

Midocean University

College of Management

Department of Health Administration

The role of healthcare leadership in reducing job burnout among medical personnel in public hospitals in Saudi Arabia.

Prepared by:

Hawazin Yousef Abdullah

NO:251002726

Supervised by:

Prof: Fayez Jarad

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إعداد الطالبة/

هوازن يوسف عبدالله

الرقم الجامعي / 251002726

إشراف/

الدكتور / فايز جبراد

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Introduction

In recent years, the concept of job burnout has gained increased attention in healthcare systems around the world, especially in environments where staff are constantly under pressure. In Saudi Arabia, public hospitals face persistent challenges that place medical personnel under emotional and physical strain, including staff shortages, long working hours, and the complex demands of patient care (Alenezi et al., 2020). These pressures contribute to a growing concern over job burnout among medical staff, which can lead to reduced performance, lower job satisfaction, and increased turnover.

Health leadership has emerged as a critical factor in addressing this issue. Leaders in healthcare settings are no longer just responsible for operational management—they now play a central role in shaping the work environment, supporting team morale, and ensuring the psychological well-being of employees (Alharbi et al., 2019). Through supportive leadership styles that prioritize communication, emotional intelligence, and employee empowerment, health leaders can help create a workplace culture that actively reduces the risk of burnout.

Public hospitals in Saudi Arabia operate within a healthcare system that is evolving rapidly to meet the goals of Vision 2030, which includes improving healthcare quality and employee satisfaction (Saudi Vision 2030, 2016). However, the intense pace of this transformation can amplify stress among frontline workers unless leadership strategies are designed to support staff during change. The presence of engaged, empathetic leaders is often what determines whether hospital teams thrive or struggle under pressure.

Research shows that positive leadership behaviors—such as recognizing employee efforts, encouraging open communication, and providing resources for coping with stress—can lower levels of burnout and improve overall team performance (Laschinger & Read, 2016). In the context of Saudi Arabia's public hospitals, where cultural and organizational dynamics are unique, understanding how leadership can effectively respond to staff needs is essential.

This study explores how health leadership can serve as a protective factor against burnout in public hospitals in Saudi Arabia. It aims to highlight leadership practices that align with the needs of medical professionals and contribute to a more sustainable, healthier work environment. By focusing on the link between leadership and burnout, this research hopes to support healthcare institutions in developing better strategies for retaining motivated, resilient staff.

Research Problem

Job burnout is becoming a serious and growing concern among medical staff in public hospitals in Saudi Arabia. This issue is not only affecting the mental and physical health of healthcare workers, but it is also beginning to influence the overall functioning of hospitals. Burnout among medical professionals typically develops due to ongoing emotional fatigue, long and irregular work hours, understaffing, and continuous exposure to high-pressure environments such as emergency rooms and intensive care units (Alqahtani et al., 2021). These working conditions are common across many public hospitals in the Kingdom and, if left unaddressed, can reduce the quality of care and increase staff turnover.

A key issue contributing to the persistence of burnout is the limited role of leadership in preventing or managing it. In many cases, health leaders are focused on administrative performance, financial targets, or patient outcomes, but do not prioritize the well-being of their own teams. Leadership in healthcare is not just about giving instructions or monitoring outcomes—it is also about understanding the challenges employees face, being accessible to

listen to concerns, and fostering a culture that values the emotional and mental health of the workforce (Mudallal et al., 2017).

Moreover, in the Saudi public health sector, leaders are often placed in their roles based on seniority or experience, but not necessarily trained in managing human factors like stress, motivation, or emotional exhaustion. Without active, empathetic leadership that supports staff through difficult shifts, emotionally heavy patient interactions, or high workloads, burnout continues to rise. This situation is worsened by the social and professional stigma around mental exhaustion and emotional fatigue in some parts of the medical field, which discourages workers from speaking up or seeking help.

Therefore, the problem lies not only in the high-stress nature of hospital work but in the lack of leadership strategies that focus specifically on preventing burnout. This research is designed to investigate this leadership gap and explore how hospital leaders can adopt more proactive, people-centered approaches that help reduce burnout and support the long-term resilience of their staff.

Research Importance

This research is important because it focuses on a pressing issue that affects both healthcare workers and the overall quality of healthcare services in Saudi Arabia—job burnout among medical staff in public hospitals. In healthcare settings, burnout does not just lead to emotional exhaustion or fatigue; it directly impacts patient care, medical decision-making, and staff retention (Alenezi et al., 2020). When medical professionals are emotionally drained and unsupported, mistakes can increase, motivation can drop, and many skilled employees may leave the profession altogether. These problems make the healthcare system weaker and less efficient, especially in public hospitals that are already under pressure.

What makes this study particularly valuable is its focus on the role of leadership in addressing burnout. Many healthcare systems, including Saudi Arabia's, are still catching up in recognizing the connection between leadership behavior and staff well-being (Alharbi et al., 2019). Leaders are in a position to set the tone of the workplace, offer psychological safety, and create an environment where staff feel valued and supported. By examining how leadership can reduce burnout, this research brings attention to an area that is often overlooked in hospital management training and planning.

This topic also matters because it is closely linked with the country's broader goals. Saudi Arabia's Vision 2030 emphasizes improving the healthcare sector and ensuring high levels of staff performance and satisfaction (Saudi Vision 2030, 2016). However, these goals cannot be achieved if the healthcare workforce is worn out and emotionally exhausted. This study offers timely insights that can help policymakers and hospital administrators understand the importance of leadership development, not just in terms of operations, but also in building a supportive and sustainable work culture.

In addition, the research touches on a sensitive but important topic—mental and emotional well-being among medical staff. Discussions about burnout and psychological stress are still limited in many workplaces due to cultural stigma, especially in professional fields like medicine and nursing. This study can help normalize these conversations and provide a scientific basis for why emotional support from leadership is not just optional—it is essential (Laschinger & Read, 2016). When staff are mentally healthy and supported, they are more likely to stay in their roles, care more deeply for patients, and contribute positively to hospital teams.

Ultimately, this research offers a new lens through which to view health leadership. It shows that leadership is not just about policies and decision-making—it is also about creating workplaces where medical professionals can thrive. If used effectively, the findings from this research could help reshape the way leadership is practiced in public hospitals and contribute to a more stable, motivated, and healthier healthcare workforce.

Research Objectives

To examine how health leadership practices influence the level of job burnout among medical personnel working in public hospitals across Saudi Arabia.

The main goal of this research is to evaluate the relationship between leadership practices and burnout levels in public healthcare institutions. This includes studying how leaders communicate with their staff, how they support teams during difficult shifts, whether they offer recognition, and how they respond to early signs of stress and emotional fatigue. By collecting and analyzing data from the experiences of medical staff, the research will identify which leadership behaviors have a positive effect in reducing burnout—and which do not. The objective is not just to describe the situation, but to offer evidence-based insights that can help hospital administrators and health leaders develop more supportive, employee-focused strategies in the future.

Research Questions

- To what extent does health leadership contribute to reducing job burnout among medical staff in public hospitals in Saudi Arabia?

This question seeks to understand the real impact of leadership on staff well-being in the Saudi public healthcare system. It focuses on examining the specific ways that leadership behaviors, strategies, and support mechanisms either reduce or fail to reduce levels of burnout among medical staff. Rather than simply exploring leadership in a general sense, this research question is directly tied to the emotional and physical exhaustion experienced by those working in public hospitals. By answering this question, the study aims to shed light on whether leadership practices are an effective tool for supporting staff or if they fall short in addressing the root causes of burnout.

Research Hypotheses

This research is based on the belief that the way leaders behave and interact with their staff can significantly influence how much burnout medical professionals experience in public hospitals. In many Saudi hospitals, staff are facing high levels of stress, fatigue, and emotional pressure. These conditions often come from long hours, critical decision-making, and working in understaffed environments (Alenezi et al., 2020). When hospital leaders are present, supportive, and responsive, they can help staff manage stress, feel appreciated, and maintain their motivation. On the other hand, when leadership is weak or distant, stress levels often rise, and burnout becomes harder to avoid.

The main hypothesis of this study is that strong, supportive health leadership plays a key role in reducing burnout among medical staff. The study will focus on leadership behaviors such as open communication, emotional support, recognizing staff efforts, and being involved in day-to-day hospital challenges. These behaviors are not just “nice to have”—they can

actively improve work conditions and protect staff from emotional exhaustion (Alharbi et al., 2019).

The opposite possibility, known as the null hypothesis, is that leadership does not have any significant effect on burnout. According to this idea, staff might experience burnout regardless of the way they are led, and leadership interventions would not make a meaningful difference.

This study aims to test which of these two ideas reflects the reality in Saudi public hospitals by using data collected from medical professionals who experience different styles of leadership in their work environments.

- **Research Hypothesis (H1): Supportive health leadership significantly reduces job burnout among medical staff working in Saudi public hospitals.**
- **Null Hypothesis (H0): Supportive health leadership does not have a significant impact on job burnout among medical staff in Saudi public hospitals.**

Hypothesis Testing:

To test the hypothesis, a quantitative research approach will be used. The study will examine the relationship between leadership behaviors and levels of burnout among medical personnel. Burnout will be measured using established tools such as the Maslach Burnout Inventory, which evaluates emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach & Leiter, 2016). Leadership practices will be assessed based on the frequency and quality of actions such as feedback, recognition, availability, and emotional support from hospital managers and supervisors.

Survey responses will be collected from staff in different public hospitals across Saudi Arabia. The goal is to compare the levels of burnout among those who report strong leadership support with those who do not. This comparison will help determine if leadership styles have a measurable influence on how staff experience their work conditions.

Data Collection:

The study will involve a structured questionnaire distributed to medical staff—such as nurses, doctors, and technicians in various public hospitals. The questionnaire will collect data on:

- Perceived leadership style and behaviors
- Levels of job burnout
- Work environment characteristics (shift length, patient load)
- Demographic variables (age, gender, job title, years of experience)

The survey will also include questions related to stress management resources, communication frequency with supervisors, and access to emotional support at work. This approach ensures that both leadership practices and personal work experiences are captured accurately.

Analysis:

Once data is collected, statistical tools will be used to examine the relationship between leadership and burnout. Correlation and regression analyses will identify whether leadership behaviors are linked with lower burnout scores. Differences in burnout between staff exposed to positive leadership and those who are not will be tested using independent samples t-tests and ANOVA.

The analysis will also explore whether certain leadership behaviors (e.g., recognition, communication, team involvement) are more effective than others in reducing burnout. These findings can guide hospital administrators in shaping their leadership training programs and workplace policies.

Expected Outcomes:

If the hypothesis is supported, the research is expected to show that medical staff who report stronger leadership support also report lower levels of burnout. These individuals may feel more emotionally stable, more satisfied in their roles, and more likely to stay in their positions long-term. Hospitals with stronger leadership cultures may also see benefits like lower absenteeism, better patient care, and higher team morale.

These findings would be important for decision-makers in the Saudi healthcare system. They would provide solid evidence that leadership development should be a central part of efforts to improve working conditions in public hospitals. Moreover, the study would support Saudi Arabia's Vision 2030 goals by highlighting a human-centered approach to strengthening the healthcare workforce and improving the quality of public services (Saudi Vision 2030, 2016).

Research Variables

This study aims to explore whether supportive health leadership can help reduce job burnout among medical professionals in public hospitals in Saudi Arabia. The hypothesis suggests that leadership behaviors—like emotional support, open communication, and recognition—can have a direct impact on how medical staff experience their work and cope with stress. To test this, the study focuses on two types of variables: the independent variables (leadership practices) and the dependent variables (burnout outcomes). These variables are chosen based on previous research that shows a strong connection between how leaders behave and how employees feel at work

Independent Variables (Leadership Practices)

The independent variables in this study are the different leadership behaviors that may help reduce burnout. These are actions and attitudes from hospital leaders that are expected to influence the emotional and mental state of their staff.

1. Emotional Support from Leaders

This includes behaviors like checking in on staff, showing concern during stressful situations, and creating a sense of psychological safety. Leaders who provide emotional support help staff feel seen and valued, which can lower feelings of exhaustion (Mudallal et al., 2017).

2. Open Communication

When leaders are available and willing to listen, employees are more likely to express their concerns before stress becomes unmanageable. Clear communication also helps reduce uncertainty, which can be a major source of workplace stress (Almutairi et al., 2020).

3. Recognition and Appreciation

Leaders who acknowledge staff efforts and contributions can boost morale. Feeling recognized can act as a protective factor against burnout, especially in high-pressure environments like hospitals.

4. Involvement in Team Support

This refers to how engaged leaders are in daily operations. Leaders who work alongside staff, help solve problems, and provide backup when needed are more likely to build trust and reduce emotional fatigue.

Dependent Variables (Burnout Outcomes)

The dependent variables are the indicators of burnout that may change based on how leaders behave. These outcomes reflect how medical staff feel, perform, and respond to stress at work.

1. Emotional Exhaustion

This is the core symptom of burnout—feeling mentally drained and unable to cope. The study will measure how much emotional exhaustion staff experience and whether supportive leadership helps reduce it (Maslach & Leiter, 2016).

2. Depersonalization

Staff under extreme stress may begin to feel detached from their work or patients. This variable helps assess whether strong leadership can help prevent emotional withdrawal from professional duties.

3. Reduced Personal Accomplishment

Burned-out employees often feel they are no longer effective at their job. This study will measure whether leadership support helps staff maintain a sense of achievement and professional confidence.

4. Turnover Intention

High burnout levels often lead to staff wanting to leave their jobs. By measuring whether supportive leadership reduces the desire to quit, this variable serves as a key indicator of staff stability and long-term workforce sustainability.

Variables Selection

The selected variables directly support the research hypothesis that effective health leadership can reduce burnout among medical staff. The independent variables represent

leadership behaviors that are within the control of hospital management. These behaviors are measurable and trainable, making them useful for future policy or leadership development.

The dependent variables represent how staff experience burnout. They reflect real-world consequences like job dissatisfaction, emotional strain, and the risk of leaving the profession. By linking these burnout outcomes to specific leadership actions, the study aims to show whether leadership has a measurable role in creating healthier, more resilient work environments in Saudi public hospitals.

Variables and Hypotheses

The study is built on the idea that supportive and active health leadership can reduce the levels of burnout experienced by medical staff working in Saudi Arabia's public hospitals. The hypothesis assumes a direct connection between specific leadership behaviors and the emotional well-being of healthcare workers. Understanding how these variables are linked is essential to explore whether leadership practices truly help protect staff from burnout or not.

In this research, the independent variables are different types of leadership behaviors believed to impact how medical staff experiences their work. These include emotional support, open communication, recognition, and team involvement. Each of these elements represents a part of what good leadership looks like in a hospital setting. When leaders check in on their teams, listen to concerns, appreciate efforts, and are present during challenging situations, it's expected that staff will feel more supported and less overwhelmed (Laschinger & Read, 2016).

For example, emotional support may involve a supervisor offering encouragement during tough shifts or being available when problems arise. Open communication gives staff the chance to express themselves without fear of judgment. Recognition boosts morale by showing appreciation for hard work, while leader involvement builds trust by reducing feelings of isolation and helplessness in a high-pressure environment (Alharbi et al., 2019).

On the other hand, the dependent variables represent the outcomes that may change when staff experience these leadership behaviors. These include emotional exhaustion, depersonalization, reduced personal accomplishment, and the desire to leave the job. These are key signs of burnout, and they have serious consequences on both staff health and hospital efficiency. For instance, emotional exhaustion reflects deep mental fatigue, while depersonalization happens when staff begin to feel disconnected from their patients. A reduced sense of accomplishment can lead to lower confidence and productivity. Lastly, when burnout gets worse, many medical professionals begin to consider quitting their jobs, which affects the entire healthcare system (Maslach & Leiter, 2016).

The relationship between these variables is straightforward: when leadership is supportive, the study expects burnout levels to drop. This cause-and-effect link is what the hypothesis is built around. By comparing how different leadership behaviors relate to burnout symptoms, the study aims to uncover which actions truly make a difference for healthcare workers on the front lines.

To be more specific:

- **Research Hypothesis (H1):** Supportive health leadership significantly reduces job burnout among medical staff in public hospitals in Saudi Arabia.
- **Null Hypothesis (H0):** Supportive health leadership does not significantly reduce job burnout among medical staff in public hospitals in Saudi Arabia.

The study will explore this hypothesis by analyzing survey data from healthcare professionals working in a variety of public hospitals. Their responses about leadership and their experiences with burnout will help determine whether leadership really plays a protective role—or whether other factors are more influential.

If the hypothesis holds true, the results would confirm that the way leaders act and communicate in hospitals is not just a management issue—it's a health issue. Staff who feel supported, listened to, and appreciated are expected to be less emotionally drained, more confident in their roles, and more likely to stay in their jobs. If the hypothesis is rejected, the study may point toward other issues—like staffing shortages or institutional policies—that need further attention.

This section defines the clear connection between the independent and dependent variables at the heart of this research. It shows how leadership behaviors are being studied as possible tools to reduce burnout, and why these variables are critical for understanding how to improve the working lives of Saudi Arabia's medical professionals.

Previous Studies

Leadership in Healthcare and Employee Burnout

The link between leadership behavior and burnout among healthcare professionals has been widely studied in recent years. Research shows that when leaders are approachable, supportive, and involved, staff tend to report lower levels of emotional fatigue and stress. A study by Spence Laschinger and Read (2016) in Canada found that nurses working under authentic leaders—those who were honest, open, and respectful—experienced less emotional exhaustion and were more committed to their roles. The researchers emphasized that leadership style is not a minor factor; it plays a central role in shaping the day-to-day experience of healthcare workers, especially in demanding environments such as hospitals. This supports the idea that improving leadership behaviors can be a practical solution to reducing burnout.

Health Leadership and Staff Well-Being in the Gulf Region

In the Gulf context, studies have begun to explore how leadership impacts employee well-being. Alharbi et al. (2019) examined hospitals in Saudi Arabia and found that transformational leadership—where leaders work closely with staff and focus on motivation and development—was associated with better mental health outcomes among nurses. Staff under such leadership felt more emotionally supported and less overwhelmed by the pressures of hospital work. However, the study also noted that inconsistent leadership practices across public hospitals limit the positive effects. These findings highlight the need for more unified and structured leadership strategies across the sector.

Burnout Levels among Medical Professionals in Saudi Arabia

Job burnout is a growing concern in Saudi Arabia's public healthcare system. According to Alenezi et al. (2020), many nurses in government hospitals report high levels of emotional exhaustion, often due to long shifts, high patient loads, and limited resources. The study found that nearly half of the nurses surveyed met criteria for moderate to severe burnout. This points to a pressing need for solutions that address not only working conditions but also leadership

engagement. Leaders who take the time to understand these stressors and respond effectively can play a critical role in preventing burnout before it becomes severe.

Emotional Support and Leadership Behavior

International studies have shown that emotional support from supervisors can significantly reduce workplace stress. For example, in a study by Mudallal et al. (2017) conducted in Jordan, nurses who received emotional support and constructive feedback from their managers had lower burnout scores. This support included simple behaviors like recognizing effort, listening to concerns, and stepping in when staff were overloaded. These findings suggest that leadership behavior, even in subtle forms, can shape the emotional environment of a hospital and reduce the risk of burnout.

Communication and Burnout Prevention

Effective communication is another leadership trait strongly connected to reduced burnout. A study by Almutairi et al. (2020) found that Saudi nurses who felt that their leaders communicated openly and clearly were more likely to report job satisfaction and less likely to experience burnout. Poor communication, on the other hand, led to confusion, feelings of neglect, and greater emotional strain. These results reinforce the importance of leadership training focused on communication, especially in high-pressure environments like emergency units and intensive care departments.

Recognition and Professional Fulfillment

Feeling appreciated is a key factor in how employees perceive their workplace. In a study by Orgambidez and Almeida (2020) conducted in Portuguese hospitals, staff who received regular recognition from their leaders were more likely to report a sense of professional accomplishment—a major protective factor against burnout. The study found that simple forms of acknowledgment, such as verbal praise or inclusion in decision-making, contributed to better morale and motivation. In the Saudi context, where hierarchical work structures are common, small changes in recognition practices could significantly impact staff well-being.

Cultural Considerations in Saudi Arabia

While international findings are valuable, local context must be taken into account. In Saudi Arabia, social and cultural norms influence how leadership is perceived and how openly staff express mental fatigue or emotional challenges. A recent report from the Saudi Commission for Health Specialties (2023) showed that many healthcare workers avoid discussing stress with supervisors due to fear of being seen as weak or unprofessional. This cultural element presents a barrier to addressing burnout and underlines the importance of sensitive, trust-building leadership approaches.

The Gap in Saudi Research

Although burnout among healthcare workers is a recognized issue worldwide, there remains a clear lack of focused research on how leadership can help reduce burnout in public hospitals in Saudi Arabia. Most of the existing Saudi studies on burnout tend to focus on identifying stress levels among healthcare staff without exploring the deeper organizational or leadership-related causes that contribute to it (Alenezi et al., 2020). While several international studies show that strong leadership can ease emotional strain and increase job

satisfaction, similar research within Saudi public hospitals is still limited in both depth and scope.

Much of the available literature in Saudi Arabia addresses nurse burnout in general terms, often linking it to long shifts, understaffing, or administrative workload (Almutairi et al., 2020). While these factors are undoubtedly important, they don't provide a full understanding of how leadership behaviors—such as emotional support, team involvement, or clear communication—can serve as preventive or protective tools against burnout. Additionally, few studies examine how these leadership actions can be implemented in the uniquely hierarchical structure of Saudi public hospitals, where decision-making is often centralized and communication tends to be top-down.

Another noticeable gap is the lack of research exploring how cultural norms in Saudi Arabia influence the perception and effectiveness of leadership in healthcare settings. For example, in many hospitals, discussing stress or emotional fatigue with a manager is still considered taboo or a sign of weakness (Saudi Commission for Health Specialties, 2023). This cultural barrier can limit the effectiveness of leadership interventions, making it all the more critical to investigate which styles of leadership are best suited to the Saudi healthcare environment and how they can be delivered in ways that respect local norms while still offering real support to staff.

Moreover, leadership development programs in the Saudi healthcare sector often focus on operational management rather than people-centered leadership skills. There is little evidence that public hospitals in the Kingdom are systematically training their leaders to recognize signs of burnout or respond to the emotional needs of their teams. This absence of targeted leadership training further widens the gap between what is practiced and what is needed to create emotionally healthy work environments (Alharbi et al., 2019).

In contrast, international studies suggest that hospitals with leadership that emphasizes staff recognition, emotional well-being, and collaborative problem-solving see lower turnover and stronger performance (Laschinger & Read, 2016). Applying these lessons locally could have significant impact, yet very few studies have tested these concepts in Saudi Arabia's public healthcare system. As such, the field lacks evidence on whether supportive leadership behaviors—tailored to Saudi hospital settings—can realistically help reduce burnout, increase job satisfaction, or improve staff retention.

This research aims to address this gap by examining the link between specific leadership behaviors and burnout levels among medical staff in public hospitals across Saudi Arabia. By focusing on the local context, this study offers insights that are culturally grounded and operationally relevant. It responds to the growing urgency to improve working conditions in the public healthcare sector, not only by identifying problems but by exploring leadership as a key part of the solution.

Theoretical Principles of the Study

To understand how health leadership might help reduce job burnout among medical staff in Saudi Arabia's public hospitals, this study relies on several psychological and organizational theories. These theories explain how leadership behaviors, job stress, and support systems affect employee well-being. The most relevant frameworks are the Job Demands-Resources (JD-R) Model, Transformational Leadership Theory, Conservation of Resources (COR) Theory, and Social Exchange Theory (SET).

The JD-R model helps explain how burnout happens when job demands—like heavy workload, emotional strain, and time pressure—are not balanced by adequate resources, such

as support from leaders, control over tasks, and opportunities for recovery (Bakker & Demerouti, 2017). In healthcare settings, especially public hospitals, medical staff face high demands, which makes them more vulnerable to stress and burnout. When leadership offers consistent emotional and operational support, it functions as a valuable job resource that can buffer the effects of stress. For example, a department head who regularly checks in on their team, advocates for reasonable working hours, and provides time for rest is actively helping staff avoid emotional exhaustion. In Saudi Arabia's public health system, where patient volume and understaffing are major concerns, applying the JD-R model shows how leadership can shift the balance in favor of staff resilience.

Transformational leadership is about leaders who inspire, support, and motivate their teams, not just manage them. Leaders who practice this style focus on building trust, recognizing individual contributions, and encouraging personal growth (Bass & Riggio, 2006). In hospitals, transformational leaders play a critical role in reducing burnout by making staff feel heard, valued, and empowered. Research shows that nurses and doctors who work under transformational leaders are more likely to report high job satisfaction and less emotional fatigue (Boamah et al., 2018). In the Saudi healthcare context, where leadership is often formal and hierarchical, applying transformational leadership in a culturally respectful way may encourage more open communication and emotional support without violating social norms.

The COR theory explains that people try to protect their physical, emotional, and social resources. When those resources are lost—or threatened—they experience stress and eventually burnout (Hobfoll et al., 2018). Long shifts, limited staffing, and emotional tolls in hospitals all deplete these resources. However, leadership actions such as fair scheduling, emotional check-ins, and acknowledgment of hard work can replenish some of those resources. In high-pressure environments like public hospitals in Riyadh or Jeddah, this theory underlines how important leadership is in helping staff conserve energy and reduce feelings of overload.

This theory focuses on the give-and-take relationship between employees and their employers. If workers feel supported and respected, they are more likely to respond with loyalty, better performance, and reduced withdrawal behaviors like absenteeism or resignations (Cropanzano & Mitchell, 2005). In Saudi hospitals, when leaders invest in the emotional and psychological well-being of their medical staff—through empathy, flexibility, or access to mental health services—staff are more likely to stay committed and feel a moral obligation to do their best. This mutual respect can build a more sustainable and cohesive work environment, especially important during health crises like pandemics.

Theories Selection:

These four theories connect directly to the study's main question: *Can supportive leadership reduce burnout among medical professionals in public hospitals?* The JD-R model helps explain how stress builds up; COR shows why conserving emotional and physical energy is vital; Transformational Leadership Theory gives a guide for how leaders can make a positive difference; and SET offers insight into how trust and support create commitment. Together, these theories provide a solid foundation for studying the relationship between leadership and burnout in Saudi Arabia's healthcare sector.

Methodology and Research Methods

This study adopts a quantitative research approach to examine the relationship between health leadership and job burnout among medical staff working in public hospitals in Saudi

Arabia. Quantitative methods are appropriate for this study because they allow for objective measurement of patterns and relationships between leadership behaviors and burnout indicators. By collecting and analyzing numerical data, the research aims to test the hypothesis that supportive and effective leadership plays a significant role in reducing levels of stress and emotional exhaustion among healthcare workers.

To gather the required data, the study will use a structured questionnaire distributed to medical professionals across various public hospitals. The questionnaire will include statements rated on a Likert scale, ranging from “Strongly Agree” to “Strongly Disagree,” covering perceptions of leadership behavior—such as emotional support, fairness, and recognition—as well as indicators of burnout, including emotional fatigue, depersonalization, and reduced job satisfaction. This approach will help in capturing both the leadership qualities experienced by staff and the psychological and emotional challenges they face in their work environment.

Participants in the study will include doctors, nurses, and allied health professionals from different hospital departments, such as emergency rooms, ICUs, and inpatient units. A stratified sampling method will be used to ensure that all staff categories and departments are well represented, allowing the research to explore any variations in how leadership impacts different roles or professional levels. This method also supports the inclusion of diverse perspectives from both frontline workers and support staff, offering a fuller picture of the hospital environment.

To ensure the clarity and accuracy of the questionnaire, a pilot test will be conducted with a small group of medical staff. Their feedback will be used to refine the questions and remove any ambiguity, ensuring that the final version of the survey is well understood and relevant to the participants' work experience. Once finalized, the survey will be distributed electronically through email or online platforms such as Google Forms. This approach ensures convenience for participants and increases the likelihood of obtaining thoughtful, complete responses, especially given the demanding schedules of hospital staff.

The main variables in this research include health leadership as the independent variable and job burnout as the dependent variable. The study will also collect demographic data such as age, gender, job role, and years of experience to explore any group differences that may influence the findings. Data will be analyzed using the SPSS software. The analysis will begin with descriptive statistics to summarize participant characteristics and general trends in leadership and burnout levels. Inferential statistical methods such as regression analysis will then be applied to determine the strength and direction of the relationship between leadership behaviors and burnout outcomes. Correlation analysis will further clarify the associations between specific aspects of leadership—like communication or emotional support—and particular burnout symptoms. In some cases, additional techniques like t-tests or ANOVA may be used to compare responses across job roles or departments.

By following this methodology, the study seeks to offer evidence-based insights into how leadership practices in Saudi Arabia's public hospitals influence the mental and emotional well-being of healthcare professionals. The findings are expected to help identify which leadership approaches are most effective in reducing burnout, thereby contributing practical recommendations for improving management practices in the healthcare sector. Ultimately, this research aims to support the development of healthier and more sustainable working environments for the medical workforce across the Kingdom.

Study Tools

This research will use a structured survey as its main tool for collecting data. The choice of a survey comes from its ability to reach a wide number of participants and gather consistent information in a straightforward way. Since the goal of this study is to understand how leadership in healthcare settings influences job burnout among medical staff in Saudi Arabia's public hospitals, the survey will be carefully designed to reflect these topics. It will include a mix of statements and rating scales that help measure leadership behavior and levels of burnout from the employees' own perspectives.

The survey will begin with a set of questions aimed at gathering basic background information about each participant. This includes details such as age, gender, job title, years of experience, and department. Collecting this information will help the research better understand the variety of responses and whether certain groups are more affected by burnout than others, or whether they experience leadership differently.

After the demographic section, the survey will move on to questions about how participants view the leadership style in their workplace. This part will focus on how managers and supervisors interact with staff, whether they provide emotional support, listen to concerns, encourage feedback, and promote fairness and teamwork. These items will help show whether the leadership in each hospital is helping reduce stress or contributing to it.

The next section will assess levels of job burnout among participants. It will include statements related to emotional exhaustion, feeling overwhelmed, lack of motivation, or a desire to leave the profession. Respondents will be asked to rate how often they experience these feelings. These responses will help the study measure how common burnout is, and whether it appears to be linked with the kind of leadership participants experience on the job.

The survey will be distributed electronically, using online platforms to make it accessible for healthcare workers regardless of their location or working hours. This method also respects the time constraints of medical staff, allowing them to respond at their own convenience. The sample will include employees from different roles and departments to ensure the research covers a broad and fair range of experiences.

After the data is collected, it will be analyzed using SPSS software. The first step in the analysis will be to summarize the data using descriptive statistics. This will give a clear picture of who participated in the study and how they responded overall. After that, the research will apply regression analysis to examine whether there is a strong connection between leadership practices and burnout levels. This analysis will help determine whether changes in leadership behaviors are likely to influence stress and exhaustion among staff. In addition, the study will use correlation analysis to identify how closely linked different variables are—for example, whether strong supportive leadership often appears alongside low burnout symptoms.

Overall, this research tool will provide valuable information by giving employees a chance to describe their real experiences. It will also allow the study to measure the extent of burnout and the effect that leadership may have on it. By focusing on this data, the research aims to offer practical insights that can help hospital administrators and policymakers make informed decisions to improve leadership strategies and support the well-being of their medical staff.

The Limits of Study

This study has a few clear boundaries that shape how it will be carried out and what it can explain. One of the main limits involves how many people will be included in the research. To make sure the results are accurate and meaningful, the sample size will be chosen using basic statistical planning. The goal is to collect responses from enough participants to

confidently reflect what's happening in the larger employee population. Around 50 to 80 full-time employees will be targeted, which is a reasonable size for identifying useful patterns, especially when the study aims to compare how different types of employees respond to wellness programs.

To make sure the sample represents different voices, a structured sampling method will be used. Instead of selecting people randomly from one pool, employees will be grouped by job type, industry, or experience level—and then a fair number of participants will be selected from each group. This makes the data more balanced and helps avoid bias. By including people from different roles and sectors, the study aims to give a clearer picture of how wellness programs affect different kinds of workers.

The study will take place across Saudi Arabia, reaching employees in various cities and regions. It will focus on both public and private sector workers from a range of industries like healthcare, education, finance, technology, and government. These sectors were chosen because they reflect the mix of workplaces where wellness programs are becoming more common. Including both urban and suburban employees, especially in major cities such as Riyadh, Jeddah, Dammam, and Khobar, will help provide a broader look at how corporate wellness programs are used and received.

To collect information, the survey will be shared online, making it easy for participants to respond wherever they are. Sending it electronically also helps reduce time and costs. Before the survey is shared widely, participants will receive a clear explanation of the study's purpose, along with a reminder that their participation is voluntary and their answers will remain private. Follow-up messages will be sent to encourage more people to respond, ensuring a stronger and more reliable sample size.

Not everyone will be included in the study. Only full-time employees working in organizations that already have wellness programs will be asked to participate. This makes sure the study is looking at people who have real experiences with these programs. Employees who work part-time, are temporary, or do not have access to wellness programs will not be included, as they may not be exposed to the same workplace support systems.

When it comes to analyzing the results, the research will start by summarizing the responses. Simple statistics will be used to describe the group—for example, how many people from each sector responded or what kinds of wellness programs they use. Then, the study will look deeper by using statistical tests that show if there's a connection between joining wellness programs and how employees feel or perform at work. These tests will help the researcher figure out if wellness programs are really making a difference and how strong that difference might be.

Also, this study takes ethics seriously. Before answering the survey, participants will be asked to agree to take part. They'll be told that they can stop at any time and that their names will never be linked to their answers. All responses will be kept anonymous and stored safely. Only the research team will have access to the information, and it will only be used for this specific project. No one's identity or individual answers will be shared in any part of the final report.

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Questionnaire

Section 1: Demographic Information

1. Age:

- ☐ Under 25
- ☐ 25–34
- ☐ 35–44
- ☐ 45–54
- ☐ 55 and above

2. Gender:

- ☐ Male
- ☐ Female
- ☐ Prefer not to say

3. Education Level:

- ☐ High school diploma or below
- ☐ Bachelor's degree
- ☐ Master's degree
- ☐ Doctorate
- ☐ Other: _____

4. Job Role:

- ☐ Administrative
- ☐ Technical
- ☐ Managerial
- ☐ Executive
- ☐ Other: _____

5. Sector:

- ☐ Public
- ☐ Private

6. Years with Current Organization:

- ☐ Less than 1 year
- ☐ 1–3 years
- ☐ 4–6 years
- ☐ 7–10 years
- ☐ More than 10 years

Section 2: Corporate Wellness Program Components (Independent Variables)

A. Physical Wellness Programs

- 1. My organization offers physical wellness initiatives such as exercise programs or gym memberships.**
 - ☐ Strongly Agree
 - ☐ Agree
 - ☐ Neutral
 - ☐ Disagree
 - ☐ Strongly Disagree
- 2. I regularly participate in physical health activities provided by my workplace.**
 - ☐ Strongly Agree
 - ☐ Agree
 - ☐ Neutral
 - ☐ Disagree
 - ☐ Strongly Disagree
- 3. The physical wellness programs at work have improved my overall physical health.**
 - ☐ Strongly Agree
 - ☐ Agree
 - ☐ Neutral
 - ☐ Disagree
 - ☐ Strongly Disagree
- 4. I feel more focused and energized at work due to physical wellness support.**
 - ☐ Strongly Agree
 - ☐ Agree
 - ☐ Neutral
 - ☐ Disagree
 - ☐ Strongly Disagree

B. Mental Health Support

- 1. My organization provides access to mental health resources.**
 - ☐ Strongly Agree
 - ☐ Agree
 - ☐ Neutral
 - ☐ Disagree
 - ☐ Strongly Disagree
- 2. I feel comfortable seeking mental health support at work.**
 - ☐ Strongly Agree
 - ☐ Agree
 - ☐ Neutral
 - ☐ Disagree
 - ☐ Strongly Disagree
- 3. Mental health support helps me deal with stress better.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

4. Mental health resources at work have made a positive impact on my job satisfaction.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

C. Stress Management Programs

1. My workplace offers programs or sessions that help manage work-related stress.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

2. I feel that my stress levels have improved due to programs provided by my workplace.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

3. I make use of stress-relief tools or services provided by my employer.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

4. Support with managing stress helps me stay focused and balanced at work.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

D. Flexible Work Policies

1. My job allows flexibility with work hours or remote working options.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral

- ☐ Disagree
 - ☐ Strongly Disagree
 - 2. **Work flexibility helps me manage my personal and professional responsibilities better.**
 - ☐ Strongly Agree
 - ☐ Agree
 - ☐ Neutral
 - ☐ Disagree
 - ☐ Strongly Disagree
 - 3. **Flexible working conditions increase my motivation and commitment to the job.**
 - ☐ Strongly Agree
 - ☐ Agree
 - ☐ Neutral
 - ☐ Disagree
 - ☐ Strongly Disagree
 - 4. **Having control over my schedule helps reduce my burnout.**
 - ☐ Strongly Agree
 - ☐ Agree
 - ☐ Neutral
 - ☐ Disagree
 - ☐ Strongly Disagree
-

Section 3: Employee Outcomes (Dependent Variables)

A. Employee Performance

1. **My work performance has improved as a result of wellness programs.**
 - ☐ Strongly Agree
 - ☐ Agree
 - ☐ Neutral
 - ☐ Disagree
 - ☐ Strongly Disagree
2. **I can stay focused longer when I feel physically and mentally healthy.**
 - ☐ Strongly Agree
 - ☐ Agree
 - ☐ Neutral
 - ☐ Disagree
 - ☐ Strongly Disagree
3. **Wellness programs have helped me improve the quality of my work.**
 - ☐ Strongly Agree
 - ☐ Agree
 - ☐ Neutral
 - ☐ Disagree
 - ☐ Strongly Disagree
4. **I perform better at work when I feel supported in my well-being.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

B. Job Satisfaction

1. I feel more satisfied with my job because my organization supports my health.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

2. My workplace efforts to support my wellness make me feel valued.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

3. I feel more loyal to my organization due to its wellness programs.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

4. Wellness programs increase my overall job enjoyment.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

C. Employee Engagement

1. I feel more involved and committed to my work.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

2. I am more motivated to do my job well due to wellness support.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

3. I feel emotionally connected to my job.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

4. Wellness support makes me feel more committed to staying with my organization.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

D. Absenteeism and Turnover Intentions

1. I take fewer sick days because I feel healthier.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

2. I am less likely to leave my job because I feel supported at work.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

3. I feel less stress-related pressure that would make me miss work.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

4. Wellness programs make me more committed to staying with my current employer.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree