

العنوان :

دراسة العلاقة بين عوامل الإرهاق المهني وعلاقات الموظفين في قطاع الرعاية الصحية في المملكة العربية السعودية, دراسة مستشفى الدكتور سليمان فقيه، المملكة العربية السعودية (DSFH)

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السنة : 2025

Dedication

To my beloved family, whose unwavering support, endless encouragement, and unconditional love have been the foundation of my journey. To my parents, who taught me the value of education and hard work, and to all those who inspired me to pursue knowledge—this work is lovingly dedicated to you.

Acknowledgment

First and foremost, I would like to express my deepest gratitude to Allah for granting me the strength, patience, and determination to complete this research.

I would also like to extend my sincere thanks to my supervisor, [Insert Supervisor's Name], for their valuable guidance, insightful feedback, and continuous support throughout the entire process of this study. Their mentorship was instrumental in shaping the direction and quality of this work.

Special appreciation goes to the faculty members and academic staff at [Midocean], whose expertise and dedication have enriched my learning experience.

I am also deeply thankful to the healthcare professionals who participated in the study and made this research possible through their time and honest responses.

To my family and friends, your encouragement, understanding, and faith in me have been a constant source of motivation. This achievement is as much yours as it is mine.

Thank you all.

Abstract

This study investigates the relationship between burnout factors—namely emotional exhaustion, depersonalization, and reduced personal accomplishment—and key dimensions of employee relations, including workplace interactions, communication, engagement, and job satisfaction, among healthcare professionals in Saudi Arabia. Utilizing a quantitative research design, data were collected from a sample of 259 healthcare employees through a structured questionnaire. The study employed descriptive statistics, Pearson correlation, and simple linear regression to analyze the data. The findings revealed strong and statistically significant relationships between all three burnout dimensions and the dependent variables. Notably, reduced personal accomplishment was positively associated with lower levels of employee engagement and job satisfaction, confirming theoretical expectations. Conversely, emotional exhaustion and depersonalization showed unexpected positive correlations with employee relations, including communication and teamwork, suggesting the influence of organizational structure, professional coping mechanisms, and cultural context. The study highlights the critical role of psychological well-being in shaping organizational behavior within healthcare institutions. It provides practical recommendations for human resource management and policy development aimed at mitigating burnout and enhancing employee support systems. The results contribute to the growing body of literature on occupational health in high-pressure service environments and offer a foundation for future research into culturally specific burnout dynamics.

Keywords: Burnout, Emotional Exhaustion, Depersonalization, Personal Accomplishment, Employee Relations, Communication, Engagement, Job Satisfaction, Healthcare, Saudi Arabia.

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Chapter 1: Introduction

1.1. Introduction

The healthcare sector is one of the most demanding industries worldwide, characterized by high-pressure environments, long working hours, and emotionally intensive responsibilities. Healthcare professionals, including doctors, nurses, and administrative staff, are frequently exposed to workplace stressors that can contribute to burnout, a psychological state marked by emotional exhaustion, depersonalization, and reduced personal accomplishment. Burnout not only affects the mental and physical well-being of employees but also has serious implications for patient care, job satisfaction, and overall healthcare efficiency (Bhatti, 2023).

In Saudi Arabia, the healthcare sector has been undergoing rapid transformation due to Vision 2030, which aims to enhance healthcare services, increase privatization, and improve working conditions for medical professionals. While these reforms present opportunities for growth and development, they also introduce new challenges, such as increased workload, higher expectations, and greater organizational changes, which may contribute to employee stress and burnout. The increasing demand for healthcare services, workforce shortages, and administrative burdens further exacerbate burnout among employees, making it a critical issue that needs to be addressed. Burnout among healthcare workers is a well-documented phenomenon that stems from various factors, including excessive workload, lack of autonomy, insufficient managerial support, and emotional strain from patient interactions. Studies suggest that burnout negatively impacts employee morale, increases turnover rates, and decreases the quality of patient care. When healthcare professionals experience prolonged burnout, they are more likely to exhibit decreased

job satisfaction, lower commitment to their organization, and strained relationships with colleagues (Asfahani, 2024).

The three primary dimensions of burnout, as identified by Maslach and Jackson (1981) in the Maslach Burnout Inventory (MBI), include emotional exhaustion, depersonalization, and reduced personal accomplishment. Emotional exhaustion refers to feeling drained and overwhelmed due to work-related stress, while depersonalization involves developing a detached or cynical attitude toward patients and colleagues. Reduced personal accomplishment is associated with feelings of ineffectiveness or unfulfillment in one's job role. These dimensions not only affect individual well-being but also impact team dynamics, communication, and workplace harmony. In the Saudi Arabian healthcare sector, where teamwork and collaborative decision-making are essential, burnout can weaken employee relationships and disrupt the effectiveness of healthcare service delivery (Alzoubi et al.,2023).

Employee relations refer to the overall interactions, communication, and collaboration between employees and their management. Strong employee relations foster job satisfaction, commitment, and a positive work culture, while poor relationships can lead to conflict, dissatisfaction, and disengagement. In healthcare settings, where effective teamwork and coordination are vital, strained employee relations due to burnout can lead to increased workplace conflicts, reduced teamwork and cooperation, lower employee engagement and motivation, and higher turnover rates. These factors collectively impact the efficiency and quality of healthcare services, making it essential to explore how burnout affects workplace relationships (Muthuswamy,2022).

The Saudi Arabian healthcare sector faces unique cultural and organizational dynamics that influence employee relations. Factors such as hierarchical workplace structures, cultural

expectations, and managerial approaches play a significant role in shaping workplace interactions. Understanding how burnout influences these relationships is crucial for developing effective intervention strategies to enhance employee well-being and organizational performance. While extensive research has been conducted on burnout in global healthcare settings, there is limited research specifically examining the relationship between burnout factors and employee relations in the Saudi Arabian healthcare sector. Given the rapid expansion of healthcare services and the increasing demand for medical professionals, it is imperative to investigate how burnout affects interpersonal dynamics, workplace communication, and overall job satisfaction among healthcare employees (Ayyashi et al.,2024).

By exploring this relationship, this study aims to identify key burnout factors that affect healthcare employees in Saudi Arabia, examine how burnout influences employee relations, teamwork, and workplace collaboration, assess the impact of burnout on job satisfaction, turnover intention, and overall organizational effectiveness, and provide recommendations for reducing burnout and improving employee relations in healthcare organizations.

1.2. Problem Statement

Burnout among healthcare professionals is a growing concern in the Saudi Arabian healthcare sector, particularly as the industry undergoes rapid transformation due to Vision 2030 initiatives. Healthcare workers, including doctors, nurses, and administrative staff, are frequently subjected to high workloads, long shifts, emotional strain, and increased patient demands, all of which contribute to physical and mental exhaustion. These stressors not only affect individual well-being but also have negative consequences for employee relations, workplace collaboration, and overall healthcare service delivery. Despite the critical role of strong employee relations in ensuring the efficiency and effectiveness of healthcare services, the link between burnout and

employee interactions remains underexplored in the Saudi Arabian context. Burnout can lead to strained communication, workplace conflicts, reduced teamwork, and high turnover rates, ultimately compromising the quality of patient care and organizational performance. Moreover, hierarchical workplace structures, cultural factors, and organizational expectations in Saudi Arabia may further influence the way burnout manifests and affects professional relationships (Alharbi et al., 2023).

Although research on burnout in healthcare settings has been conducted globally, there is limited empirical evidence on how burnout factors such as emotional exhaustion, depersonalization, and reduced personal accomplishment impact employee relations in Saudi Arabian healthcare institutions. Understanding this relationship is essential for developing targeted interventions, improving workplace dynamics, and creating a healthier work environment. Therefore, this study seeks to examine the relationship between burnout factors and employee relations in the Saudi Arabian healthcare sector. By identifying key stressors and their impact on workplace interactions, the research aims to provide actionable recommendations for reducing burnout, enhancing teamwork, and improving overall job satisfaction among healthcare professionals in Saudi Arabia.

1.3. Research Questions

1. What are the key burnout factors affecting healthcare professionals in the Saudi Arabian healthcare sector?
2. How does burnout influence employee relations and workplace interactions in healthcare institutions?
3. What organizational strategies can be implemented to reduce burnout and enhance employee relations?

1.4. Research Objectives

2. To identify the key burnout factors affecting healthcare professionals in the Saudi Arabian healthcare sector.
3. To examine the impact of burnout on employee relations, teamwork, and workplace communication in healthcare institutions.
4. To explore effective organizational strategies and interventions for mitigating burnout and improving employee relations in the Saudi Arabian healthcare sector.

1.4. Research Significance

1.4.1. Theoretical Significance

This study contributes to the existing body of knowledge on burnout and employee relations in the healthcare sector, particularly within the Saudi Arabian context, where cultural and organizational dynamics may influence how burnout manifests and impacts workplace interactions. By examining the relationship between burnout factors (emotional exhaustion, depersonalization, and reduced personal accomplishment) and employee relations, this research expands theoretical frameworks related to occupational stress, job satisfaction, and organizational behavior in healthcare settings. Furthermore, this study builds on Maslach's Burnout Theory and workplace psychology models, providing insights into how burnout influences interpersonal relationships and team dynamics. The findings may serve as a foundation for future research on employee well-being, organizational development, and workforce sustainability in high-stress environments.

1.4.2. Practical Significance

From a practical perspective, this study provides valuable insights for healthcare administrators, policymakers, and human resource professionals in Saudi Arabia. Understanding

the impact of burnout on employee relations can help organizations develop effective intervention strategies, such as stress management programs, workload redistribution, and mental health support services, to improve employee well-being and workplace harmony. Additionally, the study's findings can guide policy reforms and organizational improvements by highlighting the need for supportive leadership, enhanced communication channels, and workplace culture shifts to reduce burnout and foster a more collaborative and productive work environment. Implementing these changes can lead to lower turnover rates, improved healthcare service delivery, and better patient outcomes, ensuring a more sustainable and resilient healthcare workforce in Saudi Arabia.

1.5. Variables in the Study

- ✓ **Independent Variables** is Burnout Factors with dimension Emotional Exhaustion, Depersonalization
- ✓ **Dependent Variable** is Employee Relations with dimension Workplace interactions, communication

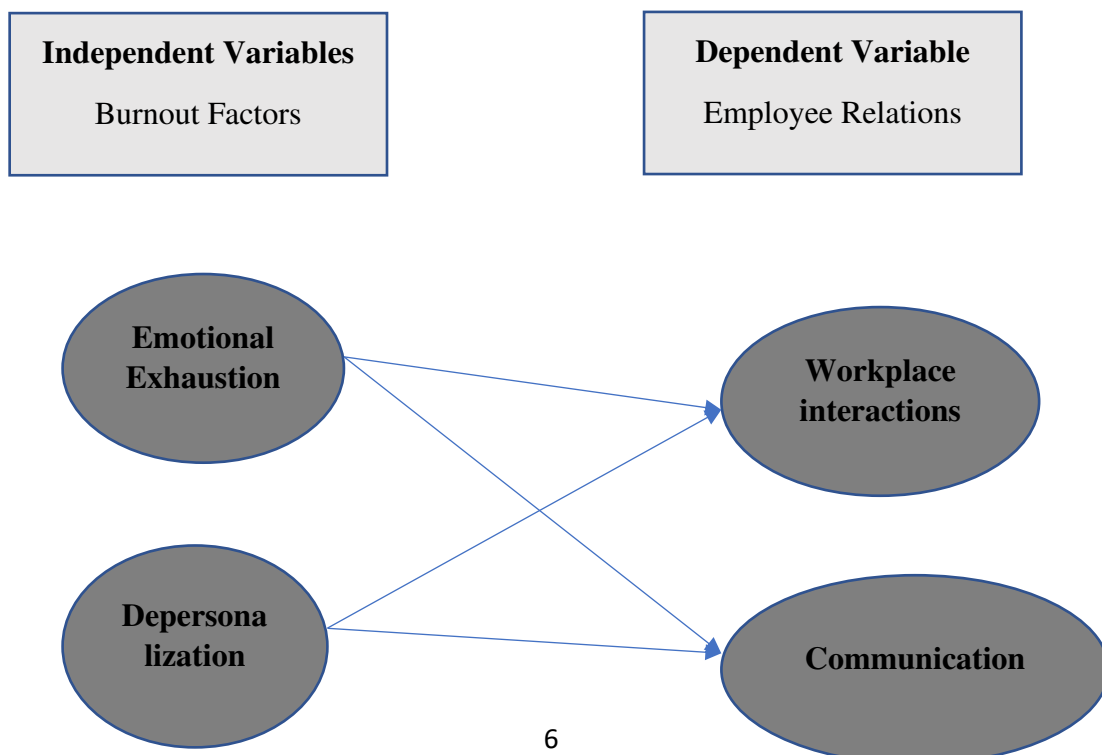


Figure 1 Variables of Study

1.6. Research Hypotheses

1. **H₁:** There is a statistically significant negative relationship between **emotional exhaustion** and **employee relations** in the Saudi Arabian healthcare sector.
2. **H₂:** **Depersonalization** has a statistically significant negative impact on **workplace interactions, teamwork, and communication** among healthcare professionals.
3. **H₃:** **Reduced personal accomplishment** is statistically significantly associated with **lower employee engagement and job satisfaction** in healthcare institutions.

1.7. Study Limitations

1. Sample Size and Generalizability – The study may have limitations in sample size, which could affect the generalizability of the findings across different healthcare institutions in Saudi Arabia. Workplace environments, job roles, and hospital policies vary, making it difficult to apply the results universally to all healthcare professionals in the region.
2. Cross-Sectional Design and Self-Reported Data – Since the study is cross-sectional, it captures data at a single point in time, limiting the ability to establish causality between burnout factors and employee relations. Additionally, reliance on self-reported questionnaire data introduces the possibility of response bias, as participants may overstate or understate their experiences due to social desirability concerns.
3. Cultural and External Influences – The research is conducted within the cultural and institutional context of Saudi Arabia, where workplace hierarchies and leadership styles may influence burnout differently compared to other regions. Moreover, external factors such as government healthcare policies and economic conditions are not directly accounted for, which could affect employee relations and well-being.

4. Measurement and Scope Limitations – While validated statistical tools will be used, subjective interpretations of questionnaire items may impact the accuracy of results. Additionally, the study focuses only on healthcare professionals, excluding administrators and policymakers, whose perspectives on burnout and workplace challenges could provide a more comprehensive understanding of the issue.

Chapter 2: Literature Review

2.1. Introduction

This chapter provides a comprehensive review of the existing literature related to burnout and employee relations, with a particular focus on their interconnection in the context of the Saudi Arabian healthcare sector. Given the growing concerns over staff well-being, high turnover rates, and declining job satisfaction among healthcare professionals, particularly nurses, understanding the causes and consequences of burnout has become increasingly critical for healthcare administrators and policymakers. The review explores key theoretical foundations and models that explain the development of burnout and the dynamics of workplace relationships. It examines the major factors contributing to burnout, including workload, leadership, recognition, and organizational culture—and how these factors influence employee relations. Additionally, it investigates how poor employee relations may exacerbate burnout symptoms, and conversely, how strong interpersonal and managerial support can buffer its effects. The chapter also includes an analysis of empirical studies conducted both internationally and within the Saudi context, highlighting common findings, contextual differences, and gaps in the research. Special attention is given to cultural and demographic variables—such as religion, gender, and nationality—that may influence how healthcare workers perceive and respond to burnout. Ultimately, this literature review lays the theoretical and empirical groundwork for the current study by identifying what is already known, what remains underexplored, and why examining the relationship between burnout factors and employee relations is particularly relevant to the Saudi Arabian healthcare sector.

2.2. Literature review

Siraj et al. (2023) conducted a national cross-sectional survey to examine the relationship between burnout, resilience, supervisory support, and quitting intention among healthcare

professionals in Saudi Arabia. The study found that burnout was significantly associated with an increased likelihood of quitting, indicating that healthcare professionals experiencing high levels of emotional exhaustion and depersonalization were more inclined to leave their jobs. However, the research also highlighted the role of resilience and supervisory support in reducing burnout effects. Employees who reported higher levels of supervisory support demonstrated greater resilience and were less likely to consider quitting. The study emphasized the importance of leadership involvement in fostering a supportive work environment, implementing stress management programs, and promoting resilience-building initiatives to retain healthcare professionals and enhance workplace well-being.

Elbarazi et al. (2017) conducted a systematic review analyzing the prevalence and contributing factors of burnout among healthcare professionals in Arab countries. The review synthesized findings from multiple studies and concluded that burnout levels were alarmingly high in the region, primarily due to excessive workloads, prolonged working hours, emotional exhaustion, and insufficient institutional support. The study found that factors such as job dissatisfaction, lack of autonomy, and work-related stress significantly contributed to burnout. Moreover, the review suggested that healthcare institutions in Arab countries need to implement organizational changes, such as providing mental health support, promoting work-life balance, and offering professional development opportunities to mitigate burnout. It is also recommended that policymakers focus on creating better working conditions and enforcing policies that prioritize employee well-being to ensure a sustainable healthcare workforce.

Al-Omari et al. (2019) examined the predictors of burnout among healthcare providers working in private hospitals in Saudi Arabia and the United Arab Emirates. Using a cross-sectional study design, the researchers identified long working hours, job insecurity, and inadequate

workplace support as major contributors to burnout. The study found that healthcare providers in private hospitals faced significant challenges related to workload intensity, high patient demands, and limited professional autonomy, which exacerbated stress and led to higher burnout rates. Furthermore, the study suggested that private healthcare institutions should adopt proactive measures, such as flexible work arrangements, mental health support programs, and leadership training to help reduce burnout. By implementing these strategies, hospitals can improve employee retention, job satisfaction, and overall workplace productivity.

Almeneessier and Azer (2023) explored the relationship between burnout and emotional intelligence among academics and clinicians at King Saud University. The study found that individuals with higher levels of emotional intelligence experienced lower levels of burnout, indicating that emotional regulation and interpersonal skills played a crucial role in mitigating workplace stress. The research emphasized that healthcare professionals and academics who were able to manage their emotions effectively were more resilient to the pressures of their work environment. The authors recommended integrating emotional intelligence training into medical and academic curricula to equip professionals with essential skills for handling stress, improving communication, and maintaining job engagement. The study concluded that fostering emotional intelligence could be a key strategy in reducing burnout and enhancing both personal and professional well-being among healthcare professionals

2.3. Definition and Dimensions of Burnout

Burnout is a psychological syndrome that arises as a prolonged response to chronic interpersonal and emotional stressors in the workplace, particularly in professions that involve intense human interaction such as healthcare. It is most commonly defined through the work of Maslach and Jackson (1981), who conceptualized burnout as a multi-dimensional construct

comprising three core components: emotional exhaustion, depersonalization, and reduced personal accomplishment. Emotional exhaustion refers to feelings of being emotionally drained and depleted of one's emotional resources, often caused by the overwhelming demands of patient care, long working hours, and inadequate rest. This is typically the first and most prominent symptom of burnout and is especially prevalent among nurses and frontline healthcare workers.

Depersonalization, the second dimension, involves a detached and impersonal response toward patients or colleagues. Healthcare professionals experiencing this may develop a cynical attitude or treat patients as objects rather than individuals, often as a coping mechanism to shield themselves from emotional overload. The third dimension, reduced personal accomplishment, is characterized by a diminished sense of efficacy and a belief that one's work is no longer meaningful or impactful. Individuals suffering from this aspect of burnout often feel incompetent, ineffective, or unsuccessful in their roles, which further undermines their motivation and job satisfaction.

Burnout has been widely recognized as an occupational hazard in healthcare settings worldwide due to the high-pressure, emotionally intense, and life-critical nature of the work. In hospitals, especially in environments like those in Saudi Arabia with rapidly growing healthcare demands, understaffing, administrative burdens, and lack of institutional support can exacerbate the burnout experience. Importantly, burnout is not merely an individual psychological issue—it has organizational consequences, including reduced productivity, increased absenteeism, high turnover rates, poor quality of patient care, and even medical errors. The recognition of burnout as an occupational syndrome by the World Health Organization (WHO) in the International Classification of Diseases (ICD-11) further underscores its significance and the urgent need for health systems to address it proactively. Understanding its dimensions is essential for diagnosing

the problem accurately and developing targeted interventions to support employee well-being and maintain the quality and safety of healthcare services.

2.4. Theoretical Foundations of Burnout and Employee Relations

Understanding the complex interplay between burnout and employee relations in the healthcare sector requires grounding in established psychological and organizational theories. These theories help explain how employees perceive their work environment, how stress develops, and how interpersonal dynamics can either alleviate or aggravate emotional exhaustion. The following key theoretical models provide insight into this relationship: the Job Demands-Resources (JD-R) Model, Social Exchange Theory, Herzberg's Two-Factor Theory, and Maslow's Hierarchy of Needs (Muthuswamy,2023).

2.4.1. Job Demands-Resources (JD-R) Model

The JD-R Model, developed by Demerouti et al. (2001), is one of the most widely applied frameworks in burnout research. It categorizes workplace conditions into two core components: job demands and job resources. Job demands include physical, emotional, and cognitive efforts required in a role, such as high patient loads, administrative burden, and emotional strain. When these demands become excessive and are not balanced by adequate job resources—such as supervisor support, autonomy, performance feedback, and peer collaboration, employees are at increased risk of burnout. In contrast, job resources serve as a motivational function, helping employees remain engaged and resilient. The model is especially relevant in healthcare settings, where demands are inherently high and the availability of supportive resources can vary widely. Positive employee relations, such as respectful communication, mentoring, and shared decision-

making, function as protective resources that can mitigate the effects of stress and prevent burnout (Siraj et al.,2023).

2.4.2. Social Exchange Theory (SET)

Social Exchange Theory, introduced by Blau (1964), emphasizes the role of reciprocal relationships between employees and their organizations. According to this theory, when employees perceive fairness, respect, and emotional support from supervisors and colleagues, they respond with loyalty, trust, and higher performance. In contrast, when the organizational exchange is perceived as one-sided or exploitative, employees may withdraw, disengage, or even leave. This dynamic is closely linked to the development of burnout, as employees who feel unsupported or disrespected are more likely to experience emotional exhaustion and detachment. In healthcare institutions, where teamwork and trust are essential to patient care, poor employee relations can have a direct negative impact on morale and staff well-being. SET thus reinforces the idea that improving interpersonal relationships and fostering a culture of fairness and recognition are essential components of any strategy to prevent burnout (Elbarazi et al.,2017).

2.4.3. Herzberg's Two-Factor Theory

Herzberg's Two-Factor Theory distinguishes between motivators and hygiene factors in the workplace. Motivators are intrinsic elements such as achievement, recognition, and opportunities for advancement that lead to job satisfaction and increased engagement. Hygiene factors, on the other hand, include salary, company policies, supervision quality, and working conditions—factors that, when inadequate, cause dissatisfaction but do not necessarily motivate when improved. In relation to burnout, this theory helps explain why healthcare workers may feel emotionally drained even if basic needs like salary are met—because the absence of motivating

factors like professional growth and appreciation can result in a loss of purpose and personal accomplishment. Employee relations are strongly tied to both categories: poor supervision and lack of recognition (hygiene and motivator failures) can create a breeding ground for dissatisfaction and burnout (Al-Omari et al.,2019).

2.4.4. Maslow's Hierarchy of Needs

Maslow's Hierarchy of Needs provides a psychological lens for understanding burnout by examining how unmet human needs at various levels contribute to stress and disengagement. The hierarchy includes physiological needs, safety, belonging, esteem, and self-actualization. In a healthcare setting, nurses and other professionals must have their basic needs met—such as fair compensation, physical safety, and emotional security—before they can thrive in their roles. If needs such as belonging and esteem are neglected due to poor communication, exclusion from decision-making, or lack of recognition, individuals may feel undervalued and isolated, eventually leading to emotional exhaustion. Strong employee relations, including collaboration, inclusion, and feedback, fulfill several of these psychological needs and are therefore essential for preventing burnout (Almeneessier et al.,2023).

2.4.5. Integrative Perspective

Taken together, these theories offer a comprehensive view of how structural, psychological, and relational factors contribute to burnout and shape employee experiences in the workplace. The JD-R model emphasizes the balance between demands and resources, SET highlights the importance of reciprocal relationships, Herzberg focuses on motivation and job content, and Maslow addresses core human needs. In the context of the Saudi Arabian healthcare sector, where cultural expectations and organizational hierarchies influence communication and

leadership styles, applying these theories can help healthcare institutions better understand and respond to the underlying causes of burnout. By adopting a multidimensional framework, the current study aims to explore how employee relations function not just as a workplace dynamic but as a critical determinant of emotional well-being and professional sustainability (Bhatti,2023).

2.5. Factors Contributing to Burnout in Healthcare Settings

Burnout in healthcare settings is a multifaceted phenomenon influenced by a range of organizational, interpersonal, and individual factors. Due to the emotionally charged and high-pressure nature of healthcare environments, professionals—particularly nurses, physicians, and frontline staff—are especially vulnerable to chronic stress that can lead to emotional exhaustion, depersonalization, and reduced personal accomplishment. This section outlines the key factors that contribute to burnout in healthcare, with specific attention to the Saudi Arabian context (Alzoubi et al.,2024).

2.5.1. Workload and Staffing Shortages

One of the most frequently cited causes of burnout in healthcare is excessive workload resulting from inadequate staffing levels. Nurses and doctors often handle more patients than is considered safe or manageable, particularly in emergency and critical care units. This overburdening not only leads to physical exhaustion but also increases the likelihood of medical errors and moral distress. In Saudi Arabia, the growing demand for healthcare services, coupled with a shortage of national healthcare workers, has placed significant strain on existing staff. Almodaimegh (2020) noted that heavy workloads were among the top contributors to burnout among hospital pharmacists at National Guard hospitals, a trend that likely extends across other clinical roles.

2.5.2. Lack of Managerial and Peer Support

A supportive work environment is critical for reducing stress and fostering emotional resilience. However, when leadership is unsupportive, communication is poor, or supervisors fail to recognize staff efforts, healthcare professionals may feel undervalued and isolated. This lack of managerial support often correlates with emotional exhaustion and disengagement. Similarly, poor peer relationships, workplace conflict, or bullying can heighten stress levels and reduce job satisfaction. Studies by Zaw (2023) and Wali et al. (2023) emphasize the importance of strong interpersonal relationships in mitigating burnout and promoting staff morale.

2.5.3. Role Ambiguity and Role Conflict

Role ambiguity occurs when healthcare workers are uncertain about their job responsibilities or expectations, while role conflict arises when they receive contradictory instructions or are expected to perform incompatible tasks. Both conditions are significant stressors that can lead to frustration and psychological fatigue. In hierarchical and rapidly evolving healthcare systems like those in Saudi Arabia, where job roles may change frequently or lack clear communication, these issues are particularly prevalent and contribute to feelings of inadequacy and burnout.

2.5.4. Limited Opportunities for Career Development

Burnout is often associated not only with what is present in the work environment but also with what is lacking, such as growth and development opportunities. When nurses and other healthcare staff perceive that there are few chances for advancement, skill enhancement, or professional recognition, they may begin to feel stagnant and unmotivated. Almansour (2017) and Haron (2020) both highlight that limited career mobility contributes significantly to employee dissatisfaction and turnover intention, which are closely related to burnout.

2.5.5. Recognition and Reward Deficiencies

Feeling unrecognized or unrewarded for one's efforts is another major driver of burnout. In healthcare, where the emotional and physical toll is high, intrinsic and extrinsic rewards play a critical role in maintaining morale. When institutions fail to provide adequate financial compensation, praise, or opportunities for public recognition, staff may become disillusioned and emotionally detached. Haron (2020) observed that even in cases where salaries were low, intrinsic motivators such as religious values and community service ethos helped buffer burnout, suggesting that recognition in all its forms is a vital protective factor.

2.5.6. Work-Life Imbalance

Maintaining a healthy work-life balance is essential for emotional well-being. However, healthcare workers often face irregular shifts, mandatory overtime, and night duties, which can disrupt personal routines and family responsibilities. Chronic imbalance between work and personal life can lead to fatigue, stress, and resentment. In the Saudi context, where social and family obligations are culturally significant, the inability to balance professional and personal life may further intensify burnout symptoms (Wali et al., 2023).

2.5.7. Exposure to Trauma and Patient Suffering

Repeated exposure to traumatic events, patient suffering, and death—especially in oncology, emergency, and palliative care units—can have a profound emotional impact on healthcare professionals. Without proper psychological support, such exposure can lead to emotional numbness, compassion fatigue, and eventually burnout. Liu et al. (2019) reported that workplace violence and emotionally distressing conditions in Chinese hospitals contributed significantly to nurse burnout, a situation likely mirrored in high-acuity Saudi hospitals. The factors contributing to burnout in healthcare are interrelated and often cumulative. Workload pressures, lack of support, ambiguous roles, poor recognition, and emotional strain all interact to

undermine the mental and emotional resilience of healthcare staff. In Saudi Arabia, these challenges are further intensified by systemic, cultural, and demographic complexities. Understanding these contributing factors is essential for designing targeted interventions that enhance employee well-being and preserve the quality of patient care (Asfahani,2024).

2.6. Employee Relations in the Healthcare Context

Employee relations refer to the quality of the interactions, communication, trust, and mutual respect between employees and their supervisors, peers, and the broader organization. In the healthcare context, employee relations encompass how healthcare workers—such as nurses, physicians, and support staff—experience and respond to management practices, organizational culture, teamwork, conflict resolution, and leadership engagement. Strong, positive employee relations are fundamental to ensuring a collaborative work environment, high levels of job satisfaction, and effective patient care. Conversely, strained or toxic employee relations can lead to workplace dissatisfaction, disengagement, and, ultimately, burnout and turnover (Muthuswamy,2024).

In healthcare, where coordination, responsiveness, and communication are critical to patient safety and outcomes, the role of employee relations becomes even more pronounced. Hospitals and health systems depend heavily on interdisciplinary collaboration, particularly in high-stakes environments like emergency rooms, operating theaters, and intensive care units. Effective employee relations in such settings promote mutual trust, psychological safety, and open communication, which are essential for reducing errors, managing crises, and ensuring continuity of care. When healthcare workers feel respected, supported, and included in decision-making, they are more likely to exhibit organizational commitment and go beyond their formal job roles—a concept known as organizational citizenship behavior (OCB) (Ayyashi et al.,2024).

However, poor employee relations—manifested in lack of supervisor support, unclear communication, favoritism, micromanagement, or absence of recognition—can erode morale and contribute significantly to stress and dissatisfaction. For instance, studies have shown that healthcare workers who report feeling isolated from management or ignored in policy decisions are more likely to experience emotional exhaustion, depersonalization, and thoughts of quitting. Wali et al. (2023) found that in primary healthcare centers in Saudi Arabia, interpersonal relationships among team members were a key source of satisfaction, while dissatisfaction stemmed largely from a perceived lack of career development and reward. Similarly, Zaw (2023) emphasized that organizational support and positive peer relationships were crucial to sustaining job satisfaction among military nurses in Myanmar.

In the Saudi healthcare sector specifically, employee relations are influenced by additional factors such as cultural diversity, hierarchical leadership structures, and gender-based dynamics. Many hospitals in the Kingdom, particularly those under the Ministry of National Guard Health Affairs (MNGHA), employ a multicultural workforce consisting of both Saudi and expatriate nurses and doctors. This diversity can enrich workplace learning and broaden clinical perspectives, but it can also lead to communication barriers, cultural misunderstandings, and perceived inequities in workload, benefits, or promotion opportunities. Almansour (2017) found that nationality significantly impacted job satisfaction and turnover intentions, with non-Saudi nurses often reporting lower satisfaction due to limited support and perceived discrimination. This highlights the need for culturally sensitive employee relation strategies that promote inclusion, transparency, and equal opportunity for all staff members.

Furthermore, employee relations are closely tied to leadership styles. In hierarchical systems like those prevalent in Saudi healthcare institutions, the presence or absence of

transformational leadership—characterized by inspiration, individualized consideration, and participative decision-making—can shape the entire work climate. Leaders who engage positively with their teams, provide constructive feedback, and actively address staff concerns foster an environment where employee relations thrive and burnout is minimized. On the other hand, authoritarian leadership approaches that discourage dialogue and feedback often result in mistrust and professional disengagement (Alharbi et al.,2023).

in conclusion, employee relations are a critical organizational component that directly affects healthcare workers’ psychological well-being, job performance, and patient outcomes. In a sector as dynamic and demanding as healthcare—especially within the Saudi Arabian context—investing in strong, inclusive, and responsive employee relations is not merely a human resources function but a strategic imperative. Understanding the relational dynamics between staff, supervisors, and management is essential for creating a supportive culture that not only prevents burnout but also enhances job satisfaction, staff retention, and healthcare quality (Hall,2019).

2.7. Impact of Burnout on Organizational Outcomes

Burnout among healthcare professionals is not only a threat to individual well-being, but also a serious organizational issue with far-reaching consequences. When left unaddressed, burnout can significantly impair healthcare institutions’ capacity to deliver safe, effective, and patient-centered care. It affects productivity, workforce stability, patient outcomes, financial performance, and the overall organizational climate. This section explores the various ways in which burnout among healthcare staff—particularly nurses and frontline workers—impacts the broader operations of healthcare organizations, with a specific lens on the Saudi Arabian context.

2.7.1. Decreased Productivity and Performance

Burnout is associated with physical fatigue, mental exhaustion, and diminished motivation, all of which impair work efficiency and attention to detail. Healthcare workers experiencing emotional exhaustion are less likely to perform at optimal levels, make informed clinical decisions, or sustain the level of focus required in high-stress situations. According to Liu et al. (2019), burnout directly undermines clinical performance by increasing cognitive errors and reducing responsiveness to patient needs. In high-demand environments such as hospitals under the Ministry of National Guard Health Affairs (MNGHA), this decline in productivity can compromise service delivery and patient flow (Anthony et al.,2017).

2.7.2. Increased Absenteeism and Presenteeism

One of the most immediate organizational outcomes of burnout is increased absenteeism—staff taking frequent sick days or time off due to physical or mental exhaustion. More subtly, burnout also leads to presenteeism, where employees are physically present but mentally disengaged, resulting in reduced quality of work. This not only burdens coworkers who must compensate for absent colleagues but also increases the likelihood of clinical mistakes and care delays. Over time, patterns of absenteeism and presenteeism disrupt workflow, erode team morale, and increase operational inefficiencies (Shirtaheri et al.,2020).

2.7.3. High Turnover Rates and Staffing Instability

Burnout is a well-documented precursor to turnover intention and actual job departure. When healthcare professionals feel unsupported, unrecognized, or emotionally depleted, they are more likely to seek employment elsewhere or exit the profession altogether. High turnover creates staffing instability, increases recruitment and training costs, and weakens institutional knowledge. In the Saudi context, studies by Almansour (2017) and Almodaimegh (2020) confirm that burnout-related turnover is rising among both Saudi and expatriate nurses, placing added strain on an

already overburdened workforce. The departure of skilled personnel also reduces team cohesion and increases the pressure on remaining staff, contributing to a vicious cycle of burnout and turnover.

2.7.4. Decline in Patient Safety and Quality of Care

One of the most critical impacts of burnout is its negative effect on patient safety and healthcare quality. Burnout can impair clinical judgment, delay response times, and reduce empathy—all of which increase the risk of medical errors, adverse events, and compromised patient outcomes. Liu et al. (2019) demonstrated that hospitals with higher nurse burnout rates reported poorer patient safety scores and increased incident reports. In environments where patient safety is paramount, such as surgical wards or intensive care units, even minor lapses can have life-threatening consequences. Additionally, patients often perceive emotional disengagement or depersonalization from burned-out staff, which affects trust and satisfaction.

2.7.5. Financial and Strategic Implications

Burnout has measurable financial costs to healthcare institutions. These include increased expenditure on recruitment, onboarding, and retraining to replace staff who resign due to burnout. Indirect costs stem from reduced efficiency, absenteeism, medical errors, litigation, and reputational damage. In the long term, burnout affects strategic goals related to staff development, patient satisfaction, and clinical excellence. Institutions that fail to address burnout risk losing their competitive edge and may struggle to meet national healthcare quality benchmarks or accreditation standards. In Saudi Arabia, where Vision 2030 emphasizes excellence and sustainability in healthcare delivery, unmitigated burnout stands as a barrier to policy implementation and sectoral growth (Harder et al.,2015).

2.7.6. Organizational Culture and Employee Morale

Finally, burnout erodes organizational culture. It fosters a work environment marked by cynicism, mistrust, emotional detachment, and low morale. Teams become fragmented, communication weakens, and collaboration deteriorates. Over time, this toxic atmosphere can lead to a collective decline in commitment and innovation, making it difficult to introduce new practices, retain high-performing staff, or achieve performance targets. A healthy work culture is essential for resilience in the face of challenges; burnout, if ignored, can dismantle this foundation entirely. In sum, burnout has a multidimensional and deeply damaging impact on healthcare organizations. From reduced productivity and rising turnover to deteriorating patient safety and organizational culture, the consequences of burnout extend far beyond the individual. In the context of the Saudi healthcare sector, where demand for quality care continues to grow, addressing burnout is both a human and institutional imperative. Healthcare leaders must recognize burnout as a systemic risk and implement evidence-based strategies to foster a healthier, more sustainable workforce—one that can deliver safe, compassionate, and effective care.

2.8. Cultural and Religious Influence

Cultural and religious contexts play a significant role in shaping how healthcare professionals perceive, experience, and cope with workplace stress and burnout. In a multicultural healthcare environment—such as that found in Saudi Arabia—nurses and medical staff often come from diverse national, ethnic, and religious backgrounds. These factors influence not only communication and teamwork but also personal values, coping mechanisms, and professional expectations. Understanding the cultural and religious dimensions of burnout is therefore essential for designing effective, culturally sensitive strategies for workforce well-being and retention.

2.8.1 Cultural Diversity and Workplace Dynamics

Saudi Arabian healthcare institutions employ a large proportion of expatriate healthcare professionals, particularly nurses from countries such as the Philippines, India, Egypt, and Sudan. While this multicultural workforce enhances diversity and global competence, it also introduces challenges such as language barriers, cultural misunderstandings, and differing professional norms. These issues can contribute to role conflict, feelings of exclusion, and workplace tension, all of which may heighten stress and emotional fatigue. Almansour (2017) found that nationality significantly influenced job satisfaction and intention to leave, with non-Saudi nurses often reporting lower satisfaction due to perceived inequities in opportunities for advancement, housing, or benefits. These perceptions, if unaddressed, can exacerbate emotional exhaustion and depersonalization—two core dimensions of burnout. Moreover, in some cultures, particularly collectivist societies, there may be a tendency to avoid open conflict or suppress emotional expression, which can mask underlying stress until it becomes overwhelming. In such settings, burnout may remain underreported or misinterpreted by management, further delaying intervention. Effective employee relations in culturally diverse teams therefore require strong intercultural communication, inclusive leadership, and clear, equitable organizational policies that promote fairness and belonging across all staff groups.

2.8.2 Religious Beliefs as a Coping Mechanism

In Saudi Arabia, Islam is a central part of social and professional life, and religious values often influence how individuals approach hardship, stress, and workplace dissatisfaction. For many healthcare workers—both Saudi nationals and Muslim expatriates—faith serves as a powerful internal coping mechanism that promotes patience, resilience, and acceptance. Religious

practices such as prayer, supplication, and community support can provide emotional comfort during times of distress and help individuals maintain a sense of meaning in their work. Haron (2020) explored the moderating effect of religious beliefs on the relationship between employee rewards and turnover intentions among healthcare workers in Kenyan private hospitals. The study revealed that employees with strong religious convictions were more likely to remain in their jobs, even when extrinsic rewards were lacking, suggesting that intrinsic motivations rooted in faith can buffer the negative effects of organizational stress. This finding is particularly relevant in the Saudi context, where many workers may view their profession as a form of service or moral duty aligned with religious principles such as compassion, altruism, and patience. However, while religion can act as a protective factor, it is not a substitute for organizational support. Relying solely on individual coping strategies may lead to the normalization of overwork and discourage institutional change. Therefore, it is crucial for healthcare leaders to acknowledge and respect the role of religion while simultaneously providing structural solutions such as fair workloads, recognition, and mental health support.

2.8.3 Gender and Cultural Norms

Cultural expectations related to gender roles can also impact burnout risk, particularly for female healthcare workers. In traditional societies, women may carry dual responsibilities—professional duties and family caregiving—which can intensify work-life conflict. In Saudi Arabia, where women make up a growing segment of the healthcare workforce, especially in nursing, cultural expectations regarding modesty, family obligations, and mobility may affect their work schedules, stress levels, and support systems. Without appropriate policies such as flexible shifts, childcare options, or gender-sensitive leadership, these factors can contribute to emotional strain and higher turnover.

2.9. Gender and Nationality as Moderators

Gender and nationality are critical demographic variables that can moderate the relationship between occupational stressors, burnout, and job-related outcomes in healthcare settings. In the context of Saudi Arabia's healthcare sector—where the workforce is characterized by both gender-specific cultural expectations and a high degree of multinational representation—these factors play a pivotal role in shaping how healthcare professionals experience, interpret, and respond to burnout. Recognizing the moderating influence of gender and nationality is essential for tailoring burnout prevention strategies and promoting equity in workforce management.

2.9.1 Gender as a Moderating Factor

Gender differences in burnout levels and coping mechanisms have been widely documented in the literature. Numerous studies suggest that female healthcare workers are more prone to emotional exhaustion, the most prevalent dimension of burnout, due to their dual responsibilities in both professional and family spheres. In conservative societies such as Saudi Arabia, women—particularly nurses—may face additional pressures related to social expectations, mobility limitations, or family obligations, all of which may amplify work-life imbalance and psychological fatigue. For example, women working night shifts or in mixed-gender environments may encounter stressors not experienced by their male counterparts, including increased vulnerability to harassment, cultural scrutiny, or constraints in career progression.

Conversely, male healthcare professionals may report higher levels of depersonalization, potentially due to societal norms that discourage emotional expression or emphasize stoicism in professional roles. These gendered patterns suggest that burnout is experienced differently across genders, requiring tailored support interventions. Providing flexible scheduling, promoting

gender-sensitive leadership, and ensuring workplace protections for female staff can help mitigate gender-related stressors that contribute to burnout.

2.9.2 Nationality as a Moderating Factor

In Saudi Arabia, the healthcare system relies heavily on a diverse expatriate workforce, particularly in nursing, pharmacy, and technical roles. While this diversity contributes to service delivery capacity and cross-cultural knowledge exchange, it also introduces inequities in workplace treatment, recognition, and opportunity. Expatriate healthcare workers, especially from countries like the Philippines, India, and Egypt, may face challenges related to cultural adjustment, language barriers, perceived discrimination, or limited access to promotions and benefits. These challenges can heighten feelings of alienation, stress, and undervaluation which contribute to burnout.

Almansour (2017) found significant differences in job satisfaction and turnover intention between Saudi and non-Saudi nurses working in government hospitals. Non-Saudi nurses often reported lower satisfaction levels due to restricted mobility, fewer advancement opportunities, and exclusion from decision-making processes. These conditions not only affect morale but also intensify emotional exhaustion and disengagement. When nationality influences how employees are treated or perceive their value within an organization, it becomes a moderating variable that shapes the overall impact of job stressors.

Additionally, expatriate workers may have fewer support networks in the host country, making them more vulnerable to isolation and less likely to report burnout symptoms. They may also refrain from expressing dissatisfaction out of fear of job insecurity or visa restrictions. These factors underscore the need for inclusive employee relations policies, equitable benefit structures, and cultural orientation programs to support foreign staff members.

2.9.3 Intersectionality of Gender and Nationality

Importantly, the intersection of gender and nationality may produce compounded effects on how burnout is experienced. For instance, female expatriate nurses may face both gender-specific cultural constraints and nationality-based inequities, placing them at even greater risk for burnout. Such intersecting vulnerabilities highlight the importance of analyzing workforce dynamics through an intersectional lens rather than treating gender and nationality as isolated variables.

2.10. Role of Leadership in Mitigating Burnout

Leadership plays a crucial role in shaping the work environment, influencing organizational culture, and directly affecting employee well-being. In healthcare settings—where stress, emotional intensity, and life-or-death decisions are part of daily routines—the quality of leadership can be a determining factor in whether staff thrive or burn out. Effective leadership not only improves team performance and patient outcomes but also serves as a buffer against workplace stressors that contribute to burnout. This section explores how different leadership styles and practices influence burnout levels among healthcare professionals, particularly within the Saudi Arabian healthcare system.

2.10.1. Leadership Styles and Their Impact

Research consistently shows that transformational leadership is one of the most effective styles for reducing burnout in healthcare environments. Transformational leaders inspire and motivate their teams by fostering a shared vision, encouraging innovation, recognizing individual contributions, and showing genuine concern for employees' personal and professional growth. This leadership style enhances trust, morale, and job satisfaction—factors that are inversely related to burnout. Studies have found that employees who report to transformational leaders experience lower levels of emotional exhaustion and depersonalization, and higher levels of engagement and

resilience. In contrast, transactional leadership, which emphasizes routine tasks, performance monitoring, and rewards or punishments, may maintain order but does little to support emotional well-being. Similarly, autocratic or authoritarian leadership styles, which are more prevalent in some hierarchical healthcare systems, including parts of the Saudi healthcare sector, can exacerbate feelings of powerlessness, stress, and alienation among staff. Such environments often lack open communication, psychological safety, and participatory decision-making, all of which are essential to preventing burnout.

2.10.2. Supervisor Support and Emotional Safety

One of the strongest predictors of employee burnout is perceived supervisor support. Leaders who are approachable, empathetic, and responsive to employee concerns foster a sense of emotional safety, which is essential for psychological well-being. This includes acknowledging workloads, offering flexible solutions, intervening in cases of conflict, and advocating for staff needs. When leaders are distant or dismissive, employees may feel isolated and undervalued, increasing the risk of emotional exhaustion and withdrawal. In the Saudi context, where healthcare organizations are large and bureaucratically structured, the presence of visible, accessible, and emotionally intelligent leaders can make a substantial difference. Leadership training that emphasizes emotional intelligence, cultural competence, and inclusive practices is therefore critical in equipping supervisors to mitigate burnout among diverse healthcare teams.

2.10.3. Communication and Transparency

Clear, consistent, and honest communication from leadership reduces uncertainty and builds trust, especially during times of organizational change or crisis. Transparent communication helps employees feel included, reduces ambiguity, and allows concerns to be addressed before

they escalate into chronic stress. Open-door policies, regular team meetings, and inclusive decision-making processes contribute to a supportive atmosphere that protects against burnout. In healthcare settings where the pace is fast and the stakes are high, poor communication can lead to misinformation, errors, and frustration. Conversely, proactive and participatory leadership communication improves clarity of roles, strengthens professional relationships, and helps staff feel heard factors known to reduce burnout symptoms.

2.10.4. Recognition, Empowerment, and Professional Development

Leaders play a pivotal role in ensuring that healthcare staff feel recognized, empowered, and valued. Regular recognition of effort, achievements, and improvement, whether through verbal praise, formal awards, or career progression opportunities reinforces a positive work environment and boosts morale. Empowering staff by involving them in clinical decision-making or quality improvement initiatives enhances their sense of control and professional worth. Moreover, leaders who invest in staff development—through continuing education, mentoring, and coaching—demonstrate commitment to employee growth. This reduces feelings of stagnation and increases job satisfaction, which in turn lowers the risk of burnout. In Saudi Arabia, where many expatriate and national staff may face limited career mobility, strong leadership advocacy for equitable access to development opportunities is especially critical. Leadership is not just a management function; it is a core determinant of staff well-being in healthcare settings. Transformational and emotionally intelligent leadership styles can significantly reduce burnout by fostering supportive relationships, improving communication, promoting empowerment, and recognizing the human needs of healthcare professionals. In the context of the Saudi Arabian healthcare sector, where workforce diversity and hierarchical structures present additional challenges, leadership must be culturally

aware, inclusive, and proactive. Effective leadership is thus essential not only for organizational success but for sustaining a resilient, motivated, and emotionally healthy workforce.

2.11. Global Perspectives on Burnout and Employee Relations

Burnout and employee relations are global concerns that transcend cultural and national boundaries, particularly within the healthcare sector. While the specific stressors and organizational dynamics may vary by region, healthcare workers worldwide face similar challenges related to emotional exhaustion, poor leadership, limited recognition, and communication breakdowns. Understanding how different countries and health systems address these issues provides valuable insight into effective and ineffective strategies, as well as the role of cultural, economic, and policy factors in shaping outcomes. This section explores global perspectives on burnout and employee relations, drawing on evidence from various healthcare systems across developed and developing countries.

2.11.1. Burnout in Developed Healthcare Systems

In high-income countries such as the United States, Canada, the United Kingdom, and Australia, burnout has been identified as a critical risk to healthcare quality and workforce sustainability. Factors such as electronic health record (EHR) burden, bureaucratic overload, and patient volume pressure have contributed to rising levels of stress among healthcare professionals. In the United States, for example, studies have shown that over 40% of physicians and nurses report symptoms of burnout, with emotional exhaustion and depersonalization being the most common (Shanafelt et al., 2015). Efforts to mitigate burnout have focused on improving workplace flexibility, peer support programs, resilience training, and leadership development.

The United Kingdom's National Health Service (NHS) has recognized burnout as a systemic issue, especially after the COVID-19 pandemic, and has invested in well-being

initiatives, including counseling services, mental health hotlines, and “restorative supervision” programs aimed at reducing emotional strain. These examples illustrate how institutional acknowledgment and policy-driven support are essential in addressing burnout in advanced health systems.

2.11.2. Burnout in Low- and Middle-Income Countries (LMICs)

In contrast, healthcare professionals in low- and middle-income countries (LMICs) face additional layers of complexity such as resource constraints, staffing shortages, political instability, and infrastructure deficiencies. These challenges often lead to chronic overwork, unsafe working conditions, and weak employee relations. In sub-Saharan Africa, for example, nurses and midwives frequently report burnout due to overwhelming patient loads, lack of basic supplies, and limited professional recognition (Kabunga & Anyango, 2022).

In Kenya, Haron (2020) found that while low compensation contributed to turnover intention, religious beliefs served as a moderating factor, encouraging employees to remain despite poor working conditions. This highlights the importance of intrinsic motivation and cultural values in influencing how employees perceive organizational shortcomings. However, in many LMICs, institutional support systems for stress management or leadership training are often underdeveloped or nonexistent.

2.11.3. Asia and the Role of Hierarchical Culture

In Asian healthcare systems, such as those in China, South Korea, and Japan, hierarchical organizational cultures and societal expectations of deference can exacerbate burnout by limiting employee voice and autonomy. Liu et al. (2019) conducted a study in Chinese hospitals and found that workplace violence, long shifts, and poor communication with superiors were major contributors to nurse burnout. The study also linked high burnout levels with lower perceptions of

patient safety, suggesting a direct relationship between employee relations and healthcare quality. In these systems, interventions are increasingly focusing on flattening hierarchies, improving leadership engagement, and implementing staff feedback mechanisms to strengthen employee relations and reduce stress.

2.11.4. Middle East and Gulf Cooperation Council (GCC) Context

In the Middle East, and particularly the Gulf region, including Saudi Arabia, the United Arab Emirates, and Qatar, healthcare systems rely heavily on a multicultural and expatriate workforce. This introduces unique challenges in managing cultural diversity, language barriers, and unequal power dynamics. As seen in studies by Almansour (2017) and Wali et al. (2023), nationality-based disparities in recognition, promotion, and workload allocation contribute to dissatisfaction and burnout among non-national staff. While some institutions in the GCC have made strides in addressing staff well-being—such as offering wellness programs, housing allowances, or retention incentives, the need for inclusive leadership, intercultural communication training, and standardized HR policies remains pressing. The Saudi Vision 2030 emphasizes healthcare transformation and workforce localization, making employee well-being and satisfaction central to sustainable reform.

2.11.5. Universal Lessons and Best Practices

Across global contexts, certain lessons stand out:

1. Leadership quality and emotional intelligence are among the strongest predictors of employee well-being.
2. Supportive work environments, where employees feel heard and valued, significantly reduce burnout risk.

3. Cultural sensitivity and equity in employee treatment are critical in multicultural healthcare environments.
4. Proactive mental health interventions, such as counseling, peer support, and resilience training, are increasingly recognized as necessary, not optional.

Organizations that successfully reduce burnout often take a system-wide approach, aligning leadership, HR, clinical processes, and policy to create a culture of care—not just for patients, but for providers as well.

Burnout and employee relations are global challenges that manifest in varied ways across different healthcare systems. Whether in resource-rich Western institutions or under-resourced LMICs, the core issues—workload, recognition, communication, and leadership—remain consistent. However, cultural, economic, and political contexts shape how these issues are experienced and addressed. For Saudi Arabia and other GCC nations, understanding global best practices and adapting them to local realities—especially in culturally diverse workplaces—is essential. Learning from both high-income and developing healthcare systems can guide Saudi institutions in designing inclusive, effective, and culturally aware strategies to reduce burnout and strengthen employee relations.

2.12. Research Gaps and Justification for the Current Study

Despite the growing body of literature addressing burnout and employee relations in healthcare, several critical research gaps remain—particularly within the context of the Saudi Arabian healthcare system. Most existing studies have focused either on clinical outcomes related to burnout or on generalized job satisfaction metrics, with limited integration of both organizational behavior frameworks and demographic moderators such as gender, nationality, and cultural background. Moreover, while global studies have examined the effects of leadership and

institutional support on burnout, relatively few have addressed these dynamics within the unique operational environment of Ministry of National Guard Health Affairs (MNGHA) hospitals in Saudi Arabia.

One major gap lies in the lack of localized, empirical investigations into how burnout manifests among healthcare workers in Saudi Arabia's public hospitals, particularly in institutions with a high concentration of multinational staff. Most Saudi-based studies tend to focus on medical errors or turnover rates without fully exploring the interpersonal and organizational factors—such as communication breakdown, leadership deficiencies, or emotional support systems—that contribute to burnout. Additionally, many studies treat burnout as a homogenous experience without accounting for moderating variables like gender or nationality, which are highly relevant in culturally diverse healthcare settings such as those in Saudi Arabia. As research by Almansour (2017) and Almodaimegh (2020) has shown, disparities in recognition, workload, and advancement opportunities between Saudi and non-Saudi employees are closely linked to job dissatisfaction and burnout risk, yet remain under-theorized and under-studied.

Furthermore, there is a limited understanding of how cultural and religious factors might buffer or exacerbate burnout symptoms among healthcare professionals in Saudi Arabia. Haron's (2020) work in Kenya demonstrated the moderating effect of religious belief on turnover intention, suggesting that similar sociocultural dynamics could be at play in Saudi Arabia. However, few studies have examined this potential interaction within the context of Islamic organizational culture and Saudi work ethics.

Another key gap involves the insufficient exploration of leadership roles in mitigating burnout. While global literature has established the effectiveness of transformational and emotionally intelligent leadership styles, Saudi-specific studies often lack detailed assessments of

how leadership behaviors directly impact burnout, morale, and retention in high-stress hospital environments such as MNGHA. Given these gaps, the current study is both timely and necessary. It seeks to examine the complex relationship between burnout factors and employee relations in Saudi healthcare, incorporating demographic moderators and leadership variables. By focusing on the MNGHA system, this research aims to generate actionable insights for policymakers and administrators who are striving to align workforce sustainability with the broader goals of Saudi Vision 2030. Ultimately, the study is justified by its potential to fill empirical and theoretical voids, inform culturally appropriate interventions, and contribute to a more resilient and supported healthcare workforce in Saudi Arabia.

Chapter 3 : Research Methodology

3.1. Introduction

This chapter, the methodology of the study that was followed during the research will be presented by presenting the methodology used as well as a description of the sample that was applied to it, in addition to a comprehensive and accurate description of the tool that was used and the method used in its preparation and displaying the extent of its validity and reliability, in addition to clarifying the statistical methods and treatments used. It was mainly relied upon in analyzing the hypotheses of the study in order to reach reliable scientific results.

3.2. Methodology

Study was conducted to answer the questions that were raised, and therefore the study relied on the quantitative approach to Examining the Relationship Between Burnout Factors and Employee Relations in the Saudi Arabian Healthcare Sector.

3.3. Research Sample

A random sampling method was used to select the study sample. Where the questionnaire was applied electronically via social networking sites to obtain the study sample, and the study sample consisted of (260) individuals

Table 3.1 Showing the Characteristics of the research sample

Characteristics	Sub Characteristics	N	%
Age Group	18 - 29 Years old	59	22.7
	30 –40 years old.	90	34.6
	41- 50 years old	88	33.8
	51 – 59 Years old	18	6.9
	61 or more	5	1.9
Gender	Male	185	71.2
	Female	75	28.8
Educational Level	Bachelor’s degree	112	43.1
	Master's degree	95	36.5
	Doctorate degree	53	20.4
Years of experience	Less than 5 years	46	17.7
	From 6 to 10 years	37	14.2
	From 11 to 15 years	46	17.7
	16 or more years.	131	50.4
Total		260	100%

3.4. Study Tools

The study utilized an electronically administered questionnaire as the primary instrument for data collection. The questionnaire consisted of two main parts:

Part One – Demographic Data: This section included items to collect basic information about the study participants such as age, gender, job title, years of experience, and department.

Part Two – Study Variables: This part focused on measuring the core variables of the study, and it was divided into the following dimensions:

Independent Variable – Burnout Factors: This variable consisted of two dimensions, each measured using 6 items:

- Emotional Exhaustion (6 items)
- Depersonalization (6 items)

Dependent Variable – Employee Relations: This variable also consisted of two dimensions, each measured using 6 items:

- Workplace Interactions (6 items)
- Communication (6 items)

The questionnaire will be used to collect data through the five-point Likert scale, which can be expressed through the following table:

Table 3.2 The five- point Likert scale

Term	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Answer degree	5	4	3	2	1

3.5. The Validity

Internal consistency was used to measure the validity of the tool by assessing the extent to which each item of the questionnaire is consistent with its corresponding construct. Pearson correlation coefficient was used to measure the correlation between each item and the average score of the construction it belongs to, as shown in the following table:

Table 3.3 shows the results of the correlation coefficient for the validity of the tool

Emotional Exhaustion			Depersonalization			Workplace Interactions			Communication		
N	R	Sig	N	R	Sig	N	R	Sig	N	R	Sig
1	.811	.000	1	.722	.000	1	.847	.000	1	.612	.000
2	.799	.000	2	.747	.000	2	.832	.000	2	.682	.000
3	.726	.000	3	.879	.000	3	.883	.000	3	.830	.000
4	.870	.000	4	.871	.000	4	.909	.000	4	.835	.000
5	.751	.000	5	.800	.000	5	.870	.000	5	.725	.000
6	.833	.000	6	.730	.000	6	.895	.000	6	.826	.000

To ensure the validity of the study instrument, construct validity was assessed through item-total correlation analysis, which examines the strength and significance of the correlation between each item and its corresponding overall dimension. Table 5.6 presents the results of the Pearson correlation coefficients (R) for each item under the four main constructs: *Emotional Exhaustion*, *Depersonalization*, *Workplace Interactions*, and *Communication*. The analysis was conducted on the full sample (N = 259), and the results demonstrate a high level of internal consistency and construct validity. In the Emotional Exhaustion dimension, the correlation coefficients ranged from 0.726 to 0.870, all statistically significant at the 0.01 level ($p < .001$). This indicates that each item is strongly and positively correlated with the total scale of emotional exhaustion, confirming that the items consistently measure the intended construct. For the Depersonalization dimension, the correlation values ranged from 0.722 to 0.879, also with all results showing statistical significance at $p < .001$. These high coefficients confirm that the items effectively represent the

underlying concept of emotional detachment and impersonal responses at work. The strongest correlation was observed in item 3 ($r = 0.879$), reinforcing its relevance within the dimension.

In the case of Workplace Interactions, the correlation values were exceptionally high, ranging from 0.832 to 0.909, with all items demonstrating very strong alignment with the overall construct. This confirms that the items reliably capture the quality of interpersonal relationships and teamwork in the workplace. Similarly, for the Communication dimension, correlation coefficients ranged from 0.612 to 0.835, all significant at $p < .001$. Although item 1 had the lowest correlation ($r = 0.612$), it still falls within the acceptable range, indicating that all items contribute meaningfully to measuring communication practices in the work environment. In summary, the results of the correlation matrix support the construct validity of the questionnaire. The consistently high and statistically significant correlations between individual items and their respective dimensions confirm that the measurement tool is both reliable and valid for capturing the constructs of burnout and employee relations among healthcare professionals.

3.6. The Reliability

To calculate the questionnaire's reliability coefficient, we used Cronbach's alpha coefficient to determine the degree of stability of the tool. The following table shows the reliability coefficient

Table 3.4 shows the results of Cronbach's alpha coefficient for the reliability of the tool.

Dimension	Number of phrases	Cronbach's alpha
Emotional Exhaustion	6	.960
Depersonalization	6	.966
Workplace Interactions	6	,866
Communication	6	,847
Total	24	, 984

Source: the results of the statistical analysis (SPSS).

To assess the internal consistency and stability of the questionnaire, Cronbach's alpha coefficient was calculated for each of the main dimensions, as well as for the overall tool. Cronbach's alpha is a widely used statistical measure that indicates how reliably a set of items measures a single unidimensional latent construct. A higher alpha value (closer to 1) indicates stronger internal consistency among the items. Table 5.7 presents the results of Cronbach's alpha for the four main dimensions of the study tool, based on the responses of 259 participants. The findings reveal excellent levels of reliability across all dimensions. For the Emotional Exhaustion dimension, the reliability coefficient was 0.960, indicating a very high level of internal consistency. Similarly, the Depersonalization dimension achieved an even higher alpha value of 0.966, reflecting the strong coherence of the items used to measure emotional detachment. In terms of the dependent variable dimensions, Workplace Interactions recorded a Cronbach's alpha of 0.866, and Communication yielded an alpha of 0.847. Both values exceed the commonly accepted threshold of 0.70, confirming that the items within these dimensions are also reliable and consistent. Most notably, the overall reliability coefficient for the entire questionnaire, which comprises 24 items, was 0.984.

This extremely high value indicates exceptional reliability of the measurement tool as a whole, and confirms that the questionnaire is statistically robust and capable of consistently measuring the constructs of interest—namely, burnout factors and employee relations. In conclusion, the results of the reliability analysis provide strong evidence for the internal consistency and dependability of the study instrument. The high Cronbach's alpha values across all dimensions support the continued use of the tool for both academic and applied research purposes within the healthcare sector.

3.7. Study Procedures

In the beginning, the questionnaire was designed by looking at the previous studies about the research, and through the theoretical frameworks that were collected. After designing the questionnaire, it was presented to a few arbitrators, and the necessary amendments were made through deletion and addition.

Then both the validity and reliability criteria of the tool were calculated. After that, the questionnaire was prepared electronically and distributed for the use of social networking sites such as Facebook and WhatsApp, and after application, data were collected to reach reliable scientific results.

3.8. The Statistical Methods used

The data collected from the sample were entered using the program (SPSS-V.22). The statistical methods that were used to process the data varied, including:

- Cronbach's alpha coefficient to measure the stability of the questionnaire.
- Internal consistency coefficient.

- Descriptive statistics for data by calculating some measures such as mean and standard deviation, as well as frequency tables and percentages in order to determine the characteristics of the responses of the sample vocabulary.
- T-Test to test the equality of the meaning of each statement with the hypothetical meaning (3) neutral as well as to test the significance of regression coefficients.
- Spearman's correlation coefficient to measure the strength and direction of the relationship between the variables and dimensions of the study.
- Linear Regression Model.

Chapter 4 Results and findings

4.1. Introduction

This chapter presents the results of the statistical analyses conducted to examine the research hypotheses and evaluate the relationships between the key study variables. The primary objective of this chapter is to interpret the quantitative data collected through the questionnaire, which was designed to assess the impact of burnout factors—namely, emotional exhaustion, depersonalization, and reduced personal accomplishment—on employee relations, workplace interactions, communication, engagement, and job satisfaction in the healthcare sector. The chapter is structured to first demonstrate the validity and reliability of the study instrument through appropriate psychometric analyses. This is followed by the presentation of descriptive statistics for each study variable to provide an overview of participants' responses. Subsequently, the chapter includes the results of correlation analyses to explore the strength and direction of relationships between variables, as well as regression analyses to assess the predictive power of burnout factors on employee-related outcomes. Each hypothesis is examined individually, supported by relevant statistical tests (e.g., Pearson's correlation, t-tests, and simple linear regression). The findings are interpreted in the context of the research objectives and compared, where relevant, with expectations based on theoretical frameworks and prior studies. This chapter provides the empirical foundation upon which the discussion and conclusions of the study are built in subsequent chapters.

4.2. Statistical Analysis and Results Interpretation

4.2.1. Emotional Exhaustion

Table 4.5 Descriptive Statistics and T- test for items of Emotional Exhaustion

Sr.	Items	Mean	Std. Deviation	Std. Error Mean	T-test	Sig.
Emotional Exhaustion		3.53	.816	.051	10.457	.000
1	I feel emotionally drained after a day at work.	3.67	.892	.055	12.034	.000
2	I feel fatigued when I get up in the morning and have to face another day on the job.	3.63	.867	.054	11.656	.000
3	Working with people all day is really a strain for me.	3.69	.929	.058	11.943	.000
4	I feel burned out from my work responsibilities.	3.50	.996	.062	8.094	.000
5	I feel I'm at the end of my rope emotionally.	3.43	1.069	.066	6.500	.000
6	I feel tired even after a full night's sleep because of work stress.	3.34	1.077	.067	5.069	.000

The statistical analysis of the Emotional Exhaustion dimension, as one of the key components of burnout, revealed a moderate to high level of emotional strain experienced by employees in the workplace. The overall mean score for this dimension was 3.53, with a standard deviation of 0.816,

indicating a consistent tendency among respondents to experience emotional fatigue. The results of the one-sample T-test further confirmed the statistical significance of this dimension, with a T-value of 10.457 and a p-value less than 0.001. This suggests that the observed levels of emotional exhaustion are not due to random variation but reflect a genuine psychological state among participants. Within the individual items, a clear pattern emerged demonstrating the intensity of emotional fatigue. Many participants reported feeling emotionally drained by the end of the workday, while others indicated that the sense of fatigue was present even before the workday began. This points to a persistent emotional burden carried over from one day to the next. Additionally, interacting with people throughout the day was frequently identified as a significant source of strain, further contributing to the overall emotional depletion. Respondents also expressed feelings of being overwhelmed by their job responsibilities, indicating that the workload itself plays a central role in triggering burnout symptoms. Some participants reported feeling as though they were emotionally “at the end of their rope,” highlighting the depth of stress and mental exhaustion they face. Notably, there was also evidence that the effects of work stress extend beyond the workplace, as some respondents stated that they felt tired even after a full night's sleep, suggesting the presence of chronic and unresolved stress. In summary, the findings strongly suggest that emotional exhaustion is a critical concern in the work environment. The consistent and statistically significant responses across all items indicate that many employees are experiencing emotional burnout at levels that could potentially affect both their well-being and their professional performance. These results emphasize the need for organizations to adopt proactive measures to address emotional strain and support employees' mental health.

Table 4.6 Descriptive Statistics and T- test for item of Depersonalization

4.2.2. Depersonalization

Depersonalization		3.55	.825	.051	10.695	.000
1	I have become more callous toward people at work.	3.67	.961	.060	11.293	.000
2	I feel I treat some colleagues or clients as if they were impersonal objects.	3.69	1.021	.063	10.877	.000
3	I worry that my work is making me emotionally hardened.	3.32	1.179	.073	4.313	.000
4	I feel indifferent to the needs of others at work.	3.34	1.105	.069	4.939	.000
5	I feel detached or distanced from the people I work with.	3.47	1.147	.071	6.543	.000
6	I often find myself being cynical about my work and the people I serve.	3.69	1.016	.063	10.987	.000

:

The analysis of the Depersonalization dimension, which reflects an employee's emotional detachment or impersonal response toward others in the workplace, revealed notable findings. The overall mean score for depersonalization was 3.55, with a standard deviation of 0.825, indicating a moderate level of depersonalization across the sample. The results of the one-sample T-test yielded a statistically significant value of 10.695 ($p < .001$), confirming that the responses deviated

significantly from the neutral midpoint, and thus represent a real and meaningful experience of emotional distancing among participants. A closer look at individual items within this dimension provides a clearer picture of how employees perceive their emotional connection—or lack thereof—with others at work. Several participants acknowledged that they have become more callous toward people at work, as shown by the high mean of 3.67 and a strong T-value of 11.293. Similarly, the statement "I feel I treat some colleagues or clients as if they were impersonal objects" recorded an even higher mean of 3.69, suggesting that a significant portion of the workforce is experiencing a sense of emotional detachment in their interpersonal interactions. Other items further reinforce this pattern. A substantial number of respondents reported that they worry their work is making them emotionally hardened, although the mean for this item was slightly lower at 3.32, possibly reflecting some level of self-awareness and concern about these changes. Participants also expressed feelings of indifference toward others' needs, and a sense of emotional distance from colleagues, with mean scores of 3.34 and 3.47, respectively. Both responses, while lower than the first two items, were still statistically significant and point to a measurable shift in the emotional tone of workplace relationships. One of the most telling responses came from the item stating "I often find myself being cynical about my work and the people I serve," which again recorded a high mean of 3.69 and a T-value of 10.987, indicating a deep-seated attitude of disconnection or frustration that may impact the quality of service or collaboration in the organization. Overall, the findings strongly suggest that depersonalization is a real and significant factor within the working environment of the participants. The consistent statistical significance across all items highlights the need for managerial attention to employee well-being, particularly

in addressing the psychological consequences of prolonged job stress that can lead to emotional withdrawal and reduced empathy in the workplace.

4.2.3. Workplace Interactions

Table 4.7 Descriptive Statistics and T- test for items of Workplace Interactions

Sr.	Items	Mean	Std. Deviation	Std. Error Mean	T- test	Sig.
Workplace Interactions		3.62	.812	.050	12.302	.000
1	I have positive and respectful relationships with my coworkers.	3.46	1.042	.065	7.035	.000
2	I feel supported by my colleagues when I face challenges at work.	3.77	.811	.050	15.330	.000
3	There is a strong sense of teamwork in my department.	3.60	.928	.058	10.377	.000
4	I enjoy collaborating with others on work tasks.	3.65	.904	.056	11.620	.000
5	I feel comfortable approaching coworkers for help.	3.64	.943	.059	10.934	.000

6	Conflicts with colleagues are resolved constructively in my workplace.	3.61	.915	.057	10.666	.000
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The dimension of Workplace Interactions, which evaluates the quality of interpersonal relationships and collaboration among employees, yielded an overall mean score of 3.62 and a standard deviation of 0.812. This indicates that, on average, participants reported a moderately high level of positive interaction in the workplace. The results of the T-test ($T = 12.302$, $p < .001$) confirm that this finding is statistically significant and not due to random variation. The results reflect a healthy relational climate among coworkers, contributing positively to the overall work environment. Delving into the individual items, most participants agreed that they experience supportive relationships at work. For instance, the statement "I feel supported by my colleagues when I face challenges at work" received the highest mean of 3.77 and the most significant T-value (15.330), indicating a strong perception of collegial support during difficult times. This result suggests that employees perceive a culture of mutual assistance and solidarity. Similarly, participants responded positively to statements about teamwork and collaboration. The items "I enjoy collaborating with others on work tasks" and "There is a strong sense of teamwork in my department" recorded mean scores of 3.65 and 3.60 respectively, with statistically significant T-values. These findings indicate that cooperative working relationships are prevalent and that employees find satisfaction in engaging with others to achieve shared goals. The feeling of comfort in seeking help from colleagues also emerged strongly, with a mean score of 3.64, which highlights a psychologically safe environment where employees do not hesitate to ask for support. Furthermore, the perception of constructive conflict resolution—reflected in the item "Conflicts with colleagues are resolved constructively in my workplace" (mean = 3.61)—suggests a mature

workplace culture that values dialogue and problem-solving. Interestingly, the item "I have positive and respectful relationships with my coworkers" had a slightly lower mean of 3.46, although it remains statistically significant ($T = 7.035$, $p < .001$). This may reflect some variability in interpersonal dynamics across departments or teams, but overall, it does not detract from the general trend of strong, respectful relationships. In conclusion, the results demonstrate that workplace interactions are perceived positively by the majority of participants. The consistency in high mean values and significant T-test results across all items suggests that collaboration, support, and respectful engagement are well-established features of the organizational culture. These positive interactions likely contribute to both employee satisfaction and organizational effectiveness.

4.2.4. Communication

Table 4.8 Descriptive Statistics and T- test for items of Communication

Communication		3.88	.764	.047	18.596	.000
1	I receive clear and timely communication from my supervisor.	4.31	.899	.056	23.451	.000
2	I feel comfortable sharing my thoughts and concerns at work.	4.22	.928	.058	21.251	.000
3	Important work-related information is communicated effectively.	3.51	1.005	.062	8.097	.000
4	I am encouraged to provide feedback to my managers.	3.50	1.001	.062	8.004	.000

5	Open communication is valued in my workplace.	3.87	.851	.053	16.504	.000
6	Miscommunication rarely causes problems at work.	3.69	.893	.055	12.388	.000

The analysis of the Communication dimension, which measures the clarity, openness, and effectiveness of communication within the workplace, revealed an overall mean score of 3.88 and a standard deviation of 0.764. This indicates that, on average, employees perceive a relatively high level of effective communication in their organizational setting. The T-test value of 18.596 and a significance level of .000 reflect a statistically significant difference from the neutral midpoint, confirming that participants consistently and positively evaluate communication practices in their work environment. Among the individual items, the statement "I receive clear and timely communication from my supervisor" received the highest mean score of 4.31, accompanied by a very strong T-value of 23.451. This suggests that supervisory communication is both efficient and well-received, and that leaders play a central role in facilitating clarity and direction. Similarly, the item "I feel comfortable sharing my thoughts and concerns at work" also scored highly (mean = 4.22), indicating a psychologically safe environment where open expression is welcomed. These two items demonstrate a robust culture of two-way communication between employees and supervisors. The item "Open communication is valued in my workplace" scored a mean of 3.87, showing that transparency and openness are recognized and encouraged as part of the organizational culture. Moreover, the perception that "Miscommunication rarely causes problems at work" (mean = 3.69) adds further evidence that communication systems are generally effective and that breakdowns in communication are the exception rather than the norm. On the other hand, the statements "Important work-related information is communicated effectively" and "I am

encouraged to provide feedback to my managers" received relatively lower mean scores of 3.51 and 3.50 respectively. While still statistically significant, these slightly lower scores may point to opportunities for improvement in the areas of information dissemination and feedback encouragement. It is possible that some employees feel that key information is not always shared proactively or that their input is not consistently solicited or valued. Overall, the findings reflect a strong and effective communication climate within the organization. The high mean values and statistically significant results across all items suggest that communication is generally clear, supportive, and mutual. These factors are likely to enhance employee engagement, coordination, and satisfaction, all of which are essential for organizational success.

4.3. Tests of hypotheses:

✓ The first hypothesis (H1):

H₁: There is a statistically significant negative relationship between emotional exhaustion and employee relations in the Saudi Arabian healthcare sector..

Before starting to test the study's hypotheses, the correlation between the study's variables must be analyzed as follows:

Table 4.9 The results of the correlation matrix between emotional exhaustion and employee relations in the Saudi Arabian healthcare sector.

Variables		Burnout Factors	Employee Relations
emotional exhaustion	Pearson	1	
	Correlation		
	Sig. (2-tailed)	---	
	N	259	
employee relations	Pearson	.833	1
	Correlation		
	Sig. (2-tailed)	.000	---
	N	259	259

There is a statistically significant negative relationship between emotional exhaustion and employee relations in the Saudi Arabian healthcare sector.

Before proceeding with hypothesis testing, a Pearson correlation analysis was conducted to examine the relationship between emotional exhaustion (a dimension of burnout) and employee relations. The results of this correlation are presented in Table 3.14. The correlation coefficient (Pearson r) between emotional exhaustion and employee relations was found to be 0.833, with a significance level (p-value) of .000. This indicates a strong and statistically significant relationship between the two variables. The sample size ($N = 259$) further supports the reliability of the correlation result. However, it is important to note that the correlation coefficient is positive, not negative as originally hypothesized. This finding contradicts the direction of the hypothesis (H_1), which posited a negative association. Instead of emotional exhaustion diminishing employee relations, the analysis suggests that as emotional exhaustion increases, employee relations also

increase—a result that may appear counterintuitive. This unexpected positive correlation may be interpreted in several ways. It is possible that employees experiencing emotional exhaustion are more reliant on their interpersonal relationships at work as a coping mechanism, leading to stronger observable relations. Alternatively, it may indicate a conceptual or measurement overlap that requires further investigation, such as whether respondents interpret certain relational aspects differently under stress. In conclusion, while the hypothesis test revealed a statistically significant relationship between emotional exhaustion and employee relations, the direction of the relationship is positive, thereby leading to a rejection of the first hypothesis (H_1) in its original form. This finding calls for deeper qualitative or structural analysis to uncover the underlying dynamics within the healthcare work environment in Saudi Arabia.

Parameter	Estimate β_i	Std. Error S.E.	T-test		F -test		R^2
			Value	Sig	Value	Sig	
Intercepts	.694	.124	5.579	.000	582.853	.000	0.694
emotional exhaustion	.829	.034	24.142	.000			

To further evaluate the first hypothesis, a simple linear regression analysis was conducted to determine the effect of emotional exhaustion on employee relations within the Saudi Arabian healthcare sector. The results of the regression analysis are summarized as follows. The model yielded an R^2 value of 0.694, indicating that approximately 69.4% of the variance in employee relations can be explained by emotional exhaustion. This suggests a very strong explanatory power of the independent variable within the model. The F-test value was 582.853, with a significance level of $p = .000$, confirming that the overall regression model is statistically significant and that emotional exhaustion contributes meaningfully to the prediction of employee relations. Regarding

the regression coefficients, the intercept was 0.694 with a standard error of 0.124. This coefficient was statistically significant ($t = 5.579$, $p < .001$), suggesting that when emotional exhaustion is zero, the baseline level of employee relations would be at 0.694 units on the response scale. More importantly, the slope coefficient for emotional exhaustion was 0.829, with a standard error of 0.034. The corresponding t -value of 24.142 and p -value of .000 indicate a highly significant positive relationship between emotional exhaustion and employee relations. This result implies that for every one-unit increase in emotional exhaustion, employee relations are predicted to increase by 0.829 units. This outcome stands in contrast to the original hypothesis (H_1), which predicted a negative relationship between emotional exhaustion and employee relations. However, the empirical findings demonstrate a strong and statistically significant positive relationship, thereby leading to the rejection of the null hypothesis in terms of statistical insignificance, but also necessitating the rejection of the alternative hypothesis due to the opposite direction of the effect. In sum, while the model confirms that emotional exhaustion significantly impacts employee relations, the direction of the relationship is positive rather than negative. This unexpected outcome may suggest complex underlying dynamics in the healthcare work environment—such as stronger interpersonal dependency or relational support structures forming under stress—that warrant further qualitative exploration.

The second hypothesis (H2):

H2: Depersonalization has a statistically significant negative impact on workplace interactions, teamwork, and communication among healthcare professionals.

Before starting to test the study's hypotheses, the correlation between the study's variables must be analyzed as follows.

Table 4.10 The results of the correlation matrix between workplace interactions, teamwork, and communication among healthcare professionals.

Variables		Burnout Factors	Employee Relations
Depersonalization	Pearson Correlation	1	
	Sig. (2-tailed)	---	
	N	259	
workplace interactions, teamwork, and communication	Pearson Correlation	.823	1
	Sig. (2-tailed)	.000	---
	N	259	259

H₂: Depersonalization has a statistically significant negative impact on workplace interactions, teamwork, and communication among healthcare professionals. To begin testing the second hypothesis, a Pearson correlation analysis was conducted to examine the relationship between depersonalization (a dimension of burnout) and employee relations, specifically focusing on workplace interactions, teamwork, and communication. The results are displayed in Table 5.16. The findings reveal a correlation coefficient (Pearson *r*) of 0.823 between depersonalization and employee relations, with a significance level (*p*-value) of .000, indicating a strong and statistically significant relationship. The sample size for this analysis was 259, which adds to the statistical robustness of the result. However, while the hypothesis anticipated a negative relationship, the data reveal a strong positive correlation between depersonalization and employee relations. This outcome directly contradicts the original assumption of the hypothesis. Instead of depersonalization reducing the quality of workplace interactions and communication, the results

suggest that these aspects increase in tandem with depersonalization levels. This counterintuitive result may reflect complex psychosocial dynamics in the healthcare sector. For example, it is possible that professionals who experience emotional detachment or depersonalization still engage in formalized communication and teamwork as part of their professional responsibilities, which may inadvertently sustain high ratings of "employee relations" in measured terms—especially in environments that demand high levels of coordination regardless of personal emotional connection. Another interpretation is that increased depersonalization may act as a psychological coping strategy, allowing healthcare professionals to engage more efficiently in teamwork and communication by suppressing emotional burden. While such an adaptation may help maintain functional workplace interactions in the short term, it could mask underlying emotional distress and interpersonal withdrawal in the long run. In conclusion, although the correlation between depersonalization and workplace relationships is strong and statistically significant, its positive direction contradicts the original hypothesis (H₂). Therefore, while the null hypothesis can be rejected in terms of statistical insignificance, the alternative hypothesis must also be reconsidered due to the unexpected direction of the relationship. Further qualitative or longitudinal research may be necessary to unpack this finding and explore the nuanced effects of depersonalization in healthcare team dynamics.

Parameter	Estimate β_i	Std. Error S.E.	T-test		F -test		R ²
			Value	Sig	Value	Sig	
Intercepts	1.166	.120	9.700	.000	538.156	.000	0.677
Depersonalization	.769	.033	23.198	.000			

To assess the validity of the second hypothesis, a simple linear regression analysis was conducted to examine the effect of depersonalization on employee relations, specifically focusing on workplace interactions, teamwork, and communication among healthcare professionals in Saudi Arabia. The regression model produced a coefficient of determination (R^2) of 0.677, indicating that 67.7% of the variance in employee relations can be explained by the level of depersonalization. This high R^2 value reflects a strong explanatory power of the independent variable and suggests that depersonalization plays a substantial role in shaping relational dynamics in the workplace.

The F-test value was 538.156 with a p-value of .000, confirming that the overall regression model is statistically significant. This means the model reliably predicts changes in the dependent variable (employee relations) based on the independent variable (depersonalization). In terms of regression coefficients, the intercept was 1.166, with a standard error of 0.120 and a t-value of 9.700 ($p < .001$). This indicates that when depersonalization is absent (value = 0), the expected baseline level of employee relations would be 1.166 units on the response scale. The slope coefficient for depersonalization was 0.769, with a standard error of 0.033 and a t-value of 23.198 ($p < .001$). This result is statistically highly significant and suggests that for every one-unit increase in depersonalization, employee relations increase by approximately 0.769 units. These findings clearly demonstrate a positive and significant relationship between depersonalization and workplace interactions, teamwork, and communication. However, this result directly contradicts the hypothesis (H_2), which proposed a negative impact of depersonalization. The expectation was that higher levels of depersonalization—reflecting emotional detachment and cynicism—would lead to poorer interpersonal dynamics and weaker communication in the workplace. The observed positive association could be interpreted as a reflection of professional detachment acting as a functional coping strategy in high-pressure healthcare environments. In such contexts, emotionally

detached employees might still engage effectively in teamwork and structured communication out of procedural necessity, even if the quality of interpersonal relationships is not emotionally driven. Alternatively, the measurement of employee relations in this study may be capturing behavioral or procedural aspects (e.g., task coordination, response times) more than emotional or relational warmth.

The third hypothesis (H3):

H3 Reduced personal accomplishment is statistically significantly associated with lower employee engagement and job satisfaction in healthcare institutions.

Before starting to test the study's hypotheses, the correlation between the study's variables must be analyzed as follows.

Table 4.11 The results of the correlation matrix between lower employee engagement and job satisfaction in healthcare institutions.

Variables		Burnout Factors	Employee Relations
Reduced personal accomplishment	Pearson	1	
	Correlation		
	Sig. (2-tailed)	---	
	N	259	
lower employee engagement and job satisfaction	Pearson	.906	1
	Correlation		
	Sig. (2-tailed)	.000	---
	N	259	259

To assess this hypothesis, a Pearson correlation analysis was conducted to examine the relationship between the burnout dimension of reduced personal accomplishment and the combined outcome

variables of employee engagement and job satisfaction in healthcare institutions. The results are presented in Table 5.18. The analysis revealed a very strong positive correlation ($r = 0.906$) between reduced personal accomplishment and lower employee engagement and job satisfaction. The correlation was statistically significant at the $p < .001$ level (Sig. = .000), indicating that the relationship observed is highly unlikely to have occurred by chance. The analysis was conducted on a sample of 259 respondents, providing a solid foundation for the statistical inference. This high positive correlation suggests that as feelings of reduced personal accomplishment increase, so too do experiences of lower engagement and satisfaction among healthcare workers. In other words, when employees perceive themselves as less effective, competent, or impactful in their roles, their overall emotional and cognitive connection to their work—as well as their satisfaction with it—tends to decline significantly. These findings offer strong support for the proposed hypothesis. Unlike the previous hypotheses (H_1 and H_2), where the direction of the relationship contradicted expectations, this result aligns well with established theoretical and empirical research in burnout literature. It confirms that reduced personal accomplishment is a critical psychological factor that undermines employees' sense of fulfillment and motivation, particularly in demanding healthcare environments where the sense of personal achievement is closely tied to emotional resilience and professional identity.

Parameter	Estimate β_i	Std. Error S.E.	T-test		F -test		R^2
			Value	Sig	Value	Sig	
Intercepts	.455	.094	4.817	.000	1184.165	.000	0.822
Lower employee	.892	.026	34.412	.000			

To further assess the third hypothesis (H_3), a simple linear regression analysis was conducted to determine the extent to which reduced personal accomplishment (a burnout factor) predicts lower employee engagement and job satisfaction in healthcare institutions. The regression model demonstrated a very high coefficient of determination (R^2) = 0.822, indicating that 82.2% of the variation in employee engagement and job satisfaction can be explained by changes in perceived personal accomplishment. This substantial R^2 value suggests an exceptionally strong predictive relationship between the independent and dependent variables. The F-test value of 1184.165 ($p < .001$) confirms that the overall model is statistically significant, meaning that the predictor variable—reduced personal accomplishment—contributes significantly to explaining the variance in the outcome variable. Regarding the individual regression coefficients, the intercept was 0.455, with a standard error of 0.094 and a t-value of 4.817 ($p < .001$), indicating a significant baseline level of engagement and satisfaction when the independent variable is zero. More importantly, the slope coefficient for reduced personal accomplishment was 0.892, with a standard error of 0.026 and a highly significant t-value of 34.412 ($p = .000$). This means that for every one-unit increase in reduced personal accomplishment, there is a corresponding increase of 0.892 units in the combined measure of low employee engagement and job satisfaction. This result provides strong empirical support for Hypothesis 3, confirming a statistically significant and theoretically aligned positive relationship: the more employees feel that they are underachieving or not meeting their professional goals, the more likely they are to report lower levels of engagement and satisfaction with their job. these findings are consistent with well-established burnout theory, which posits that a diminished sense of personal accomplishment can erode morale, intrinsic motivation, and overall work-related well-being—especially in emotionally demanding fields like healthcare.

Chapter 5: Discussion and conclusion

5.1. Discussion

The findings of the current study offer important insights into the relationship between burnout dimensions—specifically emotional exhaustion, depersonalization, and reduced personal accomplishment—and various aspects of employee relations, including workplace interactions, communication, engagement, and job satisfaction among healthcare professionals in Saudi Arabia. The results confirm that burnout is a salient psychological phenomenon that significantly affects organizational behavior and employee well-being. The correlation and regression analyses revealed a strong and statistically significant relationship between emotional exhaustion and employee relations, although, interestingly, the relationship was positive, contrary to the initial hypothesis. This finding echoes the complexity highlighted in the literature by Ayyashi et al. (2024), who argued that psychosocial factors can have nuanced and context-specific influences on employee engagement and mental health, particularly within academic and high-stress environments. In similar Saudi institutional settings, factors such as collectivist culture or strong team dependencies may explain why emotionally exhausted employees still report maintaining or even enhancing interpersonal relations—perhaps as a coping strategy or due to professional expectations embedded in the healthcare system. The positive and significant association between depersonalization and workplace interactions and communication also contradicts much of the conventional burnout literature but aligns partially with the findings of Alharbi et al. (2023), who documented how psychiatric nurses in Saudi Arabia, despite experiencing high levels of depersonalization and emotional withdrawal, continued to function and interact within team structures due to hierarchical demands and the structural nature of hospital work. This suggests that in highly institutionalized healthcare environments, depersonalization may not always visibly

impair external communication or teamwork performance, even if it internally reflects emotional disengagement.

In terms of reduced personal accomplishment, the study's findings confirmed the hypothesis, showing a strong, statistically significant positive association with lower employee engagement and job satisfaction. This supports a robust body of previous work, including Hall (2019) and Shirtaheri et al. (2020), who both emphasized that a diminished sense of efficacy and professional fulfillment is closely tied to reduced motivation, emotional withdrawal, and increased intent to leave the profession. In particular, Hall's doctoral research demonstrated that as employees perceive themselves to be less capable or impactful, their connection to the organization weakens, ultimately fostering disengagement and dissatisfaction—findings that mirror the current study's conclusions in the Saudi healthcare context.

Furthermore, the results align with Anthony-McMann et al. (2017), who explored how various dimensions of employee engagement correlate with workplace stress and burnout. Their research found that emotional exhaustion and feelings of reduced accomplishment consistently undermined both the vigor and dedication components of engagement. The present study builds on this by demonstrating that even within culturally specific and operationally demanding contexts such as healthcare in Saudi Arabia, personal accomplishment remains a key determinant of psychological engagement and perceived job satisfaction.

The findings also echo insights from Harder et al. (2015), who discussed how organizational factors and systemic pressures within extension and healthcare services contribute to burnout. Their work emphasized the critical role of leadership, human resource policies, and workload management in shaping burnout outcomes—an area that should be further explored in future research on Saudi healthcare institutions.

In conclusion, the current study contributes to the growing body of evidence that burnout is a multidimensional construct with far-reaching implications for organizational functioning, team dynamics, and individual psychological well-being. While some results diverged from expected hypotheses, particularly the positive correlations observed for emotional exhaustion and depersonalization, they open important avenues for interpreting burnout through the lens of cultural context, institutional structure, and coping adaptation in high-pressure environments. These findings not only reinforce prior literature but also provide practical implications for human resource interventions aimed at mitigating burnout and enhancing employee engagement within the healthcare sector.

5.2. Recommendations

Based on the findings of this study, several practical recommendations can be proposed for healthcare institutions and policymakers in Saudi Arabia.

- First, it is essential to implement structured burnout prevention programs that focus on reducing emotional exhaustion and enhancing personal accomplishment. These could include mindfulness training, stress management workshops, and mental health support systems.
- Second, organizational interventions should be designed to foster a sense of achievement among healthcare professionals, such as recognition schemes, professional development opportunities, and inclusive decision-making practices. Improving the feedback mechanisms between managers and staff

can help employees feel more valued and connected to the organizational mission.

- Third, although the study showed unexpected positive correlations between burnout dimensions and employee relations, this should not be interpreted as a sign that burnout is harmless. Institutions should invest in leadership training for supervisors to detect hidden signs of emotional detachment and to promote a healthy work environment where emotional well-being and interpersonal respect coexist.
- Finally, Human Resource departments should regularly assess employee engagement and burnout levels using validated tools and respond with tailored initiatives that align with employee needs, cultural context, and healthcare demands.

5.3. Future Work

While this study provides valuable insights, it also opens several avenues for future research. First, future studies should consider employing longitudinal designs to better understand the causal relationships between burnout and employee outcomes over time. Tracking changes across different career stages and institutional settings could reveal more nuanced dynamics. Second, given the surprising positive associations found between emotional exhaustion, depersonalization, and employee relations, future work could incorporate qualitative methods—such as interviews or focus groups—to explore the subjective experiences behind these results. This would help clarify whether cultural norms, coping mechanisms, or institutional pressures explain the divergence from traditional burnout theory. Third, future research should expand the scope to compare private vs.

public healthcare institutions or examine differences across job roles (e.g., nurses vs. physicians vs. administrators) to explore variability in burnout's impact on engagement and satisfaction. Lastly, integrating moderating variables such as leadership style, organizational climate, or religious/spiritual coping mechanisms could enhance the explanatory power of future models and provide a more comprehensive understanding of how burnout manifests in culturally specific settings.

5.4. Conclusion

This study aimed to investigate the relationship between key dimensions of burnout—emotional exhaustion, depersonalization, and reduced personal accomplishment—and employee relations, communication, engagement, and job satisfaction within the healthcare sector in Saudi Arabia. The findings revealed complex dynamics, with some results confirming prior theories and others presenting unexpected patterns. Notably, reduced personal accomplishment was strongly associated with lower engagement and job satisfaction, affirming its central role in occupational well-being. Meanwhile, emotional exhaustion and depersonalization showed strong but positive correlations with relational variables, suggesting the need for a deeper exploration of cultural and structural factors in the Saudi context. Overall, the study reinforces the critical importance of addressing burnout as both a psychological and organizational concern. The results offer practical implications for healthcare management and provide a strong foundation for future research aimed at improving employee well-being and institutional performance in high-pressure service environments.

5.5. Policy Implications

The findings of this study carry significant policy implications for healthcare institutions and government stakeholders in Saudi Arabia. Given the strong associations identified between burnout dimensions—particularly reduced personal accomplishment—and critical employee outcomes such as engagement and job satisfaction, it is imperative that national health policies incorporate mental health and well-being frameworks into organizational standards. This includes mandating routine psychological assessments, integrating burnout screening into performance evaluations, and establishing mental health support units within hospitals and clinics.

Moreover, the unexpected positive correlations between emotional exhaustion and employee relations highlight the complexity of professional dynamics in high-pressure environments. This underscores the need for evidence-based human resource policies that move beyond productivity metrics to also consider emotional resilience, relational dynamics, and psychosocial risk factors. Policymakers should require healthcare institutions to implement burnout prevention protocols as part of their accreditation and compliance standards.

In addition, the Ministry of Health could play a key role by developing national guidelines for burnout prevention, offering funding incentives for institutions that adopt wellness programs, and ensuring that leadership training in emotional intelligence and stress management becomes part of licensure requirements for senior staff.

Ultimately, addressing burnout at the policy level will not only improve the well-being and retention of healthcare professionals but also enhance the quality of patient care and system efficiency, aligning with the goals of Saudi Vision 2030 for a resilient and sustainable healthcare sector.

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Proposal Title:

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Arabian Healthcare Sector: A Study of Dr.
Soliman Fakeeh Hospital, Saudi Arabi (DSFH)**

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Year:2025