

**BURNOUT, SELF- CONCEPT AND THEIR
RELATIONSHIP TO JOB SATISFACTION
AMONG NURSES IN LIBYA**

GHAZALA MUSTAFA ELTAYEF

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GHAZALA MUSTAFA ELTAYEF

**Thesis submitted in fulfilment of the requirement for
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LIST OF ABBREVIATIONS

| | |
|---------|---|
| BO | Burnout |
| MBI | Maslach Burnout Inventory |
| TSCS | Tennessee Self-concept Scale |
| MTH | Musrata Teaching Hospital |
| KTH | Alkums Hospital |
| R & R | Rest and Recreation |
| EE | Emotional Exhaustion |
| DP | Depersonalization |
| GPC | General peoples committee |
| RPA | Reduced Personal Accomplishment |
| SNBHW | Swedish National Board of Health and |
| | Social Welfare |
| ED | Emergency Department |
| DCM | Demand –Control Model |
| ERI | Effort- Reward Imbalance |
| JD-R | Job Demand Resources |
| A &E | Accident & Emergency |
| ED | Emergency Department |
| MBI-HSS | Maslach Burnout Inventory-Human Service |
| | Survey |
| MBI-GS | Maslach Burnout Inventory- General Survey |
| MBI- ES | Maslach Burnout Inventory- Educator |
| | Survey |
| IT | Information Technology |
| OLBI | Oldenberg Burnout Inventory |
| CBI | Copenhagen Burnout Inventory |
| BM | Burnout Measure |
| SMBQ | Shirom-Melamed Burnout Questionnaire |
| ELSS | Everyday Life Stress Scale |

CIS

Checklist Individual Strength

NASE

.National Association of Self-Esteem

JDI

Job Descriptive Index

***BURNOUT*, KONSEP KENDIRI DAN PERKAITANNYA TERHADAP KEPUASAN KERJA DALAM KALANGAN JURURAWAT YANG BEKERJA DI LIBYA**

ABSTRAK

Kajian ini mengkaji sumbangan dan kesan daripada *burnout* dan konsep sendiri terhadap kepuasan kerja dalam kalangan jururawat di Libya. Kajian ini juga turut mengkaji perkaitan di antara *burnout*, konsep sendiri dan kepuasan kerja. Reka bentuk kajian menggunakan pendekatan kuantitatif digunakan dalam kajian ini. Seramai 246 orang jururawat perempuan ikut serta dalam kajian ini; jururawat yang terlibat dipilih secara rawak daripada dua buah hospital kerajaan di Libya. Tiga instrumen yang berbeza, iaitu Indeks Kerja Deskriptif (Job Descriptive Index, JDI); Inventori *Burnout* Maslach (Maslach Burnout Inventory, MBI); dan Skala Konsep Diri Tennessee (Tennessee Self-concept Scale, TSCS) diadaptasi dan digunakan untuk mengumpul data kajian. Analisis faktor dan kajian rintis dijalankan untuk menetapkan kesahihan dan kebolehpercayaan terhadap instrumen sebelum ia digunakan dalam kajian sebenar. Kedua-dua analisis statistik deskriptif dan analisis statistik inferens digunakan untuk menganalisis data yang terkumpul. Analisis deskriptif digunakan untuk menentukan tahap *burnout*, konsep sendiri, dan kepuasan kerja dalam kalangan peserta. Analisis varians (ANOVA) digunakan untuk menentukan kesan daripada pemboleh ubah atau variabel demografi (status perkahwinan, umur dan tahun pengalaman kerja) terhadap *burnout* dan kepuasan kerja dalam kalangan jururawat. Sementara itu, analisis korelasi (Pearson Moment Correlational Analysis) digunakan untuk mencari perkaitan di antara *burnout*, konsep sendiri, dan kepuasan kerja (dan binaan yang mendasarinya). Dapatan kajian menunjukkan bahawa, tahap *burnout* dalam kalangan jururawat di Libya secara relatifnya adalah tinggi; tahap konsep sendiri adalah sederhana; dan tahap kepuasan kerja adalah rendah. Terdapat perbezaan yang signifikan dalam tahap *burnout* di antara kumpulan umur jururawat. Sementara itu, perbezaan tahap *burnout* dalam kalangan jururawat dari sudut status perkahwinan dan tahun pengalaman kerja adalah tidak signifikan. Kesan daripada umur, status perkahwinan dan tahun pengalaman kerja terhadap kepuasan kerja didapati tidak signifikan. Perkaitan di antara *burnout*, konsep sendiri dan kepuasan kerja (dan binaan yang mendasarinya) didapati signifikan. Kekurangan jururawat yang dikaitkan dengan jururawat yang berhenti kerja sama ada disebabkan *burnout* atau tahap kepuasan kerja yang rendah dikenal pasti sebagai satu daripada implikasi utama yang dikaitkan dengan dapatan kajian ini. Kaunseling dan pembinaan imej profesion kejururawatan yang positif di Libya adalah di antara beberapa saranan yang diberikan dalam kajian ini.

BURNOUT, SELF -CONCEPT AND THEIR RELATIONSHIP TO JOB SATISFACTION AMONG NURSES IN LIBYA

ABSTRACT

This study investigated the contribution and effect of burnout and self-concept on job satisfaction among nurses' in Libya. The study also investigated the relationship between burnout, self-concept and job satisfaction. Survey design using quantitative approach was used in the study. Two hundred and forty six (246) female nurses' participated in the study; the participating nurses' were randomly selected from two government hospitals in Libya. Three different instruments including: Job Descriptive Index (JDI); Maslach Burnout Inventory (MBI); and, Tennessee Self-concept Scale (TSCS) were adapted and used as instruments for data collection in the study. Factor analysis and pilot study were performed and conducted to establish the validity and reliability of the instrument before they were used in the actual study. Both descriptive and inferential statistical analyses were used in analysing the data collected for the study. Descriptive analysis was used in the study to determine the level of burnout, self-concept and job satisfaction among the participants. Analysis of variances (ANOVA) was used to determine the effects of demographic variables (marital status, age and years of working experience) on nurses' burnout and job satisfaction; while correlational analysis (Pearson Moment Correlational Analysis) was used to find out the relationship between burnout, self-concept and job satisfaction and their underlying constructs. Findings in the study indicated that, level of burnout among nurses' in Libya was relatively high; level of self-concept was average; while level of job satisfaction among the Libyan nurses' was low. There was significant difference in the nurses' level of burnout between the age groups of the nurses'; while the difference in the level of burnout among the nurses' in terms of their marital status and years of working experience were not significant. The effects of age, marital status and years of working experience on the nurses' level of job satisfaction were found not significant. The relationship between burnout, self-concept and job satisfaction and their underlying constructs were found to be significant. shortage of nurses' associated with nurses' quitting their job as a result of either burnout or low level of job satisfaction was identified as one of the major implications associated with the findings of the study. Peer counselling and building positive but authentic image of the nursing profession in Libya were some of the recommendations provided in the study.

CHAPTER ONE

1.0 Introduction

Nursing is the foundation of every nation's health care industry. Nurses provide care, comfort, and also serve as role models for excellent health care. Nurses support health promotion, teach the sick and the general public on how to prevent injury and illness, as well as assist in cure. They help patients and their families to cope with illnesses, so that they can continue with their lives. Attentive nurses have been instrumental in seeing the early warning signs of an oncoming crisis. Nowadays the advances in science and technology demand nurses care for more complex disease, which in turn, put much more burdens on them. This requires nurses to be up-to-date with information and knowledge and to be attentive to details especially in intensive care. People, who have the capacity to empathize, also have the potential for compassion fatigue. It is a natural by-product of the caring profession. Nurses are among those who are vulnerable to this compassion fatigue. Job burnout is a possibility in any organisation, but it is significantly more prevalent in the helping professions such as nursing.

Nursing is a stressful, intense, hectic and demanding job. Nurses, as well as others in the helping professions, have the added burden of enormous responsibility for the welfare of others, in addition to, the massive amount of stressors that arise from normal job activities. This heavy responsibility together with long hours, marginal working conditions and often unreasonable demands from patients leads to chronic stress. Physiological pressure due to working at night along with sleep deprivation may cause cognitive performance deficits and physical effects such as high-blood pressure, minor muscle sympathetic nerve activity (Ogawa et al., 2003), decreased receptive and expressive speech, memory and complex verbal, arithmetic functions (Kim et al.,

2001). Among other things that can affect the day-to-day stresses of a nurse are staffing shortages, hospital protocol, corporate rules, regulations and lack of self-confidence (Mims & Stanford, 2005; Pine & Aronson, 1983). Other factors, which lead up to burnout in nursing, are lack of appreciation and recognition, differences in principles, personal values, favouritism and/or an absence of fairness.

Job satisfaction among nurses is an important issue that bears direct effect on the quality and efficiency of their services in any healthcare system. Apart from the implications on the healthcare system, nurses job-satisfaction plays a critical role in determining nurses intention to remain in the profession (Mrayyan, Shishani & Al-Farouri, 2007), an issue posing a challenge to nursing and hospital management who are constantly battling with the with the issue of ‘shortage of nurses’ in most hospitals. Considering the significant role and responsibilities in monitoring major/vital signs and administering medication on patients while in hospital, nurses’ job-satisfaction has over the years become a critical issue of serious concern to stakeholders of the health sector (Khowaja, Merchant & Hirani, 2005). Though, Tourangeau and Cranley (2006) considers organisational commitment, management support, burnout, work-group cohesion, being older in the profession, years of experience, and level of education as possible factors that determine job-satisfaction among nurses. Factors determining nurses’ job-satisfaction vary from place to place and among healthcare organisations.

Work-burnout as a possible factor that can positively or negatively influence job-satisfaction arise from performing the same work over and over again, especially, when there is no meaning to this work (Corey 1996); and, possibly from giving a lot personally, and not receiving anything in return including appreciation or encouraging, feedbacks. The concept of burnout came about in the 1970’s, when Freudenberg (1974) introduced the idea for the first

time in New York, and Pines and Aronson (1988) in California. In her earlier research on burnout, Maslach (1986) propounds that those who suffer from this problem “lose all concern, all emotional feelings towards their colleagues and then treat them in an indifferent or even dehumanized way”. Maslach and Jackson (1981) argue that people view the manifestation of burnout as a subjective feeling of dysphoria, affecting the physical and emotional aspects of one’s wellbeing leading to a reduction of behavioural activities and motivation and the debilitation of one’s efforts to perform. Maslach and Leiter, (1997) reports that, the inability to stabilize internal and/or external needs results in burnout and as a consequence inhibit the allocation of energy resources effectively.

This study intends to examine the issue and level of job-satisfaction among nurses in Libya. The study would explore the relationship between work-burnout, self-concept and job-satisfaction among nurses in Libya. Bearing in mind, the issue of nurses’ shortage in Libya and government commitment toward the development of high quality nursing care with control cost.

1.1 Background of the Study

Nowadays, a significant proportion of nurses experience burnout (Aiken et al., 2001). With the complexity of medication and procedures provided at hospitals, nurses have to be increasingly conscious and aware because any mistake could threaten the patients’ lives. This demand puts nurses under stress which may cause emotional strain. Nurses’ occupational stress decreases job satisfaction, increases turnover rate, and reduces nursing quality. At different workplaces nurses are confronted with different work tasks, working conditions and hence different sources of stress.

Burnout is a conflict between what people are and what they have to do (Kanai-Pak, 2009). Kanai-Pak (2009) further asserts that, three factors linked most often to nurse burnout are: i) staffing, ii) work schedule, and iii) high demands. By staffing, he meant the nurse-patient ratio. More often than not, nurses have to work both day and night. Sleep deprivation and working nights cause both psychological and physical strain. He cited the impact of economic limitations, rapid changes in treatment modalities, and varied values among health care providers and their clients, as some of the main causes of high demands on nurses.

Aiken et al., (2002) reported that increased nurse-patient ratio will also lead to a 23% increase in nurse burnout, a 7% increase in the patients dying and a 15% increase in job dissatisfaction. The high workload, overstress, and unreasonable nurse-to-patient ratio are three work force characteristics, that contribute to the increase in errors made by nurses (Kanai Pak, 2009). Rogers et al., (2004) conducted a research on the effect of long working hours on making errors. The results of their study indicate that the risk of making errors increases significantly, when nurses have to work overtime and when their work shifts are longer than 12 hours, or when they work more than 40 hours per week. Japanese nurses who worked longer than 12 hours also complained of emotional stress (Inoue, et al., 2000). High-workload contributes to a 50% increase in the likelihood of needle-stick injury and near-misses among hospital nurses (Clerk et al., 2007). There were many overwhelming studies conducted to establish the relationship between professional burnout and self-concept. The results of the Friedman and Farber's research (1992) on teachers in Israeli elementary schools indicate that there is a strong negative correlation between self-concept, professional satisfaction, and burnout. Scharf's pioneering work (1985) on the correlation between self-concept, awareness of professional role discrepancy,

and the intensity of burnout among professional nurses, shows that while 'stress' is the main cause for burnout, 'self-concept' moderates the effect of it.

Burnout is associated with decreased job performance and low job-satisfaction. It has a special significance in health care, where staff experience both psychological–emotional and physical stress. Within the nursing profession stress and burnout are considered to be widely present and problematic. These factors tend to impact negatively on job satisfaction and ultimately affect the retention of nurses. Increased stress, burnout, and lack of job satisfaction may contribute to a decline in work performance, absenteeism, and intent to leave one's job or field. We undertook to determine organizational, job-specific, and personal predictors of level of burnout among respiratory care practitioners (RCPs). We also examined the relationships among burnout, job satisfaction (JS), absenteeism, and RCPs' intent to leave their job or the field. Thus, burnout has a special significance in health care, where staff experience both psychological–emotional and physical stress.

Work-burnout and job-satisfaction are issues that have relative effect on nurses' self-concept and vice versa. Self-concept as may be influenced by work-burnout may have consequential effect on nurses' job-satisfaction. Factors that may possibly have influence on job-satisfaction have the equal tendency of influencing self-concept among nurses. Some of such determining factors among other things may include: the nurses perception of the nursing leadership, role tension, communication among nurses and other disciplines, and care policies of the nursing management and administration; demographic variables such as gender and age (Yaktin, Azoury & Doumit, 2003); level of education (McNeese-Smith & Crook 2003; Watson 2006); the nurses level of intelligence and experience.

This study focuses on the nurses working in Libya. Libya is approximately 1.7 million square kilometres in size with a growing population of 4.7 million in 1997. Many of the people live in the coastal cities of Tripoli, Benghazi, Misurata and Zuwarah. A large percentage of the population lives in urban areas with approximately 7% growth annually. Approximately 82% of the total adult population are literate. The death rate in 1996 was approximately 7.0 per 1,000 people, and the birth rate was approximately 40 per 1,000 people. Infant mortality in the same period was 24.4 per 1,000 live births; maternal mortality was 4.0 per 10,000 live births; total life expectancy at approximately 66 years. Injury, poisoning, and diseases of the respiratory system, among others, contributed to the main causes of hospital mortality. “Health for all by all” is the motto of Libya’s Health Ministry whereby every citizen can be actively involved, both economically and socially, in which health services are equally divided among the entire Libyan population.

Libya’s health strategy, reflected in its five-year development plan of 1991-1995, is summarized as follows:

- i) Reorganising paramedical and medical human resources via redistribution and training of essential personnel;
- ii) Developing, updating and improving medical facilities;
- iii) Retraining the administrative management of medical facilities;
- iv) focussing on public health programs, primary health care, health education, maternal and child health services, nutrition and environment protection programs, control and prevention of infectious and endemic diseases; and

- v) Meeting the needs of Libya's growing population by supporting the health infrastructure (source: Ministry of Health, Libya, 2000).

Libya's health system operates on a number of levels, namely:

- i. The first level consisting of basic health care units which provide curative and preventive health services for some 5,000 to 10,000 citizens;
- ii. The second level involving basic health care centres which serve some 10,000 to 26,000 citizens;
- iii. The third level which includes 18 polyclinics throughout Libya that are staffed by specialist physicians, containing radiological services as well as laboratories and pharmacies which can serve some 50,000 to 60,000 citizens;
- iv. The fourth level comprising hospitals in rural and urban areas; and
- v. the fifth level comprising specialized hospitals.

In 1990, there were a total of 39,369 health professionals working in Libya, which includes 7,234 physicians and 13,849 nurses. In 1996, there were 12.8 physicians and 36.0 nurses per 10,000 populations. In this period, there were also 726 basic health centres, 18 urban polyclinics and 138 maternal and child health centres. The end of 1990 saw 99 hospitals, 75 of which still functioning and 14 still under construction, 10 of these which were newly built and not functioning yet. Twenty-eight of the 75 functioning hospitals were in the rural areas. Functioning beds at the end of 1990 were 18,503 or a rate of 38 beds per 10,000 populations. (Source: <http://www.emro.who.int/MNH/WHO/CountryProfile-LIY.htm>).

The first psychiatric facility in Libya started in a traditional hospital at Al Marj Al Qadim. In the 1960s, an earthquake destroyed this facility, leaving the only other psychiatric hospital in Tripoli. Later in 1969, general and psychiatric health came into focus, resulting in the recruitment of specialist doctors and nurses from Sudan and Egypt. In 1974, the Libyan Health Ministry built a new 200 bed psychiatric hospital in Dar Al Shifa, and the early 1980s saw another 250 bed facility, which included a hospital, mosque, and a farm for the rehabilitation of mental patients.

The biggest state mental hospital is the Gergarish Mental Hospital located in Tripoli with 1,200 beds. Though it accepts patients from all over Libya, the number of patients is below 400 due to lack of medical personnel. There are altogether two major psychiatric hospitals and three other hospitals for the mentally impaired and drug rehabilitation.

The Benghazi psychiatric facility started off as a station for treating serious cases with a total of 35 beds. It started in an old building which used to be a centre for chest disease during the Italian occupation. In 1988, this facility was transferred to a new building that includes a rehabilitation department, facilities for recreational and occupational therapy, and 350 functioning beds. In addition to this, there are smaller outpatient psychiatric units across Libya with 10-40 beds that connect to general health facilities, but the current social conditions in Libya hamper their effective operations. In Benghazi, there is a department for child psychiatry, while Tripoli has a 130 bed sanatorium for geriatric services. There are only eight qualified psychiatrists in Libya, in addition to, resident psychiatrists from foreign countries working in the two psychiatric facilities in the country together with eight psychologists and nine social workers in Tripoli and a similar number in Benghazi.

The Gar Ounis University in Libya trains psychology students in clinical psychology while the Higher Institute for Social Studies trains social workers. The school of nursing psychiatry at the Tripoli Mental Hospital provides a degree similar to a high school diploma. The majority of nurses are general nurses, while there is a severe shortage of occupational therapists. Undergraduate psychiatric students receive only 30 hours of theory teaching with practical training at the Benghazi and Tripoli Mental hospitals. Basically, medical training facilities in Libya are very substandard. They need to be revised and upgraded.

1.2 Statement of the Problem

In general, nurses are one sub-group of the total work population in any given society who seems to be at high risk of the burnout phenomenon. The burnout phenomenon is an issue that has the potentialities of influencing nurses' self-concept and consequent effect on their job-satisfaction. Nursing requires technical skills and psychological sensitivity, so the nurses' knowledge about the self would be crucial for further development and growth of the profession. In recent years, a significant number of nurses suffer from burnout and low self-esteem (Aiken et al., 2001). This psychological problem resulted in the nurses being angry, anxious, depressed and cynical which has direct effect on their job-satisfaction. Those nurses who suffered from burnout have affected, and will affect, not only their personality (self-concept), job-satisfaction and personal family lives, but also their patients' and colleagues' lives at the same time. The main concern is the impact of nurse stress, burnout, self-concept and job-satisfaction in the nursing process itself, especially in those cases where they have to deal with patients suffering from debilitating diseases.

Generally, the ever growing increase in the degree of burnout among nurses and healthcare workers in Africa is well established in Africa (Tope-Ajayi, 2004). Over 60-70% and in some cases even up to 80% and above of the total number of nurses in most of the hospitals in Africa are experiencing high level of burnout (Ezeja and Azodo, 2010). In West African region, about 64.65% of the nurses in public hospitals have high rate of burnout (Ayamolowo, Irinoye & Oladoyin, 2003); in Ethiopia-east of Africa, over 67.1% of the nurses in university teaching hospitals have disturbing level of burnout (Alemshet et al. 2013). This trend constitutes a serious threat to the nursing profession (El-Jardali, et al. 2009); and more dangerously affecting the quality of nursing services in African healthcare institutions (Pilay, 2009). Libya being part of the African continent is not free from this situation; even, the neighbouring Arab countries that border Libya are witnessing similar situation in their health institutions (Almalki, FitzGerald & Clark, 2012).

Until today there is not a single research about burnout and its effect is done in Libya. As such, to the best of my knowledge not even a single research article about burnout among nurses in Libya is found on the web. Thus, lack of literature about the issue of burnout in relation to job-satisfaction and self-concept in Libya provide one of the basis upon which the justification of this study was derived. However, information gathered from the Libyan Ministry of Health shows that over 20.3% of the nurses in Libya resign or change their work after working for between 3-10 years (MOH, 2010). Analysis of the interview conducted with one of the top officers of the Libyan Health Management Board indicated burnout as one of the issue explaining why nurses abandoned their profession for other jobs in Libya.

The measurement of burnout and its diagnosis is imperative due to the severe toll that burnout generates in its victim. Burnout and job-satisfaction as may be influence self-concept

and vice versa directly influences nurses' psychological and health conditions, which in turn, have negative effects on patients and employers. According to Espeland (2006) and Gillespie and Melby (2003), by reducing burnout in nurses, not only do patients get better quality care, but nurses themselves also enjoy better health. They are energized, enthusiastic about their jobs, and in return, the employers obtain increased productivity, reduced absenteeism, reduced job turnover, and increased customer satisfaction.

Nowadays the term 'burnout' is a frequently heard problem, especially in highly demanding jobs including nursing. The nurses who suffer from burnout often feel badly stressed, and unable to cope up with their daily activities. This is often a situation that leads to low job-satisfaction negatively affecting the self-concept of the nurses. Burnout, low or poor job-satisfaction and negative self-concept among nurses can be avoided by the recognition of its causes and symptoms, and suggested ways to change an environment to reduce stressful situations. Indeed, it is not possible to eliminate stress, but stress can be managed, and used to help those exposed to it. According to Duquette, et al., (1994), nurses are at high risk of burnout and therefore vulnerable to developing a sense of poor job-satisfaction and feeling of low self-esteem. Their study of 300 documents on nursing burnout showed that 'role ambiguity', 'workload', 'age', 'hard-line' and 'active coping' are among the factors that contribute to nursing burnout. As Lynch (2002) stated, health affects work and work affects health. A person's general health most often affects their performance and vice versa. In the past couple of decades, burnout has changed to an epidemic phenomenon in the caring professions such as nursing by putting the health of nursing staff at serious risk.

Among those contributing factors to the burnout is the self-concept. However, the lack of clear cut boundary between self-concept and self-esteem makes the researchers to use them often

interchangeably. It has been proved that individuals with low self- concept have work characteristics that prevent them to be innovative. It affects their performance at work place and their relationships with colleagues. Unlike Maslow who sees self-esteem as a human drive, it acts as a mediator rather than as a drive.

The interactive effects of burnout and self-concept can have an overwhelming influence on job-satisfaction among Libyan nurses. Apart from work burnout and self-concept as possible factors affecting job-satisfaction among nurses, stress, age, cohesion and work schedule can as well have negative effect on nurses' job-satisfaction (Shader et al., 2001). Because of shortage of nurses as the case is in Libya, nurses are made to work longer hours and eventually become weary of their work. This and other factors such as demographic changes, low compensation and difficult working condition have negative effect on nurses' job-satisfaction and self-concept (Williams, 2001). On the contrary, years of service, job position, good retirement plan and geographical area as reported in Cheng-Cheung (2003) can have positive effect on nurses' job-satisfaction and self-concept. Nurses' perception of the nursing leadership, role tension, communication among nurses and other disciplines within the health sector would have both positive and negative effect on nurses' job-satisfaction and self-concept (Stamps, 1997). Other issues bearing positive and negative effects on nurses job-satisfaction and self-concept may include: demographic variables, age and gender (Yetkin, Azoury & Doumit 2003); education (McNeese-Smith & Crook 2003); and, intelligence.

A consideration of existing studies on burnout in relation to self-concept and job-satisfaction among nurses entails that, there was little documentation on the issue in Libya's medical institutions and organizations which is the focus of this study. Thus, this study would

emphasise on the issue of work burnout and self-concept in relation to job-satisfaction among nurses in Libya.

In Libya, the issues in the medical sector refers to weak and unqualified health service administrators, poorly designed work stations or offices, lack of proper or qualified training, under staffing, heavy workloads in the hospitals, low remuneration especially for nursing staff, nursing aides and mismatch of people to jobs, among others. It is not strange to find a new medical graduate who has no administrative or management skills administering a medical institution in Libya. In such a situation, such medical officer will find himself or herself busy with daily insignificant administrative duties that positively contribute nothing to the quality of nurses under his or her supervision. Dealing with unimportant and unrelated aspects of the medical profession will drive the individual to distraction overtime and possibly burnout (Elkhammas & Emsallem, 2006).

It is well known that Libya has a serious shortage of nurses, and for this reason, the Libyan government has to imports foreign nurses from other countries to fill the vacancies. Perhaps, if Libya establishes nursing institutions with qualified instructors, and pays qualified nurses a reasonable remuneration, it might attract more Libyan women and men to this caring profession. Currently, quality patient care is in short supply in Libyan hospitals due to scarcity of qualified nurses. This sends a large number of Libyan patients to seek treatment abroad although medical treatment at Libyan hospitals is free for all its citizens.

Bearing in mind the poor medical infrastructure and support of Libya's health sector, it will not be surprising if its medical personnel, especially nurses, were to leave this caring profession due to burnout, low self-esteem and poor job-satisfaction. The results of the informal

and friendly talk with the nursing staff in Musrata Teaching Hospital shows that, nurses suffers frustrations over insufficient medical supplies, unreasonable patient demands, long and tiring work shifts, under staffing and low salaries. Everyone including nurses have depression, stress, marital issues, financial concerns and other personal issues. One can be overwhelmed by such concerns even at his/her workplace. The incidences of heavy workload, long working hours and insufficient reward will eventually lead to compassion fatigue, and ultimately BO. Critical care patients do not understand that nurses also have their own needs, and in this regards, excessive, and unreasonable patient demands will increase the nurses' already burdened situations.

In Libyan hospital nurse's to patient ratio is as low as one to twentyfive (1:25). Libyan trained Nurses do not have the standards and variations of the baccalaureate-level nursing program, because, local nursing training in Libya is poorly conducted. This is one of the external factor that leads to stress level. In term of income status, the Libyan nurses' are not well paid, and many consider the profession as undesirable. Therefore, with increased patient load, longer working hours, and menial duties unrelated to nursing, it is not surprising that Libyan nurse's burn out faster, resulting in higher turnovers. One in every four nurses in Libyan hospitals is a foreigner. These foreign nurses are more highly trained, their weakness are that they do not speak Arabic which is the native mother tongue of Libya. Libyan hospitals also do not have adequate supplies of medical instruments and items, such as cauterization tools, and patient linens which instead of being disposed off, are reused over and over again. Medical records are manually maintained. Libyan hospital equipment is extremely basic, and there is no ambulance service provided. Libya's greatest need is the strengthening of its medical education system.

There have been numerous studies on nurses' burnout, self-concept and job-satisfaction in other parts of the world. But, the issue in Libyan hospitals has been largely ignored. Indeed

there is either inadequate or non-existent research on the relationship between Libyan nurses' self-concept and their professional burnout. Similarly, there has been no study conducted on the beginning nurse's once they started their professional services. By addressing the concerns of nurses' wellbeing, there is a possibility of reducing or eliminating the level of burnout in the nursing profession. Therefore, my main objectives are to: identify the causes of burnout and low self-esteem; the interactive effects of burnout and self-concept on the nurses' job-satisfaction.

In this study, a set of hypotheses are highlighted including what are the particular demographic variables, the relationship between job satisfaction and burnout of the combustion as well as a combination of them deals with the relationship between job satisfaction and self-concept.

1.3 Objectives of the study

1. To Investigate the level of burnout, self-concept and job-satisfaction among nurses' in Libya.
2. To Investigate the effect of demographic factors (age, marital status, and years of service) on Libyan nurses' job satisfaction in relation to work burnout and job-satisfaction.
3. To Investigate the relationship between burnout and job-satisfaction among nurses' in Libya.
4. To Investigate the relationship between self-concept of nurses' and their job-satisfaction in Libya.

1.4 Research Questions

Preliminary Study

1. What is the level of burnout, self-concept and job satisfaction among nurses' in Libya?
 - a. What is the level of burnout among nurses' in Libya?
 - b. What is the level of self-concept of nurses' in Libya?
 - c. what is the level of job satisfaction among nurses' in Libya?

Effect of Demographic Factors on Burnout and Job-satisfaction among Nurses'

2. To what extent are demographic factors (age, marital status, and years of experience) having any effects on Libyan nurses work burnout and job- satisfaction?
 - a. What is the impact of age and marital status on job-burnout among nurses in Libya?
 - b. What is the impact of working experience and marital status on the level of burnout among nurses in Libya?
 - c. What is the impact of age and marital status on the level of job-satisfaction among nurses' in Libya?
 - d. What is the impact of working experience on nurses' level of job-satisfaction in Libya?

The Relationship between Burnout and Job-satisfaction

3. Is there any relationship between burnout and nurses' level of job satisfaction in Libya?
 - a. Is there any relationship between emotional exhaustion and nurses' job-

satisfaction in Libya?

b. Would depersonalization have any significant effects on nurses' job-

satisfaction in Libya?

c. To what extents can the personal accomplishment of Libyan nurses have any

effects on their job-satisfaction?

The Relationship between Self-concept and Job-satisfaction

4. Is there any relationship between nurse's self-concept and their job-satisfaction?

a. Is there a relationship between personal-self and job-satisfaction among nurses' in Libya?

b. Is there any relationship between moral/ethical-self and nurses' level of job- satisfaction?

c. Is there is any significant relationship between nurses' social-self and their job-satisfaction?

d. Is there any relationship between family-self and level of job-satisfaction among nurses in Libya?

e. Is there any relationship between physical-self and level of job-satisfaction among nurses in Libya?

1.5 Hypotheses

There are no hypotheses for research question 1 (a-c), the hypotheses presented here are corresponding hypotheses for research questions 2 (a-d), 3 (a-c), and 4 (a-e) respectively. Thus, the numbering starts from Ho2 accordingly.

The effect of Demographic Factors on Nurses' on Burnout and Job-satisfaction

Ho2: Demographic Factors (age, working experience and marital status) have no effect on Nurses level of burnout and their Job-satisfaction.

Ho2a: Age and marital status has no significant effect on burnout among Nurses in Libya.

Ho2b: Working experience and marital status has no significant effect on Nurses burnout in Libya.

Ho2c: Age and Marital Status has no significant effect on job satisfaction among nurses in Libya.

Ho2d: Working experience and marital status has no significant effect on nurses job satisfaction in Libya.

The Relationship between Burnout and Job-satisfaction among Nurses'

Ho3: There is no significant relationship between nurses burnout and their job satisfaction.

Ho3a: There is no significant relationship between emotional exhaustion and nurses' job satisfaction in Libya.

Ho3b: There is no significant relationship between depersonalization and Job satisfaction.

Ho3c: There is no significant relationship between personal accomplishment of nurses and their job satisfaction.

The Relationship between Self-concept and Job-satisfaction

Ho4: There is no significant relationship between Nurse's Self-concept and their job-satisfaction.

Ho4a: There is no significant relationship between nurses' personal-self and their job satisfaction.

Ho4b: There is no significant relationship between moral/ethical-self and nurses' level of job satisfaction.

Ho4c: There is no significant relationship between nurses' social-self and their job satisfaction.

Ho4d: There is no significant relationship between nurses' family-self and their job satisfaction.

Ho4e: There is no significant relationship between nurses' physical-self and their job satisfaction.

1.6 Significance of the Study

Nurses are susceptible to burnout due to their responsibilities in caring for patients, as well as, having to cope with the additional demands of emergency situations. In recent years, the nursing industry has become increasingly aware of the burnout problem. As a result of this, specialists were consulted to suggest solutions to reduce the harmful effects on job-satisfaction, the efficiency and productivity of nurses. The consultants, therefore, need to be aware of the main causes of burnout and its consequences on the nurses' self-concept in order to increase the spirit of cooperativeness among nurses, thus improve their morality.

Our claim in pursuing this study is that the findings will be beneficial for the following groups:

a. Ministry of Health

The present study will provide data for those concerned, who are interested in developing preventive strategies for use in hospital settings about the seriousness of the burnout phenomenon as it relates to self-efficacy and job-satisfaction of nurses. The results of this study would contribute to the future plans of the Ministry to meet the people's requirements and to satisfy their needs. The result of the study would assist the ministry in determining the statistical trend of burnout among nurses in Libya; how its consequential effect gives impact on the self-concept and job-satisfaction of the nurses.

b. Supervisor/ Head of Department:

Researches in health care settings have received considerable attention in the Western and European countries, whereas there are limited studies of this kind in Libya. Being empirical, this study enhances knowledge about the nursing system in Libya. The increased knowledge will improve working conditions, boost higher staff satisfaction, as well as, improve the quality of patient care. Moreover, it would provide sufficient data regarding the issue of burnout as it relate to nursing self-concept and job-satisfaction. This would in one way or the other guide nursing students how to reduce the risk of burning out, improve their self-concept to enjoy higher job-satisfaction. It is only through studies that deal with the contribution of self-concept and burnout towards job satisfaction that we can hope to gain the necessary understanding to bring about changes that are so desperately needed to improve the nursing profession in the Libyan society.

c. Nurse's well-being

Investigating the contribution of self-concept and burnout towards job-satisfaction, age and years of service, may likely provide us with some interpretation of their state of health. The results of this study will increase Libya's knowledge about factors that contribute to its nurses' job-satisfaction as well as, the relationship of it to the nurses' age, and years of working experience in nursing.

d. Researchers

The results of the current study would also be beneficial for those who are interested in public health in general and nurses health in particularly in the Libyan society. It would be very useful for Libyan students who are majoring in psychology. They can expand the scope of the study by investigating burnout in teaching, armed forces, physicians, and so on.

1.7 Definition of Terms

1.7.1 Conceptual Definition

a. Job Satisfaction

Job satisfaction is a positive emotional state resulting from the appraisal of one's job and work experiences (Lock, 1976). It is usually influenced by the employee's perception of how well their job provides those things that are viewed as important. Job satisfaction is therefore a person's emotional responses to his or her job condition.

b. Burnout

Maslach (1982), a renowned figure in the studies on burnout, describes burnout as a reaction to the long term emotional strain of coping extensively with other people, particularly when the service providers have problems. Maslach and Leiter (1997) also believe that the main cause of burnout is the mismatch of the person to the job itself.

According to Girdin et al., (1996) burnout is a state of emotional and/or physical exhaustion caused by anxiety over a long time in an emotionally challenging environment (Pines & Aronson, 1988). While some scholars attribute 'burnout' to external or environmental causes (Morgan & Krehbiel, 1985), others focus on internal factors such as "the inability to cope with stress" as the main reason for burnout (Greer & Greer, 1992).

b. Self-concept

The American Heritage Dictionary (2007) defines self-concept as an individual evaluation of him/herself based on societal or personal normalcy as a criterion. According to Mosby's Medical Dictionary (2009), self-concept is the combination of feelings, attitudes or opinions that the person has about his/her identity, capabilities, limitations and significance. Such factors as the values and opinions of others, especially in the formative years of early childhood, play an important part in the development of the self-concept. Self-concept is a life-long accumulation of knowledge about oneself that includes beliefs about personality traits, abilities, personal values, roles and goals. It is generally defined as an individual's overall evaluation of his/her traits, and abilities (Rosenberg, 1965; Rosenberg & Simmons, 1971).

c. Nurses'

The Advance Learners Dictionary described the word 'nurse' as verb meaning to look after sick or injured people. As a noun it is referred to the person who takes care of the sick or injured person. Florence Nightingale, the founder of modern nursing, was probably the first person in history to attract public attention to the significance of nursing in people's life. A nurse offers a range of services to individuals and families to help them alleviate their pain. The nurse also provides services designed to prevent disease or help in the diagnosis, treatment and prevention of complications.

e. Libyan Hospitals

According to the Pan African News Agency, a health report released by Libya's General Peoples Committee (GPC) highlighted some vital statistics for the Libyan health sector. This report indicated that Libya has 96 hospitals comprising 20,289 beds, 1,355 Basic Health Centres,

37 clinics, 17 quarantine units and 25 specialised units with 5,970 beds. But while these statistics looked fantastic, the actual state of Libya's health sector is exceedingly far from this.

1.7.2. Operational Definition

a. Job satisfaction

Job satisfaction is the set of feeling and sensations that make the individual feel comfortable with his work and the feelings to the work will and effectively .Job satisfaction in this study is defined as the positive emotional responses nurses have on their jobs as a results of satisfying their hierarchy of needs in line with the Maslow theory of needs. Operationally as used in the context of this study, the concept of job-satisfaction can be measured by the feelings of the worker on her pay (salary or wages); the nature of the work itself; supervisors; co-workers; and safety as used in the Job Descriptive Index (JDI).

b. Burnout

In this study, burnout refers to those sensations and symptoms that can be felt by the nurses resulting from long time effects at work place. The issue of stress, sadness, pressure, anxiety, frustration, and evasion of responsibility; which are considered in this study are likely to lead to a lack of job satisfaction and the general feeling of ill health, besides lack of self-confidence. Victims of such circumstantial situation are most often individuals who have a higher ambitions, and strong motivation to accomplish things, and those, who attempt to fulfil the expectations of others. Thus, feeling exhausted and so often suffers from the inability to complete their tasks. They also lack mental focus and experience frequent sleep disturbances,