Implications This study has implications to clinical practice, nursing leadership, nursing education and nursing policy and for future research on burnout in Oman.Emergency department leaders could reasonably take priority to implement a structured mentoring approach, increased supervisory support (thoughtfully organised and visible), and systems for staff to receive regular and constructive feedback on their performance ratings, which are the three domains of resilience for which they provide buffering effects and are measured in this study, most particularly for emotional exhaustion (r = −.467).However, this doesn't mean that workload and time pressure are not a part of the story either: The high positive correlations between job demands and all of the burnout dimensions strongly suggest that these factors are very much part of the nurse distress picture, if excessive workload, too fast working pace and emotionally challenging patient encounters during the job are indeed relevant to nurse distress.There are also more general organizational and cultural factors in the context of the Omani tertiary hospitals that the participants of the job included in the questionnaire to measure the resources of the job, but the hospital authorities should consider them as other scenarios for intervening.Regarding clinical practice and hospital management, the most obvious implication is that interventions attempting to reduce job demands among emergency nurses may be more effective in reducing burnout if they target enhancing job resources.The strong negative correlation and consistency are observed for the substitutes of job resources, though, as demand in the ED is to a great degree determined by patients' acuity and volume which hospital managers cannot just prevent, the latter proves to be more actionable.However, some smaller examples of autonomy may still exist, including the ability to self schedule breaks or shift personnel, to participate in unit-level quality decisions, or to actually have a say in who is scheduled when.Hospital administrators, however, may be able to pursue smaller scope examples of autonomy, such as flexibility in break scheduling, opportunities to participate in unit-level quality decisions, and opportunities to have some voice in shift planning.The resource domain of autonomy was also identified as a key protective resource by Barnard et al. (2023) emergency nurses based in South Africa, and this seems to be a resource use area that can be strengthened beyond just the context of emergency care in Oman.Of course, emergency nursing is an extremely protocolized setting, and it is not from a practical standpoint, and possibly not even a desirable one, to leave nursing to make full decisions about triage and/or treatment.It is especially noteworthy that nurses indicated autonomy with their work would be the least perfected activity available for them to use.