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Nurse Manager's strategies to mitigate staff Burnout in acute care settings: A Qualitative Study

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Research Article

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Abstract

Background: Nursing is a demanding and sensitive profession that generally causes fatigue and exhaustion among staff, especially in intensive care settings. While nurse managers are responsible for translating organizational policy into unit culture and ensuring staff well-being, there is a significant gap in qualitative research exploring their specific lived experiences and the practical challenges they face in mitigating burnout.

Purpose: The paper aimed to investigate the lived experiences of nurse managers regarding staff burnout in acute care settings, identifying the techniques they employ and the factors influencing their effectiveness.

Methods: A descriptive phenomenological design grounded in the interpretivist/constructivist paradigm, this study conducted in-depth, semi-structured interviews with a purposeful sample of 10 nurse managers and directors from acute care units (ICU, CCU, Emergency Department) in West Bank hospitals. Data were analyzed using Braun and Clarke's six-phase thematic analysis. The Job Demands-Resources (JD-R) model served as the conceptual framework.

Results: Five major themes emerged:

1. The Dilemma of the Middle Leader: Managers experience a "double bind," struggling to balance rigid organizational job demands with the fundamental resources required by their teams.

2. The Requirement of Informal, Simple Managerial Strategies: In the absence of organizational solutions, managers rely on self management such as proactive listening, ten minutes breaks, and staff empowerment.

3-Structural Policy Barriers to Wellness: Rigid staffing metrics and a deficit in organizational satisfaction strategies were identified as main obstacles that hinder the mitigation of chronic stress.

4-Servant Leadership as a Complete Resource: Managers utilize authentic leadership styles, including active advocacy and clinical collaboration, to provide psychological safety and trust.

5-Political Constraints and Roadblocks: Unique external factors, specifically checkpoints and travel restrictions in Palestinian cities, necessitate specialized scheduling to reduce the physical and mental burden on staff.

Conclusion: The findings indicate that nurse managers are essential, though often unsupported, promoters of staff wellness. Effectiveness in mitigating burnout requires a shift from individual resilience to organizational accountability, including the implementation of safe staffing ratios based on acuity and formal motivational reward systems.

Chapter 1: Introduction

Nursing is considered a noble and humanitarian profession because of its connection to human health, the preservation of life, and the alleviation of suffering and pain. Those who work in this profession are called angels of mercy for the humanitarian role they play at various stages of treatment. Eman Al-Shawish and her colleague define nursing as the most technical group within health care centers and the backbone of the health care system (Al-Shawish et al., 2020). In high-intensity care settings, nurses are more at risk of workplace burnout than in low-intensity settings. Job burnout is also known as "job

exhaustion", "job apathy, "job inertia", "job indifference", etc. American psychiatrist Freudenberger first proposed the term job burnout in 1974, which describes the physical and emotional exhaustion experienced by helping professionals in their work environment. Job burnout is a serious negative emotional state in which the service object of the industry individual falls into. Nurse burnout is a serious job-related condition with significant consequences for nurses and their patients. Unfortunately, burnout in nursing is on the rise, making it more important than ever to understand how to manage and prevent this condition. It is important to remember that burnout or compassion fatigue is a result of working conditions—not a failure or a lack of compassion or work ethic on your part. Nurse burnout is a state of mental, physical, and emotional exhaustion caused by sustained work-related stressors. Burnout is caused by unmanaged, chronic workplace stress (Alanezi et al., 2025). Researchers believe that the higher level in emotional exhaustion and depersonalization are due to many factors that influence the performance of Palestinian health care nurses, additional factors are the overwhelming requirements of an increased workload, the lack of sufficient human resources, the lack of opportunity for independent decision-making, the feeling of frustration in duties and unfinished services, and the irregular payment of salaries from time to time and the lack of salary, these issues have created challenges for nurses and hurt physical and mental health (Alshawish et al.,2020). The Front-line nurse manager is to translate organizational policies into unit culture and directly support the nursing staff's well-being. Moreover, apply Effective management by implementing organizational strategies that increase productivity, improve patient health-care outcomes, and, on the other hand, ensure staff well-being and satisfaction, and by applying adequate motivational strategies for nurses.

1.1 Background of the Problem

1.2 Problem Statement

Although many research articles discuss nursing Burnout, there is a gap in qualitative research exploring the lived experiences of nurse managers. The lack of a deep, contextual understanding of the practical, of the problem in the practical situation, and the challenges the managers face in applying the strategies. This study aims to fill the gap by providing a voice to such crucial leaders.

1.3 Research Purpose:

The aim of this study is to explore and examine the manager`s experiences with nurses burnout in acute care setting. It focuses on the strategies they commonly use to reduce burnout and the factors that influence their effectiveness.

1.4 Research Questions

1- What are the lived experiences of nurse managers regarding the challenges of staff burnout in acute care?

2- What are the applied strategies they employ or assume are most effective in mitigating staff burnout?

3- What are the factors influencing the managerial strategies in the reduction of staff burnout?

4- What are the resources necessary for mitigating nurses' burnout effect?

1.5 Aims & Objectives

This study aims to fill a gap in existing research by providing a robust body of literature on staff burnout, its influence on patient quality of care, and amplifying the voices of managers who bear full responsibility for care in a sensitive unit.

The Objectives :

1- To describe and examine nurse managers' lived experiences related to staff burnout in acute care settings.

2- To identify the specific managerial approaches the manager used to address staff burnout.

3- To explore the factors that influence the managerial reduction strategies applied to reduce staff burnout.

4- To determine which resources are required to mitigate burnout effects effectively.

5- To provide vivid, in-depth descriptive information from the manager's point of view in order to guide targeted management development programs.

1.6 Concepts Clarification

Nursing Burnout: A systemic, critical phenomenon characterized by emotional exhaustion, reduced personal fulfillment, and disengagement from patients. According to the World Health Organization, these include mental and physical exhaustion, Mental distance from the job, Cynicism about the job, and reduced efficacy in the workplace.

Results from a 2020 survey indicate that nearly two-thirds of nurses (62%) experience burnout. Burnout is especially prevalent among younger nurses, with 69% of those under 25 reporting it. This issue affects hospitals and health care systems across the U.S. (WHO, 2020)

Nurse Manager Role: Increasing workplace productivity, improving patient health-care outcomes, and promoting employee engagement and satisfaction are the primary roles of a nurse manager. This is achieved by implementing organizational policies into practice at the unit level and continuously promoting employee well-being.

JD-R model (Jbo-Demands, Resources Model): the study`s conceptual framework that posits that working conditions fall into two primary categories: job resources (including supervisor support, rewards, and feedback) and job demands (such as time pressure, shift work, and physical workload), which can contribute to staff fatigue. The model helps reduce demands and enhance engagement.

Lived experiences: The pragmatic and contextual manager`s experiences in dealing with nurse burnout within the organizational workplace culture. This will be examined using a descriptive phenomenological design.

1.7 Philosophical Assumptions

This qualitative study is grounded in the Interpretivism /Constructivism paradigm.

Ontology (Nature of Reality) :is evident in the experience the reality of managing nurses' burnout in an acute care setting. It is found through daily interactions with the unit environment and organizational culture. The study acknowledges that multiple realities or interpretations of the phenomenon exist among the nurse managers.

Epistemology (Nature of Knowledge): Knowledge is derived from a deep, contextual understanding of nurse managers' lived experiences with burnout in specific situations. This research aims to clarify the meanings that nurse managers associate with their role in addressing staff burnout.

Methodological assumptions: Interpretivism, Constructivism Paradigms, in-depth, one-on-one, semi-structured interviews. Descriptive Phenomenology to grasp the core experience of nurse managers.

Axiology (role of value): Practicing reflexivity by assessing the fundamental values that define the objectives of the study to ensure the final themes represent participants' perspectives, not the researcher's perspectives.

1.8 Delineation

This study focuses on the nurse manager/director's experience with staff burnout.

Scope: Qualitative inquiry research using a descriptive phenomenology design. The paper explores nurse managers' subjective experiences, applied strategies, and perceived resources related to staff burnout.

Setting: The study will take place in three or four acute care settings (such as ICU, CCU, Emergency Department) in West Bank hospitals. This ensures varied organizational contexts.

Participants: The study includes only nurse managers or directors who hold formal positional power.

- Have at least two years of experience in that role.

- Currently work in an acute care setting.

The sample size will be limited to 10 nurse managers/directors to achieve data saturation for the phenomenological design.

Chapter 2. Literature Review

A literature review is provided to study context and create a conceptual framework that captures the relationship between nursing leadership and nursing burnout.

2.1 Burnout Prevalence and Impact

Burnout is defined as "a state of physical, mental and emotional exhaustion caused by excessive and prolonged stress". The burnout syndrome consists of three major dimensions: emotional exhaustion, depersonalization, and reduced personal achievement. Staff who suffer from burnout often feel disengaged, apathetic, and demotivated, leading to recurrent workplace absenteeism. Burnout may have serious adverse effects on patients' care quality and outcomes, and it is serious and cannot be underestimated by hospital leadership (Bataynah, M. 2019).

The three key aspects of burnout syndrome are explained in the study of Maslach and colleagues, the increased feelings of emotional exhaustion; as emotional resources are absent, workers feel they are no longer able to give of themselves psychologically. Another aspect of the burnout syndrome is the development of depersonalization (i.e., negative, cynical attitudes and feelings about one's clients). The development of depersonalization is associated with emotional exhaustion. Thus, these two aspects of burnout should be correlated. A third aspect of the burnout syndrome, reduced personal accomplishment, refers to the tendency to evaluate oneself negatively, particularly regarding one's work with clients. Workers may feel unhappy about themselves and dissatisfied with their accomplishments on the job (Maslach et al., 1996).

Burnout can result when job resources fail to match job demands, particularly when there is a lack of managerial control and support. Lack of autonomy, involvement, worker cohesion, task orientation, work pressure, clarity, physical comfort, and innovation can lead to stress-related factors leading to burnout (Gyekye, M.B., 2023).

Recent evidence shows high burnout among nursing staff in acute care settings. Studies examine links between nurse burnout and organizational strategies and unit metrics. These metrics include medication errors, staff retention, quality of patient care, safety indicators, falls, and efficiency. Health-care organizations are highly dynamic systems characterized by continuous change. The ongoing increase in demand for health-care services, coupled with limited resources to meet these demands, imposes tremendous pressure on health organizations. The recent global movement to reform health-care systems led to fundamental changes in their structure. Thus, several studies showed that organizational transformation and change increase workplace stress, leading to burnout. The burnout phenomenon has attracted many researchers to investigate its adverse effects on employees, patients, and health organizations (Batayneh, M., 2019).

2.2 The Manager's Influence

Managers are vital members of organizations who lead diverse teams. The manager`s role and responsibility is to plan and implement work systems, procedures, and policies that enable and encourage the optimal performance of the employees and ensure the quality of care provided. The workplace environment includes physical, social, and organizational elements affect job satisfaction and burnout. The organizational support system are important in determining nurses' job satisfaction and burnout. Research indicates that unsupportive organizational environments, marked by decreased performance, ineffective leadership, lower job satisfaction and contribute to higher burnout rates.

In contrast, favorable working conditions and adequate organizational support help reduce stress and dissatisfaction, thereby enhancing job satisfaction, which often serves as a mediating factor between the work environment and burnout (Al-Amer et al., 2025). The manager's leadership style and the managerial skills applied are the main influences and the key to staff retention and engagement. Transformational and authentic leadership styles are often associated with reducing stress and improve personal safety. Existing research lack the understanding of importance of applying these management behaviors. Excellent leadership can be critical to reducing burnout, whether through leader/manager inspiration, regular feedback, or effective communication (Richemond, D. 2022).

2.3 Gap and Synthesis

Nurses' roles expose them to stress due to physical workload, poor staffing and long working hours. Nurses are expected to deliver humane, empathetic, culturally sensitive, and proficient care in working environments with limited resources and increasing demands and responsibilities. Such an imbalance between providing high-quality care with limited resources leads to physical and mental stress. This stressful nature of nursing can ultimately lead to job dissatisfaction and burnout, which, among health care providers, are important issues since they affect turnover rates, staff retention, and ultimately the quality of patient care (Ojekou et al.,2015). Given the vital nursing role in the health-care industry, positive leadership skills can help reduce perceptions of burnout by fostering emotional intelligence, encouraging team effort, providing support, and ensuring proper workforce utilization. These strategies can help reduce turnover, improve productivity and performance, and reduce absenteeism (Gyekye, M.B., 2023). Many health-care organizations experience nurse burnout due to low decision latitude, which creates high psychological demands that contribute to the burnout. When nurses experience and exhibit burnout, the possibility for them to exhibit dysfunctional psychological responses to their duties erupts. Psychological morbidity, which results from burnout, hinders resilience and can lead to anxiety or other symptoms that diminish a safety culture in health-care delivery. Nurse burnout and limited resilience have negative implications for health-care's safety culture (Majrabi, M., 2022).

In Nursing management, the manager plays an important role in setting strategies and applying organizational rules and policies to ensure that patient care needs are met and that staff well-being and satisfaction are maintained. This literature highlighted the problem and emphasized the manager's role. This phenomenological study provides a rich, thick descriptive data to emphasize the importance of nurse manager`s role and lived experience in nurse burnout and guide targeted managerial programs.

2.4 Conceptual Framework

Model

The job demands-resources (JD-R) model proposes that working conditions fall into two categories: job demands and job resources. Organizational factors such as workload, long shift hours, staffing and scheduling, and environmental factors are job demands that cause burnout. On the other hand, managerial support, rewards, feedback, and job security are job resources that can buffer these demands and promote engagement and satff wellbeing. The nurse manager's role is to reduce work demands through (e.g., flexible working hours, rewards) and increase resources through (e.g., emotional support, feedback, oral motivation). Lack of job resources primarily leads to disengagement.

The job demands-resources (JD-R) model, an acknowledged framework in occupational health psychology, serves as the foundation for this investigation. According to Al-Amer et al. (2025), the JD-R model describes how individual and organizational factors affect workplace outcomes, including burnout and job satisfaction.

Chapter 3. Methodology

3.1 Research Paradigm and Design

Paradigm: Interpretivism/ Constructivism. The study emphasizes that the lived experience of managing nurse burnout is subjective and constructed through interactions with the unit environment and organizational culture.

Design: Descriptive Phenomenology. This design was chosen to hold the lived experience of nurse managers and to portray the meaning they attributed to their role in mitigating staff burnout.

3.2 Setting and Participants

Setting: Three to four different acute care settings in the West Bank area hospitals to ensure expansion of organizational contexts.

Sampling Method: Purposeful Sampling (Criterion Sampling).

Inclusion Criteria:

1- Nurse manager/ director who works currently in an acute care setting (e.g., ICU, CCU, Emergency dept)

2-At least two years of experience in a nurse manager/ director role.

Exclusion Criteria:

1- Managers who do not have the official Positional power as a director.

2- Managers who have less than 2 years of experience.

3- Managers who are not exposed to acute care settings.

Sample Size: A target sample of 10 nurse managers/directors will be selected. This number is appropriate for a Phenomenological study to fulfill data saturation. The point at which no new information or topics are computed from the data.

3.3 Data Collection

Method: Semi-structured interviews, one-on-one, in-depth.

Procedure: The interviews will be audio-recorded with participants, either virtually or face-to-face, at their workplace during their free time, and all data will be documented. Use of open-ended, non-leading questions to encourage rich narrative (e.g., "What organizational support strategy, if any, do you feel is currently missing regarding staff exhaustion?"). (e.g., Can you describe one situation of nurse burnout in an acute care setting and what interventions you took to reduce staff burnout and disengagement?). The interview will last between 60 and 90 minutes.

3.4 Data Analysis

Braun and Clarke's six-phase methodology is a method for reflexive thematic analysis in qualitative research. 1. The first of the six steps is familiarizing yourself with the facts. 2. Writing draft codes. 3. Identifying themes. 4. Thematic analysis. 5. Finding and characterizing themes. and 6. Writing the report. in order to identify and analyze patterns in qualitative data and to obtain a deeper understanding.

1. Familiarization: taking notes and listening to audio recordings.

2. Generating Initial Codes: Giving meaningful segmental codes, or descriptive names.

3. Searching for Themes: Putting the codes in groups and putting them in themes that have similar meanings.

4. Analyzing Themes: Checking themes for uniqueness and coherence by comparing them to the entire set of data.

5. Defining and Naming Themes: Identifying and clarifying the final topics in an easy-to-understand manner

6. Producing the Report: Choosing influential and representative quotes to reinforce the conclusions.

Software: Qualitative data analysis software (e.g., NVivo or ATLAS.ti) will be used to manage and organize the data.

3.5 Trustworthiness (Rigor)

Is established through specific strategies:

Credibility (Internal Validity): Participants will review transcripts to ensure accuracy. Prolonged engagement with the participants. Triangulation: comparing interview data with field notes.

Transferability (Eternal Validity): A Thick description of the participants, a raw, rich data context, and findings in order to judge applicability to other settings.

Dependability(Reliability): Maintaining accurate records of all research steps (e.g., participant`s interviews, thematic analysis of raw data) that a third party could examine.

Confirmability (Objectivity): Reflexivity: ensuring interpretations are grounded in the data rather than personal views.

Chapter 4. Ethical Considerations

4.1 Board for Institutional Review (IRB)- Full approval from the Relevant Institutional Review Board is obtained before any recruitment or data collection.

4.2 Research Ethics Committee (REC)

The complete proposal is presented to the Institutional Review Board **(IRB) of Al-Najah University** and the ethics boards.

4.3 Informed Consent with Awareness

Detailed informed consent will be given to participants outlining the study's purpose, methods, risks, and benefits, as well as their right to withdraw at any time.

4.4 Anonymity and Confidentiality

All personal information will be removed from transcripts. Notes and substituted with anonymity. Data will be stored securely on password-protected, encrypted devices. Audio recordings will be deleted one year after the final study report is released.

4.5 Reducing risk

The main risk is feeling emotional discomfort when discussing job-related stress. The investigator will be prepared to manage sensitive information and will offer a list of mental health and assistance resources to every attendee.

4.6 Dissemination Plan

1- The study will be disseminated to the doctor supervisor, **Dr. Eman Al-Shawish**, for review and to maximize research impact. 2- Developing a summary report of the study findings and recommendations for hospital managers to enhance staff satisfaction and mitigate nurse burnout in the acute care setting.

Chapter.5 Timeline and Budget

5.1 Duration of Phase Activities:

Steps	Duration	Actions
Step 1	Months 1-2	Submission to IRB and Securing Approval; Official Recruitment o Participants
Step 2	Months 3-5	Data Collection (Interviews, Transcription, Initial Coding)
Step 3	Months 6-7	Data Analysis, Theme Generation, Member Checking
Step 4	Months 8-9	Final Report Writing and Manuscript Preparation
Step 5	Ongoing	Presentation at National/International Nursing Management Conferences; Submission for Publication in a Peer-Reviewed Nursing Journal.

5.2 Budget

An itemized list of anticipated expenses (e.g., transcription services, transportation costs, supplies, software). There was no funding.

Chapter 6. Results and discussion

This chapter presents the completed research study—the Results, Discussion, and Conclusion sections.

"Nurse Manager's Strategies to Combat Staff Burnout in Acute Care Settings: A Qualitative Study".

6.1 Abstract

To investigate nurse managers' lived experiences with staff burnout in acute care settings and the strategies they use to mitigate its consequences, this study used a descriptive-phenomenological methodology. In-depth, semi-structured interviews were conducted with ten nurse managers/directors from various acute care units. Five major themes and 51 subthemes of this study. The five mager themes : 1)The Dilemma of the Middle Leader, 2) The Requirement of Informal,simple managerial strategies, 3) The Structural Policies Barriers to Wellness, 4) Servant Leadership as the complete Resource, and 5) Political constrains and Roadblocks as major external factor. The results show that nurse managers must primarily rely on their own emotional and personal resources to highlight the urgent need for organizational-level support and prevent systemic failure. The study finds that the requirement to shift responsibility from individual managers to the organization's system through providing sufficient structural resources is the effective method to mitigate nurse burnout.

6.2 Thematic Analysis Table

Using thematic analysis five major themes and 51 codes emerged from participants, perceived that managers complaining of rigid organizational policies. In addition, clarifying that they use simple strategies to mitigate staff burnout.

Prioritizing of needs. The five themes were: 1st stage rigid structural organizational policies that includes17 codes; managers dilemma includes 12 codes; informal strategies 9, servant leadership 7codes and political constrains 6 codes.(Table1)

Table 1:Theme, subtheme and code of data analyses

Themes	Sub-themes	Codes
1- Structural organizational policies	- Rigid staffing metrics -Deficit motivational policy	17
2- Delimma of middle leaders	- say NO sometimes due to less resources.	12
3- Informal managerial stratigies	- Simple motivational strategies - Proactive listening -Staff empowerment	9
4- Servant leadership	Collaborative	7
5- Political roadblocks	Constrains arriving.	6

6.3 Introduction and Background

Nursing burnout, is a serious condition marked by emotional exhaustion, depersonalization, and reduced personal accomplishment, is a critical issue that affects patients safety and quality of care provided and

lead to staff dissatisfaction and turnover. Nurse managers, as first-line leaders, are tasked with translating organizational policy into unit culture while ensuring productivity and staff well-being.

The Problem Statement identified a gap in the literature: the lack of row rich data and descriptive qualitative research about understanding of the strategies managers employ and the practical challenges they face regarding their role in mitigating staff burnout.

Question: What are the lived experiences of nurse managers regarding the staff burnout in acute care, and what are the applied strategies they employ or assume are most effective in mitigating staff burnout?

6.4 Conceptual Framework

The study's conceptual foundation is the Job Demands-Resources (JD-R) Model, which suggests that high Job Demands—such as workload and shift work—overwhelm available Job Resources, such as social support, autonomy, and rewards, leading to burnout. This study specifically examines how nurse managers serve as the main go-betweens for resources and needs at the unit level.

6.5 Methodology Summary :

Component	Description
Design	Descriptive Phenomenology (Interpretivist Paradigm)
Participants	10 Nurse Managers/Directors in acute care settings (ICU, Emergency, CCU).
Inclusion Criteria	Current Nurse Manager/Director with at least two years of experience in an acute care setting.
Data Collection	In-depth, semi-structured interviews (60-90 minutes each), audio-recorded and transcribed.
Data Analysis	Braun and Clarke's six-phase thematic analysis, aiming for data saturation.
Rigor	Credibility achieved through member checking and peer debriefing.

Results

The purpose of this study is to identify the nurse manager's strategies to combat staff burnout in acute care settings. The selected sample contained 10 nurse managers aged 18 to 50 years. This study identified five major themes and 51 sub-themes. The thematic analysis of the interview transcripts described the nurse managers' lived experiences in combating staff burnout. These five major themes were: Firstly, the dilemma of middle-level leaders (head nurses in acute setting ICUs, CCUs, and emergency rooms) between job demands and basic job resources. Secondly, the requirement for informal, simple managerial strategies; sometimes, managers use informal strategies by themselves to protect their staff from job demands. Thirdly, structural policies barriers to wellness, due to rigid

organizational rules and policies, insufficient staffing, and ineffective motivational management, obstruct nurses' wellness. Fourthly, servant leadership is a complete resource, with managers vigorously fighting for their staff and ensuring their well-being. Lastly, political constraints and roadblocks are major external factors. Nurse scheduling in Palestinian cities is a special staffing to help nurses less suffer from roadblocks. These five major themes are explained in detail below:

Theme 1: The Dilemma of the Middle Leader

Managers often said they felt stuck between the constant Job Demands pushed on them by top management (reducing costs, seeing many patients, and staying within budget) and the fundamental Job Resources their team needed (time off, enough staff, and equipment). Sub-theme: this pressure created moral and emotional conflict among middle managers, as seen in this study, leaving them feeling restricted from their primary purpose of keeping their staff healthy and satisfied.

"I am constantly in a negotiating situation. Employees see me as having complete power, but in reality, I am the one who has to say no to them most of the time to maintain the organization's budget, as required of me. (Participant 4, ICU Manager) .

Theme 2: The Requirement of Informal, Simple managerial strategies.

When there are rigid organizational rules and policies and systemic solutions are inadequate, managers make personal, often informal plans to protect their staff from the organization's responsibilities. These strategies mainly depended on the manager's personal leadership abilities and emotional labor.

Key Sub-themes included:

"Simple motivational techniques": managers promote time breaks between staff (e.g., coffee breaks), an extra ten-minutes break for relaxation or reading a QURAN, often by personally covering a place or duty, a savings fund is set up to collect money from the nurses to frequently organize recreational outdoor activities and a flexible staffing and scheduling by nurses themselves are considered to mitigate burnout, improve relations between nurses and increase satisfaction.

"Proactive Listening": they frequently walk through the unit, conducting informal, proactive conversations with their teams (e.g., coffee chats) in order to assess staff's personal stress before it leads to burnout.

"Staff Empowerment": sometimes they grant lower-level unit staff authority and power over minor unit decisions (e.g., self-scheduling, task preferences) to restore a sense of control, a key JD-R resource.

"I cannot solve the staffing shortage problem and nurse`s burnout; that is not my decision alone. However, I can set offer 10 minutes to relax and have a cup of coffee or read a QURAN, I cannot give her a day off to feel satisfied, but I can give her my attention and support. That is all I can do". (Participant 7, Emergency Dept. Manager).

Theme 3: The Structural Policies Barriers to Wellness

The main obstacle to addressing nurses' burnout is rigid organizational structural policies, which hinder my ability to mitigate it. They described the primary source of chronic stress as the organizational demands.

Sub-themes included:

"Rigid Staffing Metrics": Policies based on abstract metrics such as ***patient-to-bed ratio*** this measure indicates a number of hospital beds available per1.000 or10.000 people***,*** and ***a nurse-to-patient ratio*** that indicates the ratio of nurse to patients with general care units is 1:4 or 1:6 with stable cases, and 1:1or1:2 with critical care units, bothfailed to account for patient severity or unit capacity, forcing managers to work in unsafe, stressful environments.

"Deficient in organizational satisfaction strategies": Managers saw corporate-mandated "wellness apps" or "resilience training" as a means for the company to place the blame for burnout on individual nurses while neglecting high job demands, especially in acute care settings.

"I sometimes watch a nurse collapse from working a sixteen-hour straight shift due to staff shortage, and that was humiliating. The organizational system is telling them, 'It is your fault you are burned out, not ours.' It is insulting." (Participant 2, CCU Headnurse manager).

Theme 4: Servant Leadership as the complete Resource

All managers agreed that the most effective and economical Resource they could provide about staff burnout was their own unique, authentic leadership style. This theme includes activities they practiced that promote a feeling of professional importance and psychological safety. Sub-themes included:

"Active Advocacy": Strongly fighting and negotiating for their staff with upper management (e.g., for equipment, raises, disciplinary leniency), it provided a sense of trust and support.

"Collaboration /Managers shared work and progress": managers gained clinical competence. They frequently participated in patient care they showing solidarity with the nurses and an understanding of the nature of the work demands and the staff's needs for satisfaction.

"Since I`m the first line manager, the head nurse of the unit I always advocate for my team, I stand by them, see their suffering, and defend them, so they will be able to deal with anything easily. However, when they feel invisible and undervalued, they will give up. Leadership is a unit Protective Shield". (Participant 5,Intensive Care Unit Manager).

Theme 5: Political Constrains and roadblocks as Major, External factor

Due to the numerous Israeli checkpoints and multiple iron gates that are set on the roads inside Palestinian cities, which close frequently, the nurses are sometimes unable to reach their workplaces, resulting in staff shortages. Comfortable scheduling for nurses who are forced to pass through these gates daily is conducted as a means of satisfaction by reducing working days so that the nurse comes

to work 3 or 4 days and takes 3 or 4 days off at home, but he must work long hours, thus avoiding the difficulty of transportation due to numerous roadblocks.

“Due to the politically insecure situation and the numerous checkpoints, I’m reducing the nurse’s working days for nurses who daily suffer from gates to 3 or 4 days per week, so they will be more satisfied.” (participant 2, CCU Head Nurse Manager).

Concept Map of the study findings

Discussion

Nurse Burnout is a crucial issue that must be identified and managed within organizational leadership and management systems; if not, it can lead to depersonalization, lower job satisfaction, and affect nurses' physical and mental health. As the results showed, managers in acute care settings experienced a Double Bind, or dilemma, between meeting organizational job demands imposed by the organizational system and providing job resources for their team; they always struggle to balance the two.

The rigid staffing metrics that participants experienced within their organizational system led to staff exhaustion, and they have less authority to manage these policies. The deficit of standard staff satisfaction and motivational systems within the organizational administration played a significant role in staff burnout.

The current study showed that participants (managers) sometimes made personal, often informal solutions to protect their staff from burnout. They promote their staff to have adequate coffee breaks and an extra 10-minute lunch break, often by personally covering a place or a duty. Some managers said that they enhance flexibility in staffing and scheduling systems.

Most of the managers in this study reported walking through their units frequently, conducting informal, proactive check-ins (e.g., coffee chats) to assess staff stress and manage it before it leads to burnout. Managers mentioned that they consistently enhance staff empowerment and restore nurses' control over simple unit decisions, such as self-scheduling and task preferences. They noticed that these strategies reduced nurses' dissatisfaction.

Since managers are vital members of the organization, they are an important asset to it. The primary role of managers is to coordinate the work of all employees in the organization, achieve optimal levels of patient care, and ensure the organization's growth. They are the point of contact between the top-level management and staff. They ensure effective communication within the organization, which paves the way for achieving goals. Most of the managers in this study use servant leadership; they advocate for their staff and vigorously fight and negotiate with upper management on their behalf, which provides a sense of trust and support.

Managers in this study reported gaining clinical competence and frequently participating in patient care. They showed solidarity with the nurses and an understanding of the nature of the work demands and the

staff's needs for satisfaction.

The political constrains, multiple roadblocks inside Palestinian cities and insecure situation in Palestine hinders the movement of citizens within cities due to the numerous checkpoints and frequently closed iron gates, which have also impeded nurses' access to their work and thus been a significant external factor in staff burnout and dissatisfaction.

Recommendation

Based on the findings from this research. Recommendations can be made to managers working in acute care departments. Managers can help nurses build trust, gain a sense of control over small-unit decisions, and improve staff's physical and mental health by enhancing nurses' satisfaction and well-being. Managers can be servant leaders, advocates, and cooperative with their teams specially with political situations. There are also recommendations for future research based on this study's results. More research is needed on managers' strategies to Combat Staff Burnout in Acute Care Settings and other health care settings. Research is also needed to identify what would help mitigate nurses' burnout.

Limitations

This study's descriptive-phenomenological design provides a rich, raw descriptive data about managerial lived experience with staff burnout but limits the transferability of its findings, also the sample was geographically limited and small in size (N=10), reflecting the specific experiences of managers in West Bank acute care settings. Further quantitative research could test the correlation between these perceived strategies and objective metrics, such as turnover rates or patient outcomes.

Implications

Staff burnout in acute care settings is a crucial phenomenon that should be highlighted and discussed in nursing research. It has significant implications for both nurses, managers, and Patients as well, such as :

1- Increased staff productivity, higher-quality work received, and reduced staff turnover and absenteeism. Minimize medical errors and improve the quality of patient care provided.

2- Better customer service and improved the company's overall reputation.

Implications for Practice

Organizational Policy Re-evaluation: health care organizations need to apply a staff satisfaction and motivational rewards system, safe staffing ratios based on acuity, protected break times, and genuine autonomy in unit scheduling.

Managerial Support and Development: Managers need formal resources to manage nurse burnout, but, more importantly, structural support from senior leadership to effectively reduce demands (e.g.,

dedicated managerial time for non-clinical duties, peer support networks).

Reframing the Problem: The discussion supports a shift in perspective from "How can the nurse be more resilient?" to "How can the organization be more supportive?.

Conclusion

Addressing staff burnout requires a holistic approach that addresses both organizational-level factors and staff nurses' well-being. The most successful managerial strategies build a culture of support, empowerment, and fair treatment. Staff burnout indicates a systemic problem at the management level caused by chronic workplace stress, not a personal weakness of the staff. Once this issue is defined and addressed, organizations can build a healthier, more resilient workforce and enhance overall work performance.

The study confirmed that nurse managers are the crucial, but frequently unacknowledged, promoters of staff wellness in acute care settings. The struggle of balancing overwhelming job demands with the difficulty of allocating vital staff resources defines their lived experience.

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Figures

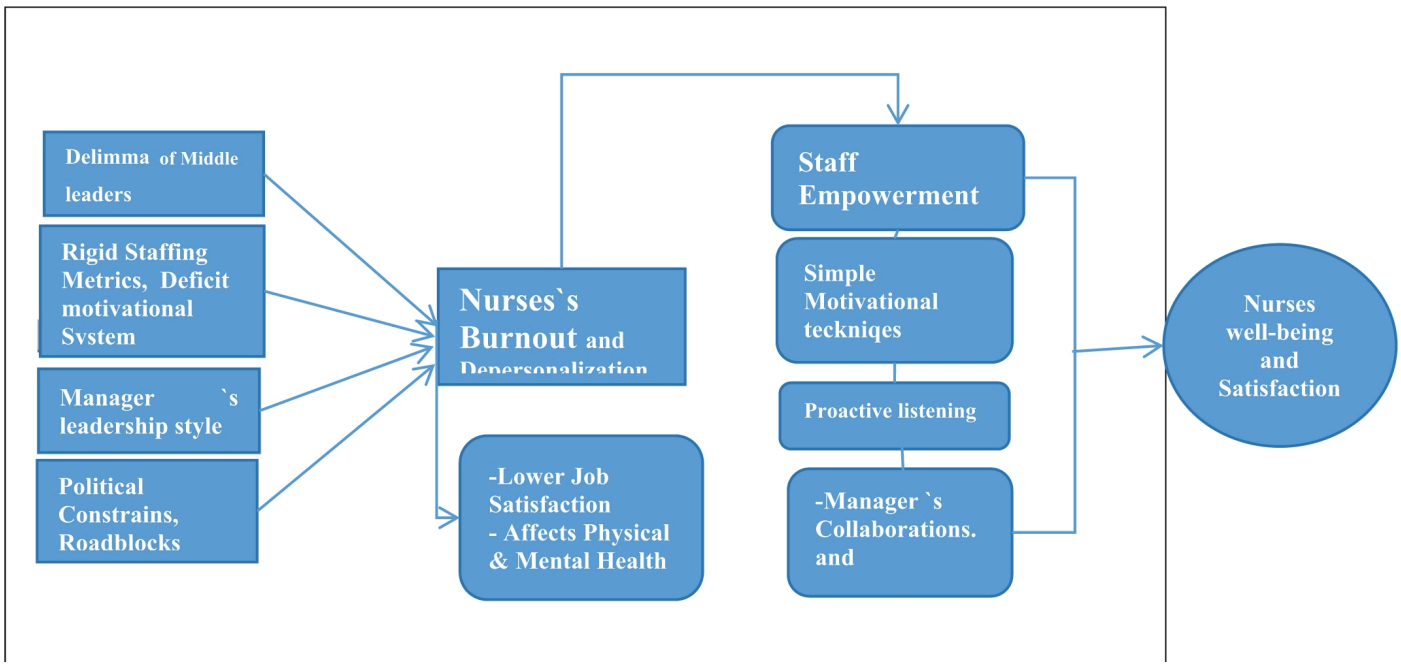


Figure 1

Concept map factors nurse's burnout and managerial mitigating strategies.