concerns in the workplace. | Fear of working environment and its influence on safety and security. |
| | Physical and verbal abuse of staff and their influence on employee safety. |
| | Lack of respect and human dignity and its influence on safety and security. |

*ICU Nurses responses*

*Major theme 1: Shift work and its impact on work life.* When participants were asked to rate their quality of life in relation to psychological and emotional well-being after 12-hour shifts, some of the participants expressed their unconscious prejudices towards the current scheduling process. The long working hours and the unsociable hours of 12-hour shifts with the mix of day and night duties, disrupted their sleeping patterns, and indirectly affected their social life. They overtly expressed their concerns regarding the scheduling of shifts, with a mixture of a weekday and night, which added to their imbalance in social life. It also affected their physiological coping skills with only one day off, then another 12 hours to work. They also shared their own personal experiences of long working hours which affected their work performance and contributed to the decreased productivity and job satisfaction. Participants strongly verbalized that long working hours contributed to their occupational exposure, as they had to stand on their feet for long hours, resulting in physical and emotional exhaustion.

*"Quality of life can be rated one as the least and ten as the maximum and after twelve hours shift, I will rate it to 5. Five because you will be exhausted after the long working hours and this affects you, physically and emotionally."* (Participant 1, Female, CICU).

*"They are a bit of long shifts that we do work. As nurses we prefer 6-hour shifts with split shifts to avoid getting exhausted. From a psychological and emotional perspective, we are lacking the family part of life, some of us are mothers and wives and these shift schedules can have a negative impact on us as a family and our relationship with our families."* (Participant 2, Female, General ICU).

*Major theme 2: Human resources concerns.* The findings revealed that pressure is increasing within the hospital work environment. Nurses expressed great concerns regarding staffing and other resources such as supplies that was creating a barrier between the job and the outcomes related to safe patient care. Many of the participants expressed that the age factor and years of experience was contributing to job strain and inability to cope with workload. The more experienced and long service ICU nurses who had more than 5 years' experience working within the organisation believed that the age of staff affected the internal functioning of the work environment. The younger nurses between the ages of 21-30 struggled to cope with the culture and the high volumes of work within the ICUs. Another human resources factor was the number of nurses between the ages of 51-60, who were considered to be the experienced and skilled group, was beginning to retire or leave the profession, resulting in a problem of supply meeting the demand. The issue was further compounded by a shift towards employing a millennial workforce, whose priorities are quite different from their predecessors. The other factor articulated by the participants was the balance between the human and physical resources. Participants were very expressive about maintaining an appropriate mix between the different types of health promoters and caregivers to ensure the system's success.

*"To have more manpower to fill in all the gaps, the nurses will be able do their own work. ... To have other co-workers like physiotherapist and allied workers in the ICU will also alleviate the workload on the nurses so that we can focus the patient care and not on other allied workers' job tasks"* (Participant 3, Female, PICU).

*"My suggestion is we need to train more junior nurses to become more confident in their skills and competency and to coordinate with the patients and the staff itself. Better nurse-patient ratios, more skilled nurses are the key to healthy and productive work environment. And also, we need to deal with the doctor who is not easy for example we have three ICUs so we should have enough doctors to cover it, to support each other and to respect the nurses."* (Participant 5, Male, ICU).

*"Sometimes doctors are asking to change the staff allocations because of less experienced staff. Doctors demand the older staff to do their rounds and*

*do not want newly employed nurses. Sometimes, the demands become exhausting and this is exacerbated by patient demands. The shortage of medical supplies adds to the work stress as at that time of needs some supply for that patient is not available. These are some of the things that we mostly find challenging in the ICU...”* (Participant 14, Female, NICU).

***Major theme 3: Cultural barriers and communication.*** Majority of the participant raised cultural barriers, language barriers and communication as a work-related factor that influenced their well-being and created barriers in the working environment. Their experiences were causally related to the differences in language between healthcare providers and patients. The consequences of language barriers ranged from miscommunication with its drawbacks on health outcomes to inefficient use or lack of access to healthcare services. The most common factor that was raised by the participants was the language which created a sense of insecurity and affected relationship-building with patients and Arabic-speaking doctors. The participants did not feel comfortable with the patients due to lack of understanding and this provoked the family members to use this language barrier to be towards the ICU nurses and to disrespect the Foreign nationalss as stated in the following excerpts:

*"Because of the different nationalities and the various spoken languages some staff experience difficulty in the communication. Some are very good with the Arabic language and is able to converse effectively between some of them but the alternate is challenging for others where they're not able to communicate on the same level and that can be, in terms of patient care related issues it can have a negative impact. Patients and families cannot speak English and this creates that language barrier”* (Participant 2, Female, ICU).

The culture of Saudi Arabia is dominated by the values and virtues of Islam. Its increasing multicultural population of healthcare workers poses a significant challenge in providing individualized and holistic care to their patients. The uniqueness of Saudi culture and the large number of foreign national's nurses who have a limited knowledge of Saudi culture exacerbate the problem of providing culturally competent care. Some of the participants expressed multicultural factors as a frequently identified challenge in the work environment. The participants shared their experiences about patient care and believed that to serve the unique and diverse needs of patients, it is imperative that ICU nurses understand the importance of cultural differences by valuing, incorporating, and examining their own health-related values and beliefs and those of their health care organizations, for only then can they support the principle of respect for persons and the ideal of transcultural care as stated in the following excerpts:

*"For example, for communication, it will affect the staff emotionally... She will feel no one respects her in the workplace. Especially during the work environments if there's another language and she is only speaking her language and they're not speaking her language, so it will affect her and creates sense of isolation. Her feelings are expressed as she doesn't want to work in this place again.”* (Participant 18, Female, HDU).

*"I would say, we would first and foremost secure the safety of our staff... You know, improve safety and get more security. Also, when things happen to our staff, that management need to deal with that immediately and effectively, not that the staff will feel that they are being victimised because no action is being taken when a patient or a relative attacks them. The culture, the Saudi culture and rules and regulations restrict us, especially females, so much that you fear your job.''* (Participant 8, Female, CCU).

***Major theme 4: Factors influencing staff turnover.*** Participants expressed their feeling of being overworked and indicated that the shortage of staff contributed to their emotional exhaustion and their intention to leave the organisation. Some expressed their dissatisfaction with the shortage of stock and the general environment and predominantly the cultural barriers that impacted on their work due to lack of respect from the patients and families. The most common factor that was causing the intention to leave was the communication elements and poor working relationship with the doctors within the ICU environment. Doctors were seen to be disrespectful and unappreciative towards the nurses and they adopted a blame culture.

*"From a psychological and emotional perspective, they are lacking that family part of their life that forces them to want to leave the job and the workload is too much..., some of them are mothers, so that can have a negative impact on them. It depends on the nationality of the staff. Some of them go on vacation and do not return to the job and some only go on vacation like once a year instead of twice a year. So, they wait a whole year to see their families.”* (Participant 2, Female, ICU).

*"Sometimes you will be stressed when you are working and have social problems like missing kid...so sometimes we cannot focus that much with the patient care when mother is sick or husband sick... And some other problems also outside the job that affects us, and we want to go home.... actually, we have to leave it from work, but it will sometimes affect also with our focus at work.”* (Participant 4, Female, PICU).

***Major theme 5: Group cohesion in the workplace.*** Majority of the participants expressed their views about lack of teamwork among their colleagues,

doctors, and the multidisciplinary teams. In their opinion, they believed that they spend majority of their time performing non-nursing tasks in other areas such as physiotherapy and following up on laboratory results which took them away from the patients' bed side. The increase in the workload and the communication also contributed to lack of teamwork within the various ICUs. Nurses had no time to reflect and discuss their challenges as a team due to high work demands. **The** participants expressed some strategies to improve the retention rates of nurses in the ICU and recommended that management need to focus on building a cohesive workforce by utilising the strengths and skill sets that characterise different generations of nurses, and should create working conditions in which nurses across all generations feel supported and safe within the organisation.

*"Psychologically staffs are drained out sometimes. If they get high level care babies and these babies becomes sick due to their unstable care, then their workload become more and they're getting exhausted. Nurses are not getting proper break time and all these affects their quality of patient care and their own quality of their health and well-being. There is no time to talk to colleagues everyone is too busy.* (Participant 14, Female, NICU).

*"Conflict in the workplace, especially with our colleagues. And you know, trust issues are a very worrying issue in the unit. You don't trust anybody because you feel that you know, they are not there to protect you, you are always on your own, especially when things happen at the bedside, that you are the one that gets blamed. So, you can't trust the next person. And, obviously fear. Fear of our environment."* (Participant 8, Female, CCU).

*"We believe we need to work as team because we have good standards and processes to improve patient care and to improve staff satisfaction while working together as a team... Especially we are far from our family in foreign country, so we need to support each other in the unit.*" (Participant 6, Female, ICU).

*Major theme 6: Emotional exhaustion factors in the workplace.* The participants expressed their concerns about being exhausted after long shifts. They also stated that they had trouble concentrating and felt unmotivated to work in stressful situations, which resulted in conflicts with patients and co-workers. Their emotional concerns were related to workplace cultural factors, language barriers and errors in judgement. The participants also expressed their feeling of being incapable of carrying out tasks correctly, diminished productivity, a decline in motivation, poor job performance, and insensitivity to other people's needs.

*"For the 12-hour shifts, it is exhausting that even if we are going home after the shift we will not be concentrating on our self. We will not be resting or sleeping, we will not eat enough. The routine of sleeping, going to duty, sleeping, going to duty, becomes monotonous. It's like a pattern…and our families would be affected also. We will not be having time to be with them because we too tired after long shifts."* (Participant 19, Female, CCU).

*"Due to high apathy we've become more emotionally and physically drained plus the fact that we are away from our family we have no one to talk to when we arrive in our accommodations."* (Participant 12, Female, NICU).

*"Actually, when I am going home after my shift, I will be so frustrated from the workload, from the supplies, looking for the supplies to attend to the work. And I will be overcrowded in my mind because I have many things I must be worried about and this includes both of what I will be doing first and what will be delayed according to the situation, it is a critical situation also. This upsets me and cannot spend time with my family get tired and want to sleep.*" (Participant 14, Female, NICU).

*Major theme 7: Safety and security concerns in the workplace.* Some of the participants expressed security issues during the interviews. They did not feel safe in this environment and were dissatisfied with the security in the units. Some of the participants strongly verbalised that management should investigate this factor as their biggest fear was that they were foreigners and fear was unexplained. Nurses, in the current work, perceived that the shortage of nursing staff and security personnel were the main causes of violence against them. From the interviews, it was clear that violence against nurses is a serious public health problem and an improvement in the security provided in hospitals may help to alleviate this issue. It was also recommended by the participants that the community awareness of this problem needs to be improved by employing strategies to change the attitude of patients and the community and protection of nurses by management.

*"I would say, we would first and foremost secure the safety of our staff. You know, improve safety, and get more security. Also, when things happen to our staff, that management need to deal with that immediately and effectively, not that the staff will feel that you know, they are being victimised because no action is being taken when a patient or a relative attacks them.."* (Participant 8, Male, CCU).

"Sometimes if it's related to security issues and it will be scary. Especially with the female patients. For us male nurses, it's too difficult to handle them; we always need a female witness with you or security to do

*our patient care. Patients can accuse us of bad stuff then we get terminated.*" (Participant 9, Male, CCU).

## DISCUSSION

### *Major theme 1: Shift work and its impact on work life.*

Long working hours increased the risk of occupational exposure in the workplace which resulted in nurses expressing their fear of making errors or near misses during care processes and practices. Nurses believed that not practicing safe medicine may impact on patient safety and consequently affect their health and well-being. Some of the participants indicated that the long working hours caused fatigue, emotional and physical fatigue which resulted in sick leave or sleep deprivation which in turn affected their work performance and their ability to concentrate on work tasks The majority of the participants expressed their concerns about long working hours impacting on their ability to focus and their moral distress. In their opinion, if working hours are 8 hours and 6 hours, they will be more productive, and their concentration levels will improve, and they will be able to balance both family and work life and devote adequate time for family and social life. Some of the participants expressed that long working hours created a sense of dissatisfaction with the job, provoking them to quit. They also believed that long working hours made them less productive and affected their physical well-being. Some recommendations expressed for management to look at minimizing the working hours by reducing it from 12 hours to 6 hours and to be more flexible using split shifts. Many of the nurses stated that they cope as the shift work did not affect their productivity and they did not experience any form of moral distress. Participants 7 and 8 shared similar views on moral distress. The key factor was shortage of staff which contributed to job strain and resulted in moral distress in the workplace.

### *Major theme 2: Human resources concerns*

The ICU nursing plays an essential role in the achievement of positive healthcare outcomes. The allocation of nurses to patients should be done in relation to skills, competency, years of experience and qualifications to maintain a standard of care and best and safe practices. ICU nurses have not only technical skills but also the knowledge and the critical thinking skills where they can apply these skills and knowledge to patient-centred care. Some of the participants indicated that to overcome their work-related problems there should be more staff and more teamwork within the job environment. There was a poor relationship among doctors and nurses and the job strain increased due to a poor working environment. The overall experiences by the participants were related to nurse-patient ratio and the allocation system which was not justified. Most of the participants verbalised concerns about unfair allocation by their supervisors and expressed that there should be an even distribution of the workload. The perception was that supervisor

should adopt a team-based model which will ameliorate workplace stress, low job satisfaction and lack of adequate skilled manpower in the face of pressing needs. Participants further expressed concerns related to the newly employed nurses and indicated that the allocation system was adding more strain. Their concerns were that in addition to their allocated quota or ratio of patients they still had to mentor the new nurses and organisation should employ more skilled and experienced nurses for ICU areas. The healthcare industry is plagued by a lack of qualified skilled ICU nurses and many hospitals are experiencing the effects on healthcare in Saudi Arabia. The scarcity of qualified health personnel, including nurses, is being highlighted as one of the biggest obstacles to achieving health system effectiveness. Nurses are the main professional component of the 'front line' staff in most health systems, and their contribution is recognised as essential to meeting development goals and delivering safe and effective care. The Saudi nursing schools are unable to produce more qualified ICU nurses due to the nursing profession not being perceived as an attractive profession, due to social stigma perceptions of the community and lack of skills and expertise to conduct the ICU programs. With Saudisation, this was creating operational issues and affecting the standards of care in the ICUs. A specified level of education and educational support must be provided within the ICU for all levels of its nursing staff. Nursing knowledge and skills must be maintained at an appropriate level to ensure high quality care for a complex case mix of critically ill patients.

### *Major theme 3: Cultural barriers and communication.*

Multicultural factors as a frequently identified challenge in the work environment. This challenge was associated with insufficient cultural knowledge, attitudes and beliefs about health and sickness, language barriers, lack of availability of interpreters and lack of institutional support. These factors not only impacted on the values, beliefs, and behaviours of patients, they underpinned ideas around the provision of care and influenced the expectations that nurses have of each other in the ICU. Nurses shared their experiences about patient care and believed that to serve the unique and diverse needs of patients, it is imperative that ICU nurses understand the importance of cultural differences by valuing, incorporating, and examining their own health-related values and beliefs and those of their health care organizations, for only then can they support the principle of respect for persons and the ideal of transcultural care

### *Major theme 4: Factors influencing staff turnover*

Turnover has a cyclic nature and remains a challenging issue. An organisation should identify whether turnover is voluntary or involuntary. If the organisation has high rates of involuntary turnover, then careful examination of recruitment, selection, training, and motivation strategies are important. Nurse retention

is a global problem across all specialities but is exacerbated in critical care areas where elevated nurse–patient ratios and the use of advance technologies require greater numbers of highly educated and specialized nurses impacting costs and quality of patient care. Some of the participants expressed their feeling of being overworked and indicated that the shortage of staff contributed to their emotional exhaustion and their intention to leave the organisation. Employers generally consider attrition a loss of valuable employees and talent. However, there is more to attrition than a shrinking workforce. As employees leave an organization, they take with them much-needed skills and qualifications that they developed during their tenure. There was a small number of staff that contributed to staff attrition. Some of the participants expressed their feeling of being in a foreign country and missing their families and wanted to reunite with their families. Some of the participants expressed the dissatisfaction due to many factors, namely staff shortage and security issues that contributed to their leaving the workplace and finding jobs elsewhere. Some expressed that staff leaving were very skilled and new staff added stress to the current job situations. Their concerns were not losing employees with poor performance records but losing the skilled ICU nurses which affected the nurses' morale, their engagement and productivity.

## Major theme 5: Group cohesion in the workplace.

Psychological barriers, such as professional silos and hierarchies, and organisational barriers such as geographically distributed teams, can increase communication failures and result negative effects on the patient and staff well-being. While good communication fosters teamwork, poor communication creates a toxic work atmosphere. Staff members who will not communicate or are unaware of the proper communication channels to use within the team, can cause breakdowns that inhibit team development. Nurses expressed their concerns that poor communication due to language barriers was contributing to psychological barriers in the workplace. This factor was very prominent among foreign nurses and the doctors and the patients who are all Arabic-speaking. Such barriers instilled fear, in the foreign nationals, of not being respected because they could not understand the patient and their families. Respecting other cultures and traditions and refraining from cultural imposition are important for many healthcare workers in multinational teams. However, ethical issues may arise when other cultural values conflict with one's own moral convictions. Distrust is an obstacle to effective teamwork and providing adequate health care. Cultural bias can be a factor that stands in the way of achieving a cohesive team in a multicultural setting. Effective communication and willingness, combined with cultural competence, can move persons from distrust to trust and respect. Lack of social respect between health professionals of different nationalities can result in feelings of intimidation and unfairness, leading to disempowerment.

## Major theme 6: Emotional exhaustion factors in the workplace.

Health care institutions and patients will benefit the most from a healthy and rested nurse because her efficiency and productivity will be increased, the number of work-related mistakes will be reduced, sick leave will be rare and shorter, and burnout will not occur. By focusing on well-being strategies, not only emotional exhaustion factors among nurses will be reduced but also the quality of their work will be significantly improved. Some of the participants expressed their concerns about being exhausted after long shifts. They also stated that they had trouble concentrating and felt unmotivated to work in stressful situations, which resulted in conflicts with patients and co-workers. Their emotional concerns were related to workplace cultural factors, language barriers and errors in judgement. The participants also expressed their feeling of being incapable of carrying out tasks correctly, diminished. Nurses articulated that their work-life balance was primarily affected by personal factors, namely having no energy after long working hours, minimum personal control and poor coping skills due to being overworked from the high work demands. Family members, who stayed in with critically ill patients, had demanding attitudes which increased the nurses' mental exhaustion. They also indicated that there were personality issues, related to different cultural backgrounds and the lack of understanding because of language barriers which increased their emotional exhaustion productivity, a decline in motivation, poor job performance, and insensitivity to other people's needs.

## Major theme 7: Safety and security concerns in the workplace.

Nurses are the primary caregivers in hospitals and are more likely to encounter violence because of the amount of time spent in direct patient care. Violence against nurses may impair their job performance after the incident and instil fear in them. It will also reduce their job satisfaction and may compel nurses to leave their job due to lack of security and a feeling of being unsafe in the work environment. Many of the nurses expressed security issues during the interviews. They did not feel safe in this environment and were dissatisfied with the security in the units. Some strongly verbalised that management should investigate this factor as their biggest fear was that they were foreigners and fear was unexplained. Nurses, in the current work, perceived that the shortage of nursing staff and security personnel were the main causes of violence against them. From the interviews, it was clear that violence against nurses is a serious public health problem and an improvement in the security provided in hospitals may help to alleviate this issue. It was also recommended by

the participants that the community awareness of this problem needs to be improved by employing strategies to change the attitude of patients and the community and protection of nurses by management. The sub-theme on lack of human dignity was very closely related to the security issues, the cultural barriers, and the behaviour of the multidisciplinary teams. The lack of trust as a factor that impacted directly on their human dignity and created an unhealthy working environment. Many articulated that the work ethic and respect for foreigners, which are fundamental in creating a good working environment, need urgent attention by the management. The lack of respect from the doctors, who felt they were superior to nurses were consistent within the study.

### This study's contribution to knowledge

The workload factors were extracted from the findings of the study and a proposed wellness plan has been developed for a two-year cycle, taking into consideration various operational indicators as outlined in the research. The proposed plan includes a new framework cycle to understand the current state of the organisation and to identify key elements for action. Well-being is becoming a core responsibility of good corporate citizenship and a critical performance strategy to drive employee engagement, organizational energy, and productivity. Leadership commitment, communication and employee engagement serve as foundational components and, therefore, are embedded throughout each stage of the plan. Future studies should consider the possibility of expanding the current model by incorporating other latent variables that have been discussed within the study and in the literature review as being of relevance. These variables include skill mix, shortage of staff, communication barriers and diverse culture and its influence on employee well-being. The studies should also consider using larger sample sizes to ensure that the final sample size, after addressing the missing values problem, is not less than 300. To add value to the study, the researcher should consider a comprehensive study of general nurses to ascertain the influence of workload and well-being in the general practice environment. Multiple group analysis in structural equation modelling is instrumental because it allows one to compare multiple samples across the same measurement instruments or multiple population groups namely doctors versus nurses for any identified structural equation model. Future research should attempt to draw probability samples from other military hospitals in Saudi Arabia to increase the demographic representativeness of the ICU population in healthcare, in Saudi Arabia. While organisational support of wellness played a key role in the design of this study, future research should consider the relationship of this important factor to outcome variables with more detail. Future studies should examine the relationship between perceived organisational support and other outcomes, like improved organisational commitment from individuals who value health and wellness.

Additionally, while the JD-R model can be used as a strong model for future research, the lack of any clear multidimensionality of the scale could be a weakness. Therefore, future research should consider adding additional items to the scale to create a multidimensional assessment of perceived organisational support of wellness which can include peers, supervisor, manager, and organisation level items.

## CONCLUSION

The conclusions, based on the results and the findings of the qualitative phase of the study, revealed that ICU nurses experienced various workload factors that influenced their well-being and productivity. Participants perceived the workload to be related to many factors, namely the work demand, communication and working in a multicultural diverse environment. The Foreign national's nurses expressed that the language barriers which added to their work stress were predominantly Arabic speaking patients. The conclusions drawn are also based on the results and the findings of the findings the study, which revealed that inadequate support from the managers exposed the ICU nurses to verbal and physical abuse from family members. Participants also shared their own personal experiences of long working hours, which affected their work performance and contributed to the decreased productivity and job satisfaction. There were mixed responses to the interview questions from many of the participants related to job security and work-life balance which could be related to fear of losing their jobs. The high demands of the work and the shortage of staff were the main factors expressed in relation to work productivity. The need for an employee well-being programme was advocated by the participants to support nurses emotionally and psychologically, whilst giving them a sense of belonging within the stressful environment. Healthcare organisations across the globe are challenged to achieve nurse workforce stability, safety, and well-being. A wide body of empirical literature now supports the intuitive link between the work environments, as shaped by institutional leaders that provide an important context for nursing work with a variety of critical patient, nurse and organisational outcomes. Environmental characteristics, examined in this study, have ranged from staffing and resource adequacy to the support of unit level and organisation-wide managerial support. A variety of job-related experiences was linked with high turnover as well as impaired well-being factors related to job demand resources. In this study, workload played an important mediating role between the extent of well-being and emotional exhaustion among ICU nurses. The JD-R model was grounded in theoretical assumptions and previous study findings, which were used to explain nurse job outcomes and experiences of well-being. The major themes included, shift work and its impact on work- life, human resource concerns, cultural barriers to communication, factors influencing staff turnover in the

ICUs, group cohesion, emotional exhaustion factors and safety and security concerns in the workplace.

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