Original Article

Access this article online

Quick Response Code:

Website: www.jehp.net

DOI: 10.4103/jehp.jehp_429_24

Relationship between burnout and fear of missing out among nurses in Oman: Implication for nursing practice

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Abstract:

BACKGROUND: Nurses' perceived stress might contribute considerably to burnout and a fear of missing out (FOMO). This might intensify FOMO feelings since they may feel detached from social and personal activities owing to their stressful work schedules. The present study was conducted to determine the relationship between job burnout and FOMO among nurses.

MATERIALS AND METHODS: This study used a cross-sectional design with a convenience sampling approach. A sample of 211 nurses working in Muscat/Oman completed the study questionnaires. The date was between September and December 2023. Participants completed the study questionnaires, including a sociodemographic questionnaire, an Oldenburg Burnout Inventory, and a Fear of Missing Our Scale (FOMO).

RESULTS: A total of 211 nurses participated. Findings showed that most participants had moderate levels of FOMO and burnout (60.161% and 62.08%), respectively. There were significant differences in FOMO based on working time ($F = 4.941$, $P = 0.008$) and working area ($F = 6.787$, $P = 0.001$). The study also found a significant positive correlation between FOMO and burnout among nurses ($F = 79.445$, $P < 0.00$, $R^2 = 275$).

CONCLUSION: The study indicated that nurses who had experienced more missing out had higher levels of job burnout. This might be attributed to frequent work-related activities and a lack of work-life balance. To combat this, nurses should be given clear information about their workload and duties, as well as chances for professional growth, continuing education, and career promotion, and they should be encouraged to establish boundaries between work and home life.

Keywords:

Clinical practice, occupational burnout, phobia, social anxiety disorder, social media addiction

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Received: 05-03-2024
Accepted: 06-05-2024
Published: 28-12-2024

Background

The prevalence of occupational exhaustion among nurses can be attributed to the inherent characteristics of their profession, including extended work shifts, high-pressure work environments, direct exposure to the virus, limited availability of personal protective equipment and supplies, health risks, and concerns about contracting and transmitting the disease to family members.[1] Burnout is an occupational psychosocial condition caused by the ineffective management of high levels of emotional and social stress on the job over lengthy periods.[2] According to the World Health Organization (WHO), job burnout has three key characteristics and recognized signs: weariness, cynicism, and inefficacy.[3] Those who suffer from burnout generally feel emotionally fatigued, develop bad attitudes toward their coworkers, and feel inadequate or fail to correctly complete their jobs and obligations.[4]

An examination of burnout prevalence across several public sector positions revealed a 13–17% burnout incidence, but the comparable percentage in healthcare-related sectors, particularly nursing, was 30–

How to cite this article: Qutishat M, Al Sabei S. Relationship between burnout and fear of missing out among nurses in Oman: Implication for nursing practice. J Edu Health Promot 2024;13:495.

50%.[5] In the Arab world, burnout among nurses is also prevalent.[6] A systematic review revealed that burnout among nurses was experienced by 25% of Iranian nurses, 30.8% of Palestinian nurses, 55% of Jordanian nurses, 38% of Lebanon nurses, 44–54% of Egyptian nurses, and 27–50% of Saudi nurses.[6]

The nursing environment within the healthcare field can be highly stressful due to its demanding responsibilities, limited control over the work nature, lack of social support, long working shifts,[7,8] and poor leadership style.[9] Previous study indicated that the nursing manager's leadership style was perceived as primarily democratic, followed by delegating. Democratic leadership was found to enhance nurses' sense of belonging and commitment, potentially improving service quality and patient satisfaction and reducing nursing tension and stress.[10]

Nurses also face additional stressors such as pain, patient deaths, and breaking bad news to patients. These stressors can also extend to their personal lives, leading to emotional exhaustion and burnout.[11,12]

Work stress has a significant effect on nurses' performance and jeopardizes the provision of high-quality and safe care.[13] Work stress arises from the interaction between work conditions and the characteristics of the employee in a way that work demands and related pressures exceed what the individual can handle.[13] Work stress affects more than just the individual's health and well-being. It may also harm patients and the healthcare organization where the individual works, resulting in lower productivity, absenteeism, and turnover.[14]

The evidence revealed that work stress had been associated with reduced morale, poor work performance, job turnover, job dissatisfaction, high absenteeism rates, and poor quality of patient care.[15,16] Thus, identifying factors that can reduce job burnout among nurses is critical. Among the components that improve resistance to burnout are specific personal and occupational resources that strengthen personal commitment, provide positive results, and increase nursing staff efficiency. One such resource is the availability of appropriate social support and belonging.[17]

Smartphone utilities and apps have evolved into modern culture's heart of human interactions and socialization. With its substantial operational benefits, it is increasingly gaining importance for performing essential activities such as information transmission, active socialization, belonging, and entertainment.[18,19] The fast transformation in communication, particularly social networking, has created a virtual platform for social connection in various forms around the globe.[20] Due to its flexibility and instant connectivity, smartphone use among nurses is now quite in-depth and being used even during working hours, not only for clinical practice but also for extra-work activities, such as the use of social media platforms, games, online research, and others.[21] This may increase the risk of addiction and its related phenomena, such as nomophobia and fear of missing out (FOMO). FOMO is defined as "a pervasive apprehension that others might be having rewarding experiences from which one is absent",[22] and it is characterized by individuals' proclivity to stay profoundly updated with what others do and think through constant social media connections.[23] This means that people who see a lovely holiday snapshot shared by a friend on social media may believe they missed these events and need to catch up with what else their friend posts. Previous studies indicated that the nursing profession is at high risk of developing such experiences.[24-26]

A study conducted in Turkey in 2021 revealed that staff nurses are experiencing a moderate level of cyberloafing, nomophobia, and FOMO.[25] The authors of this study believed that these conditions are highly connected with job responsibilities, working shifts, work overload, and work-related stressors.[25] Thus, nurses may find themselves cut off from genuine social interactions and wish for a particular platform of social support, social connection, emotional support, self-expression, and self-presentation that they possess.[27,28] However, the prolonged and continuous plugging into these devices and the social comparisons that might occur on those platforms can result in negative self-evaluations and feelings of inferiority.[28] This behavior may stem from a strong desire to belong to a group and a reliance on the approval of others, which may impact the individual's psychosocial and physical well-being and lead to more stress and exhaustion.[29] Nurses who report work overload are at higher risk of developing job burnout. Therefore, the authors assume that excessive use of social media can induce social media FOMO, which can ultimately lead to job burnout among nurses.

Oman is a unique context for studying burnout and FOMO among nurses. The country has a rapidly growing healthcare sector, and understanding the factors contributing to burnout among nurses is crucial for ensuring the sustainability and quality of healthcare services in Oman. Burnout is a common problem among healthcare workers and can have detrimental effects, including decreasing job satisfaction, higher turnover rates, and lower patient care quality. A prolonged connection to social media may trigger anxiety in the nursing profession, leading to more burnout symptoms; thus, healthcare organizations may create measures to avoid burnout by understanding the relationship between burnout and FOMO. FOMO is a relatively new

idea that has yet to receive much research in the medical industry. Researchers can further their knowledge of this phenomenon and its effects on nurses by examining the connection between FOMO and burnout among nurses. Therefore, this study examined the relationship between burnout and FOMO among nurses.

Materials and Methods

Study design and setting

The overall purpose of this study is to examine the relationship between death anxiety and turnover among critical care Omani Nurses. The Sultan Qaboos University College of Nursing's Research Ethics Committee authorized the study's conduct. A descriptive correlational study design was adopted to achieve the research's aim among Oman's nurses.

Study participants and sampling

The research sample was chosen via convenience sampling. Power analysis was used to determine a sample of 200 participants on the following parameters: 95% level of confidence and 5% margin of error. Inclusion criteria were nurses willing to participate in the study and work full-time at their site, with at least six months of experience. However, it excluded all other nurses and nursing students who did not meet the previous inclusion criteria.

Data collection tool and technique

An online survey approach was used in the current investigation. The researchers created and presented the study questions using a Google form distributed via social media platforms. Everyone who took part completed written informed consent forms. Participants were informed that their participation in the survey was entirely voluntary and anonymous, and the study's purpose, objective, methods, and potential benefits were discussed. All data were kept confidential, and no one had access to them except the research team.

Study instruments

The participants completed a detailed self-report questionnaire on their demographic background, professional history, job burnout, and FOMO. The survey was issued between September and December 2023 and took 10–15 min to complete.

Fear of missing our scale

The FOMO scale comprised ten items developed by Przybtkski and her team.[30] The items were measured on a 5-point Likert scale ranging from 1 ("not at all true of me") to 5 ("extremely true of me"), with higher scores indicating higher levels of FOMO. An example of the item is "When I have a good time, I need to share the details online (e.g., updating status)." The FOMO scale demonstrated good internal consistency (Cronbach's $\alpha = 0.88$).[30] In the current study, the Cronbach's alpha was 0.929.

Oldenburg burnout inventory

This tool was created by Demerouti and colleagues at the University of Oldenburg in Germany in 1998, and it has been translated into over 20 languages and utilized in numerous situations.[31] The test had 16 items to assess disengagement (8 things) and tiredness (8 items).[31] The disengagement factor is defined as apathy toward one's job regarding both object and contents and the development of cynical and negative attitudes and behavior toward one's career. Tiredness refers to feelings of physical exhaustion, the urge to relax, and overburdening and emptiness associated with labor. The items on the two subscales are positively and negatively structured (4 of each). All responses are collected on a four-point Likert scale, with higher scores indicating more incredible tiredness and disengagement. The reliability scores for both subscales – the exhaustion (Cronbach's $\alpha = 0.85$) and the disengagement (Cronbach's $\alpha = 0.79$) were satisfactory.[31] In the current study, Cronbach's alpha was 0.919.

Ethical consideration

College of Nursing at Sultan Qaboos University's Research Ethics Committee granted approval for the project. Study participants obtained written informed permission using a Google form distributed on social media platforms, namely nurses' group platforms, to ensure their voluntary and anonymous involvement. Access to the data was restricted to researchers, ensuring its confidentiality. The investigators rectified instances of missing data, incomplete questionnaires, delayed submissions, and erroneous participation.

Analysis

SPSS Statistics (version 24.0 released in 2016; IBM SPSS Statistics for Windows; IBM Corp., Armonk, NY, USA) was used for statistical analysis. A P value of <0.05 was considered significant. Data are presented as mean and percentage. Analysis of varianc (ANOVA) and a simple t-test were used to identify significant statistical differences between the study variables. Pearson correlation was used to detect the relationship between experiencing burnout and the FOMO among nurses in Oman.

Results

Two hundred and eleven nurses completed the survey. The participants' ages ranged between 22 and 46 years; the mean age of our participants was 28.16 years (SD = 5.08055). Most of our participants were female (50.7%, $n = 107$), married (78.7%, $n = 166$), Omani (86.7%, $n = 183$),

and had a bachelor's degree (77.3%, $n = 163$). Regarding career history, the total nursing experience ranges from 1 to 20 years (mean = 4 years, SD = 4.22002). Most of the participants were working as staff nurses (67.8%, $n = 143$), working in the morning shift in the last month (42.2%, $n = 89$), and working in public hospitals (52.6%, $n = 111$). Table 1 details these results.

The mean scores of FOMO and burnout were 30.533 (SD =8.20) and 38.933 (SD =8.60), respectively. The study participants' FOMO and burnout was divided into three categories: high-level, medium-level, and low-level. This criterion was adopted using the formula (highest grade – lowest grade) divided by three. Thus, the FOMO was split into three levels: low (from 10 to 23 points, medium (from 24 to 37 points), and high level (from 38 to 50 points). On the other hand, the burnout level among our study participants was split into a low level of 16–30.7, a moderate level of 30.8–45.4, and a high level of 45.5–60. The result of this study shows that most of the study participants exhibited a moderate level of FOMO (60.161%, $n = 130$) compared to the high level (19.90%, $n = 42$) and low levels (18.483%, $n = 39$). On the other hand, most of our study participants demonstrated a moderate level of burnout (62,08%, $n = 131$) compared to a high level (21.8%, $n = 46$) and a low level (16.11%, $n = 34$).

The results of the current study did not find any significant differences in overall FOMO experiences and burnout across demographic data. In terms of participant career history, the findings of this study indicated a significant difference in FOMO experiences in terms of participant working time ($F = 4.941$, $P = 0.008$) and working area ($F = 6.787$, $P = 0.001$). However, there was no significant difference in FOMO across other work-related variables. Table 2 details these results.

To understand further whether the burnout (dependent variable) among nurses in Oman could be predicted by the experiences of FOMO (independent variable), a linear regression was calculated, and after adjusting for the effect of confounding variables, the results indicated that a higher degree of FOMO shown to be positively and significantly associated with experiences of burnout ($P = 0.000$). The results showed that FOMO explained 27.2% of the variation in burnout experiences. Table 3 details these results.

Table 1: Participant demographics

Variable	Frequency	Percentage
Age		
21–26	84	39.8
27–32	68	32.2
33–38	47	22.3
39–44	12	5.7
Gender		
Male	104	49.3
Female	107	50.7
Marital Status		
Single	45	21.3
Married	166	78.7
Nationality		
Omani	183	86.7
Non-Omani	28	13.3
Level of Education		
Diploma	37	17.5
Bachelor	163	77.3
postgraduate	11	5.2
Work Position		
Assistance Nurse	26	12.3
Staff Nurse	143	67.8
In-charge Nurse	30	14.2
Continues education	12	5.7
Working Time		
Morning	89	42.2
Evening	87	41.2
Night	35	16.6
Type of Hospital		
Private	100	47.4
Public	111	52.6

Discussion

The current study investigated the association between burnout and FOMO among nurses. This study found that the mean burnout scores and FOMO were 38.933 (SD =8.60) and 30.533 (SD =8.20), respectively. The results indicated that most study participants exhibited moderate burnout (62.08%, $n = 131$), which aligns with previous studies.[32-34] This may be because the WHO and numerous other international organizations have acknowledged Oman's excellent growth over the last 40 years, particularly in healthcare.[35] These advancements have changed Oman's demographic and epidemiological structure, resulting in a longer average lifespan and a higher prevalence of physical and psychological health issues.[35] Putting healthcare providers, particularly nurses, under the massive pressure develops various kinds of stressor unpleasant consequences due to the likelihood of witnessing patient suffering, end-of-life care exposure, emotional exhaustion, working overload, restricted resources, pressure of career development, and interpersonal collaboration.[36,37]

Non-Omani nurses began departing the nation as part of the process of "Omanization," making it challenging for the Omani healthcare system to recruit replacements with the required clinical experience.[38] Workshops may be handy tools for Oman's nursing workforce in tackling burnout and FOMO. Workshops may provide nurses with valuable methods and skills for addressing burnout

Table 2: Descriptive statistics of fear of missing out and burnout

Variable	Fear of missing out				Burnout			
	Mean	SD	Test*	*P*	Mean	SD	Test*	*P*
Age								
21–26	31.0119	8.28483	*F*=1.026	0.382	39.5952	8.61509	*F*=0.912	0.436
27–32	31.3382	7.92052			39.5294	9.81694		
33–38	28.6170	8.87976			37.2979	7.22290		
39–44	30.1667	5.71813			37.3333	5.41603		
Gender								
Male	30.1635	8.13014	*t*=6.49	0.824	38.6538	9.15643	*t*=4.65	0.497
Female	30.8972	8.29177			39.2056	8.07131		
Marital Status								
Single	30.3778	8.96784	*t*=1.45	0.212	38.8889	9.99368	*t*=3.91	0.720
Married	30.5783	8.00927			38.9458	8.22506		
Nationality								
Omani	30.2623	8.20795	*t*=1.239	0.450	38.7104	8.73091	*t*=1.053	0.420
Non- Omani	32.3214	8.07398			40.3929	7.73323		
Level of Education								
Diploma	33.2162	7.72850	*F*=2.473	0.087	39.4595	8.13632	*F*=0.093	0.911
Bachelor	30.0123	8.32295			38.7975	8.91812		
postgraduate	29.2727	6.51292			39.1818	5.25011		
Work Position								
Staff Nurse	30.6434	7.96507	*F*=2.324	0.076	38.7063	8.86744	*F*=0.841	0.473
In-charge Nurse	27.7667	9.43831			37.7667	8.21136		
Working Time								
Morning	31.8989	7.83066	*F*=4.941	0.008	39.6180	8.57256	*F*=1.333	0.266
Afternoon	28.4598	8.32872			37.7931	8.97041		
Night	32.2286	7.90043			40.0286	7.61765		
Type of Hospital								
Private	28.4900	8.02709	*F*=6.787	0.001	38.4000	8.68180	*F*=0.932	0.396
Public	31.8734	8.17182			38.8608	9.00389		

Table 3: Relationship between FOMO and job burnout

Predictor	Unstandardized Coefficients		Standardized Coefficients	*t*	Sig.	95.0% Confidence Interval for *B*	
	B	Std. Error	Beta			Lower Bound	Upper Bound
	0.551	0.062	0.525	8.913	0.000	0.429	0.673

Dependent Variable: burnout

and FOMO by providing sessions on stress management, work-life balance, professional growth, peer support, resilience building, communication and teamwork, self-reflection, and goal planning. It is crucial to tailor the content to the specific needs of nurses in Oman and to regularly evaluate the effectiveness of the workshops to ensure ongoing support.

The results also indicated that the majority of the study participants exhibited moderate levels of FOMO (60.161%, *n* = 130), similar to other previous studies.[25,33] The nursing profession in Oman is demanding, requiring long hours and high stress levels, which can lead to feelings of isolation and pressure to stay updated.[38] The rise of social media platforms has created a sense of competition and comparison among users, causing nurses in Oman to constantly check their accounts for updates.[39] The constant evolution of the profession, with new technologies and treatments, also contributes to FOMO, as nurses need to attend conferences, workshops, and training sessions to provide the best possible care for their patients.[40]

The results showed that nurses working in the night shift demonstrated a higher level of FOMO (mean = 32.22, SD = 7.90043) compared to those working the morning shift (mean = 31.89, SD = 7.83066) and afternoon shift (28.459, SD = 8.32872). This may be because evening hours sometimes overlap with social engagements and gatherings that nurses may miss, resulting in feelings of isolation and FOMO. Furthermore, nurses may have less opportunity to engage in personal activities or spend time with friends and family during nighttime shifts, heightening the worry of missing out on significant moments and experiences.[28] Furthermore, nurses working late hours may find it challenging to strike a healthy work-life balance, leading to an increased dread of missing out on personal obligations and activities.[41]

The results of this study also found a significant statistical difference in FOMO among our study participants in terms of working place; nurses who are working in public hospitals are associated with a higher level of FOMO (mean=31.8734) compared to private hospitals (mean=28.4900). Nurses working in public hospitals may experience a higher level of FOMO compared to those in private hospitals due to factors such as resource constraints leading to limited access to training,[42] the diverse and complex cases handled in public hospitals offering valuable learning experiences, the forefront position of public hospitals in medical research and innovation, and the abundance of professional development opportunities available in these settings.[43] This can lead to feelings of isolation and exclusion from the larger social community, contributing to FOMO.

Furthermore, nurses at public hospitals may have a higher turnover rate, with many being posted to various places or leaving the service entirely.[44] This can exacerbate the FOMO by creating a sense of uncertainty and instability. Finally, the high-stress aspect of working in a public hospital, especially during times of conflict or crisis, can contribute to a heightened sense of urgency and need to be connected and up to speed with the newest information, which can also lead to FOMO.[44]

This study found a significant relationship between burnout and the experiences of FOMO among nurses in Oman; a higher degree of FOMO among nurses was associated with higher levels of burnout. Several reasons can explain this. First, FOMO can increase stress and burnout due to constant work-related activities outside regular hours.[45] This can include checking emails, responding to messages, and completing tasks at home. Constant exposure to social media and the FOMO on career opportunities, educational progress, or social activities can add stress to an already difficult job. Nurses may feel obliged to be connected and active at all times, which can contribute to increased worry and trouble achieving work-life balance, sacrifice of personal time, and neglect of self-care, further contributing to burnout.[46] Second, FOMO in nurses can lead to a lack of work-life balance, causing chronic stress and exhaustion. They struggle to disconnect from work during their time off, resulting in a constant "on-call" feeling.[47] This can also hinder self-care activities like exercise and spending time with friends and family, further contributing to burnout.[48] Third, FOMO-affected nurses may also feel more anxious about how well they are doing at work. They can be concerned about passing up crucial information or chances, which might pressure them and increase the risk of burnout.[49] Furthermore, fear of doing poorly on the job might cause nurses to become hypervigilant—constantly checking in on their work and looking for validation from others.[50] This may exacerbate already existing stress and lead to burnout.

Implications to nursing practice and policymakers

Nurses are essential in providing high-quality patient care, but their occupations may be physically and emotionally demanding. The healthcare environment can be complicated and unexpected, leading to high stress levels, emotional exhaustion, and burnout among nurses.[51] These issues can hurt nurses' overall health and ability to provide adequate patient care. They consider that several strategies may be implemented to lessen nurses' FOMO. First, it is critical to encourage self-care, set reasonable expectations for workload and obligations and provide clear communication regarding workload and responsibilities.[52] These tactics assist nurses in prioritizing their well-being, taking necessary breaks, and feeling more in control. If fair and attainable expectations are set, nurses feel more secure and less nervous about missing out on crucial work-related activities. Second, a positive work environment, promoting teamwork, achievements, and work-life balance can significantly reduce stress among nurses.[53] Time management skills and flexible scheduling can help nurses manage their work-life balance, reducing FOMO. Fostering a culture of collaboration and acknowledging nurses' efforts can create a supportive atmosphere that values professional and personal fulfillment, reducing the FOMO on personal and social aspects of life.

Third, implementing flexible scheduling options can also reduce FOMO among nurses. By offering shift rotations or self-scheduling options, nurses have more control over their work-life balance.[54] This flexibility allows them to participate in personal activities and events without constantly missing out on important moments. Fourth, nurses can reduce FOMO by utilizing tools like counseling, stress management training, and peer support groups. These support systems provide a safe space for nurses to discuss their issues, receive advice, and share experiences. By addressing their emotional well-being, nurses can better manage their career demands and reduce FOMO, ultimately leading to better career performance.[55] Finally, distinctions between work and personal life are critical for avoiding FOMO and decreasing its related stress.[56] Nurses should be taught how to set boundaries and withdraw from work during personal time to maintain a healthy separation. Offering possibilities for professional development, skill development, continuing education, and career advancement can help reduce FOMO linked to career advancement, improve job satisfaction, and lower the FOMO on vital professional prospects.[56]

Limitations and recommendation

The study explores the link between burnout and FOMO among Omani nurses, but its limitations include its online nature and not considering nurses'' mental illness histories. Stress is a highly individualized experience, and

nurses may have different conceptualizations of stress and mental health. Stress is a subjective phenomenon that is influenced by a range of factors, such as individual characteristics, familial background, adaptive mechanisms, self-protective behaviors, and significant life occurrences. There exists a range of conceptualizations about stress and mental health among nurses. On the contrary, the inherent characteristics of the nursing profession might give rise to divergent interpretations and reactions among nurses toward stress. Nurses may experience stress as a result of many professional and personal responsibilities, hence requiring them to effectively regulate their emotions and cultivate flexible strategies prior to providing emotional assistance to their patients and family. Therefore, it is strongly advised that additional research be conducted to investigate the mental health backgrounds of nurses, acknowledging the personalized nature of stress, comprehending the diverse perspectives on stress and mental well-being among nurses, and the imperative for nurses to effectively cope with the stress associated with their professional and personal responsibilities prior to offering emotional assistance to their patients and families.

Conclusion

The study examines the relationship between burnout and the experiences of FOMO among nurses in Oman. The results indicate that most nurses experienced a moderate level of burnout and FOMO; the results also indicated a significant correlation between burnout and the experiences of FOMO among nurses in Oman; nurses with a higher degree of FOMO shown to be positively and significantly correlated with a higher level of burnout. This may be due to several reasons, such as constant work-related activities and work-life balance; in that line, nurses must be provided with clear communication regarding workload and responsibilities. They should also be offered possibilities for professional development, skill development, continuing education, and career advancement; they should be encouraged to set boundaries between work and personal life.

Financial support and sponsorship
Nil.

Conflicts of interest
There are no conflicts of interest.

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