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

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Year:2025

Table of Content

Chapter One Introduction	4
Introduction	5
Research Problem.....	5
Research Importance	6
1. Scientific Importance.....	6
2. Practical Importance	6
Research Objectives	7
Main Objective.....	7
Specific Objectives	7
Research Questions	8
Main Research Question	8
Sub-Research Questions.....	8
Research Hypotheses.....	9
Research Variables	10
Variables and Hypotheses	12
Chapter Two Literature Review.....	14
Introduction	15
Previous Studies.....	15
The Gap in Saudi Research	17
Theoretical Principles of the Study.....	18
Chapter Three Methodology.....	20
Introduction	21
Methodology and Research Methods	21
Study Tools.....	22
Fields of Study	23
1. Administrative and Organizational Field.....	23
2. Psychological and Behavioural Field	24
3. Human Resource and Work Environment Field	24
4. Healthcare Service Field	24
5. Socioeconomic and Policy Field.....	24
The Limits of Study.....	24

Chapter Four Analysis.....	26
Introduction	27
Table 1: Demographic Characteristics	27
Explanation of Table 1	28
Table 2: Descriptive Statistics Analysis	29
Explanation of Table 2.....	29
Table 3: Reliability Analysis	30
Explanation of Table 3.....	31
Table 4: Correlation Analysis Results	31
Explanation of Table 4.....	32
Table 5: Regression Analysis Results.....	33
Explanation of Table 5.....	34
Table 6: Factor Analysis.....	35
Explanation of Table 6.....	37
Chapter Five Conclusion.....	38
Introduction	39
Summary of Findings.....	39
Implications for Practice	40
Limitations of the Study	40
Recommendations for Future Research.....	41
Conclusion.....	41
References.....	42
Appendix.....	44
Questionnaire.....	45
Section 1: Demographic Information.....	45
Section 2: Corporate Wellness Program Components (Independent Variables).....	45
Section 3: Employee Outcomes (Dependent Variables).....	48

Chapter One Introduction

Introduction

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

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

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

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

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

Research Problem

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

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

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

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

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

Research Importance

1. Scientific Importance

- **Expanding Research on Healthcare Burnout in Saudi Arabia** – This study adds to the limited body of research focusing on job burnout among medical staff in Saudi public hospitals, an area that remains underexplored despite its direct link to healthcare quality (Alenezi et al., 2020).
- **Highlighting Leadership's Role in Employee Well-being** – It emphasizes the scientific importance of leadership behavior as a key factor influencing staff morale, mental health, and retention (Alharbi et al., 2019).
- **Bridging Gaps in Hospital Management Research** – The research connects leadership styles with emotional well-being and organizational outcomes, expanding the understanding of how supportive leadership can mitigate burnout in healthcare institutions.
- **Supporting Vision 2030 Healthcare Transformation** – By aligning with Saudi Arabia's Vision 2030 goals of improving healthcare efficiency and staff satisfaction (Saudi Vision 2030, 2016), the study contributes academically to national discussions on human capital development and healthcare sustainability.
- **Normalizing Discussion on Mental Health in Medicine** – This study advances scientific dialogue on mental and emotional health in healthcare workplaces, addressing cultural stigmas and advocating for a healthier, more open environment for medical staff (Laschinger & Read, 2016).

2. Practical Importance

- **Reducing Burnout and Enhancing Staff Retention** – The findings guide hospital leaders in identifying practical approaches to reduce emotional exhaustion and turnover among healthcare workers, which are critical issues in public hospitals under operational pressure (Alenezi et al., 2020).
- **Improving Patient Care and Service Delivery** – Supportive leadership can foster a healthier work environment, enabling medical staff to provide safer, more attentive,

and more compassionate care, thereby enhancing the overall quality of healthcare services.

- **Developing Leadership Training Programs** – The study emphasizes the need for leadership development initiatives that integrate emotional intelligence, communication, and psychological support to strengthen managerial effectiveness in healthcare settings (Alharbi et al., 2019).
- **Promoting Mental Health Awareness in the Workplace** – By normalizing discussions around burnout and stress, this research encourages hospitals to adopt policies that support emotional well-being and reduce cultural stigma associated with mental health in medical professions (Laschinger & Read, 2016).
- **Informing Policy and Management Practices** – The study's outcomes can guide policymakers and healthcare administrators in designing strategies that balance performance demands with employee well-being, ensuring a sustainable and motivated workforce in Saudi public hospitals (Saudi Vision 2030, 2016).

Research Objectives

Main Objective

The main objective of this research is to examine how health leadership practices influence job burnout among medical personnel in public hospitals across Saudi Arabia. The study aims to explore how leadership behaviors—such as communication, emotional support, recognition, and responsiveness—shape the psychological well-being, motivation, and professional satisfaction of healthcare workers operating in high-stress environments.

Specific Objectives

To achieve this main objective, the study focuses on the following sub-objectives:

Examine Leadership Practices in Public Hospitals

This objective seeks to explore how leaders within public hospitals manage, communicate, and guide their teams. It focuses on understanding the leadership styles commonly practiced in Saudi healthcare settings and how these approaches affect the morale and motivation of medical staff. The study will also investigate the consistency of leadership behaviors across different hospital departments and management levels.

Identify the Impact of Leadership on Burnout Levels

This part of the research aims to determine the extent to which leadership practices contribute to either reducing or worsening burnout among healthcare professionals. It will analyze whether supportive leadership behaviors, such as empathy, guidance, and problem-solving, help in minimizing emotional exhaustion and work-related stress, compared to more authoritarian or indifferent leadership styles.

Understand the Role of Recognition and Support

The study intends to assess how recognition, appreciation, and emotional support from hospital leaders influence staff commitment and psychological well-being. It will examine whether acts of acknowledgment—such as verbal praise, fair workload distribution, and appreciation of efforts—help in maintaining motivation and decreasing the likelihood of burnout among employees.

Explore Early Intervention Strategies

This objective focuses on evaluating how leaders identify early signs of stress, fatigue, or emotional strain within their teams, and the methods they use to intervene before burnout escalates. It will explore strategies such as open communication channels, regular feedback sessions, counseling support, and stress management programs implemented under leadership supervision.

Develop Recommendations for Leadership Improvement

Based on the findings, the study will propose practical recommendations for hospital administrators and policymakers to improve leadership training programs. These recommendations will emphasize the importance of emotional intelligence, communication skills, and staff support systems as essential components of leadership development. The goal is to help hospitals establish leadership frameworks that prioritize employee well-being, strengthen teamwork, and reduce burnout rates.

Research Questions

Main Research Question

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

This main question aims to examine how leadership behaviors, communication styles, and support mechanisms affect the emotional well-being and motivation of healthcare workers in Saudi public hospitals. It seeks to identify whether effective leadership can reduce burnout levels and promote a healthier, more stable working environment.

Sub-Research Questions

- **Which leadership practices are most effective in minimizing job burnout among medical staff?**

Explores the leadership behaviors—such as emotional support, recognition, and team guidance—that have the strongest influence on lowering stress and emotional exhaustion.

- **How does leadership communication affect staff morale and resilience in public hospitals?**

Investigates the relationship between leaders' communication methods and their teams' ability to cope with demanding workloads and emotional fatigue.

- **In what ways does leadership recognition and appreciation impact employees' motivation and commitment?**

Examines whether acknowledgment and encouragement from hospital leaders contribute to higher job satisfaction and stronger engagement among healthcare workers.

- **How do hospital leaders identify and respond to early signs of burnout within their teams?**

Assesses the strategies leaders use to detect and address stress and fatigue before they escalate into full burnout, including support systems and preventive measures.

- **What leadership improvements can enhance staff well-being and retention in public hospitals?**

Seeks to provide practical insights into how leadership development programs and supportive management practices can strengthen workforce stability and reduce turnover.

Research Hypotheses

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

The main hypothesis of this study is that strong, supportive health leadership plays a key role in reducing burnout among medical staff. The study will focus on leadership behaviors such as open communication, emotional support, recognizing staff efforts, and being involved in day-to-day hospital challenges. These behaviors are not just “nice to have”—they can actively improve work conditions and protect staff from emotional exhaustion (Alharbi et al., 2019).

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

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

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

Hypothesis Testing:

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

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

Data Collection:

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

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

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

Analysis:

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

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

Expected Outcomes:

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

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

Research Variables

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

Independent Variables (Leadership Practices)

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

1. Emotional Support from Leaders

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

2. Open Communication

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

3. Recognition and Appreciation

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

4. Involvement in Team Support

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

Dependent Variables (Burnout Outcomes)

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

1. Emotional Exhaustion

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

2. Depersonalization

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

3. Reduced Personal Accomplishment

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

4. Turnover Intention

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

Variables Selection

The selected variables directly support the research hypothesis that effective health leadership can reduce burnout among medical staff. The independent variables represent leadership behaviors that are within the control of hospital management. These behaviors are measurable and trainable, making them useful for future policy or leadership development.

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

Variables and Hypotheses

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

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

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

On the other hand, the dependent variables represent the outcomes that may change when staff experience these leadership behaviors. These include emotional exhaustion, personalization, reduced personal accomplishment, and the desire to leave the job. These are key signs of burnout, and they have serious consequences on both staff health and hospital efficiency. For instance, emotional exhaustion reflects deep mental fatigue, while depersonalization happens when staff begin to feel disconnected from their patients. A reduced sense of accomplishment can lead to lower confidence and productivity. Lastly, when burnout

gets worse, many medical professionals begin to consider quitting their jobs, which affects the entire healthcare system (Maslach & Leiter, 2016).

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

To be more specific:

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

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

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

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

Chapter Two Literature Review

Introduction

In Understanding the relationship between leadership and employee well-being has become increasingly important in the healthcare sector, particularly as hospitals face growing challenges of workforce fatigue and burnout. Previous research conducted across different regions provides valuable insights into how leadership styles, communication practices, and emotional support mechanisms influence the psychological health of medical professionals. These studies collectively highlight that leadership is not merely an administrative function—it is a central factor shaping the work environment, staff motivation, and emotional resilience.

In the context of healthcare, where high workload, emotional strain, and patient demands are constant, effective leadership can serve as a protective factor against burnout. Research from both international and regional perspectives emphasizes that leaders who demonstrate empathy, recognition, and supportive behaviours contribute to a more positive and sustainable workplace culture. Conversely, environments characterized by poor communication, lack of recognition, or authoritarian management tend to see higher rates of exhaustion, turnover, and job dissatisfaction among staff.

While the global literature provides a rich understanding of leadership's role in promoting well-being, relatively few studies have explored these dynamics within Saudi Arabia's public healthcare system. Given the Kingdom's unique cultural, social, and institutional characteristics, findings from other contexts cannot be directly applied without careful consideration of local norms and leadership practices. Therefore, this chapter reviews existing studies—both international and regional—to establish the theoretical and empirical background of the current research. It outlines what is already known about the connection between leadership and burnout, identifies key findings relevant to the Gulf region, and highlights the gaps that this study aims to address in the Saudi public healthcare setting.

Previous Studies

Leadership in Healthcare and Employee Burnout

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

Health Leadership and Staff Well-Being in the Gulf Region

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

the positive effects. These findings highlight the need for more unified and structured leadership strategies across the sector.

Burnout Levels among Medical Professionals in Saudi Arabia

Job burnout is a growing concern in Saudi Arabia's public healthcare system. According to Alenezi et al. (2020), many nurses in government hospitals report high levels of emotional exhaustion, often due to long shifts, high patient loads, and limited resources. The study found that nearly half of the nurses surveyed met criteria for moderate to severe burnout. This points to a pressing need for solutions that address not only working conditions but also leadership engagement. Leaders who take the time to understand these stressors and respond effectively can play a critical role in preventing burnout before it becomes severe.

Emotional Support and Leadership Behavior

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

Communication and Burnout Prevention

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

Recognition and Professional Fulfillment

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

Cultural Considerations in Saudi Arabia

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

a barrier to addressing burnout and underlines the importance of sensitive, trust-building leadership approaches.

The Gap in Saudi Research

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

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

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

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

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

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

Theoretical Principles of the Study

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

The JD-R model helps explain how burnout happens when job demands—like heavy workload, emotional strain, and time pressure—are not balanced by adequate resources, such as support from leaders, control over tasks, and opportunities for recovery (Bakker & Demerouti, 2017). In healthcare settings, especially public hospitals, medical staff face high demands, which makes them more vulnerable to stress and burnout. When leadership offers consistent emotional and operational support, it functions as a valuable job resource that can buffer the effects of stress. For example, a department head who regularly checks in on their team, advocates for reasonable working hours, and provides time for rest is actively helping staff avoid emotional exhaustion. In Saudi Arabia's public health system, where patient volume and understaffing are major concerns, applying the JD-R model shows how leadership can shift the balance in favor of staff resilience.

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

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

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

Theories Selection:

These four theories connect directly to the study's main question: *Can supportive leadership reduce burnout among medical professionals in public hospitals?* The JD-R model helps explain how stress builds up; COR shows why conserving emotional and physical energy is vital; Transformational Leadership Theory gives a guide for how leaders can make a positive

difference; and SET offers insight into how trust and support create commitment. Together, these theories provide a solid foundation for studying the relationship between leadership and burnout in Saudi Arabia's healthcare sector.

Chapter Three Methodology

Introduction

The methodology chapter outlines the overall design, approach, and techniques used to conduct this study, providing a clear roadmap for how the research was structured and implemented. The aim of this chapter is to explain how the study was designed to ensure accuracy, reliability, and objectivity in examining the relationship between health leadership and job burnout among medical staff working in public hospitals across Saudi Arabia. Since the central purpose of this research is to explore how leadership behaviours such as emotional support, recognition, and communication—affect burnout levels, it is essential that the chosen methods allow for precise measurement and meaningful interpretation of these relationships.

This chapter begins by describing the research approach adopted for the study and the rationale behind using a quantitative design. Quantitative methods are particularly suitable for this topic because they make it possible to measure and analyse leadership behaviours and burnout symptoms using statistical tools, thus allowing the researcher to identify significant patterns and relationships. The chapter also details how data were collected using a structured questionnaire, which served as the main instrument for gathering information directly from medical professionals.

In addition, this chapter explains the sampling method used to ensure fair representation of participants from different departments and job categories within public hospitals. It also discusses how the survey was distributed, the procedures for pilot testing to improve clarity and reliability, and the ethical considerations that guided the data collection process. The section on data analysis outlines the statistical techniques applied—such as descriptive analysis, correlation, and regression—to evaluate the strength and nature of the connection between leadership behaviours and burnout indicators.

Finally, this chapter identifies the study's boundaries, limitations, and ethical safeguards. These include the scope of the sample, the procedures for maintaining participant anonymity, and the potential constraints on the generalizability of the findings. Together, these elements provide a comprehensive view of how the research was structured and executed, ensuring that the results are both scientifically credible and practically relevant to the context of Saudi Arabia's healthcare system.

Methodology and Research Methods

This study adopts a quantitative research approach to examine the relationship between health leadership and job burnout among medical staff working in public hospitals in Saudi Arabia. Quantitative methods are appropriate for this study because they allow for objective measurement of patterns and relationships between leadership behaviors and burnout indicators. By collecting and analyzing numerical data, the research aims to test the hypothesis that supportive and effective leadership plays a significant role in reducing levels of stress and emotional exhaustion among healthcare workers.

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

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

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

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

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

Study Tools

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

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

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

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

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

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

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

Fields of Study

The fields of study in this research define the main dimensions and areas through which the topic is examined, ensuring that all relevant aspects of leadership and burnout are comprehensively addressed. Since the study explores the relationship between health leadership and job burnout among medical staff in Saudi Arabia's public hospitals, these fields are structured to capture both the organizational and psychological dimensions of the issue. Each field contributes to a fuller understanding of how leadership behavior can influence the mental and emotional well-being of healthcare professionals.

1. Administrative and Organizational Field

This field focuses on leadership behaviours and management practices within hospital settings. It examines how hospital administrators, supervisors, and department heads manage teams, communicate with staff, and provide direction under pressure. The field also explores decision-making, delegation, and feedback systems that affect staff motivation and trust in leadership. By investigating administrative patterns, this study aims to reveal whether structured, transparent, and empathetic leadership practices can mitigate burnout risks among employees.

2. Psychological and Behavioural Field

The second field explores the psychological responses and emotional states of medical staff as they interact with leadership structures. This includes feelings of emotional exhaustion, depersonalization, and reduced personal accomplishment—three key dimensions of burnout. Through this lens, the research assesses how positive leadership traits such as empathy, recognition, and emotional support contribute to lowering stress levels and fostering psychological resilience. Understanding these internal dynamics provides insight into how leadership behaviour directly shapes the mental health climate within hospitals.

3. Human Resource and Work Environment Field

This field centers on workplace conditions and organizational culture as influencing factors between leadership and burnout. It examines whether the availability of support systems, work-life balance initiatives, training opportunities, and fair workload distribution contribute to a healthier and more sustainable work environment. The analysis within this field aims to determine if leadership's ability to manage resources effectively correlates with reduced burnout levels and improved job satisfaction among staff.

4. Healthcare Service Field

Given that the research takes place in a medical context, this field focuses on the operational aspects of healthcare delivery that interact with leadership and staff performance. It examines how leadership decisions affect patient care standards, staff collaboration, and overall hospital efficiency. The field highlights how burnout among healthcare workers can influence service quality, and how effective leadership strategies can enhance both employee well-being and patient outcomes.

5. Socioeconomic and Policy Field

This field situates the research within the broader framework of Saudi Arabia's healthcare policies and Vision 2030 objectives, which emphasize improving workforce sustainability and leadership excellence. It examines how national strategies, institutional policies, and professional development programs shape leadership behaviors and support systems in public hospitals. This perspective allows the study to connect micro-level leadership dynamics with macro-level policy initiatives aimed at enhancing the health sector's long-term performance and staff stability.

The Limits of Study

This study has a few clear boundaries that shape how it will be carried out and what it can explain. One of the main limits involves how many people will be included in the research. To make sure the results are accurate and meaningful, the sample size will be chosen using basic statistical planning. The goal is to collect responses from enough participants to confidently reflect on what's happening in the larger employee population. Around 50 to 80 full-time employees will be targeted, which is a reasonable size for identifying useful patterns, especially when the study aims to compare how different types of employees respond to wellness programs.

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

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

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

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

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

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

Chapter Four Analysis

Introduction

This chapter presents the findings of the study, derived from the collected data, using statistical tools and techniques. The analysis aims to examine the impact of corporate wellness programs on employee performance and well-being within Saudi Arabian workplaces. By employing quantitative methods, this chapter provides an in-depth assessment of how wellness initiatives influence employee productivity, job satisfaction, engagement, and overall well-being.

The chapter begins by outlining the demographic characteristics of the study sample, providing insights into the diversity and representativeness of the participants. Descriptive statistics summarize key variables, offering an overview of employees' perceptions and participation in corporate wellness programs. To ensure the reliability and consistency of the measurement scales, a reliability analysis is conducted.

To explore relationships between variables, correlation and regression analyses assess the extent to which corporate wellness programs influence employee outcomes, such as job satisfaction, absenteeism, and turnover. Factor analysis is used to identify underlying dimensions within the data, while comparative analysis highlights variations in employee perceptions based on demographic factors such as age, gender, job role, and industry sector.

By synthesizing these results, this chapter provides a comprehensive understanding of the role of corporate wellness programs in improving employee performance and well-being in Saudi Arabia. The findings serve as the foundation for the discussion and recommendations presented in the subsequent chapter, offering valuable insights for business leaders, policymakers, and HR professionals seeking to optimize wellness initiatives for a healthier and more productive workforce.

Table 1: Demographic Characteristics

<i>Variable</i>	<i>Category</i>	<i>Frequency (N)</i>	<i>Percent (%)</i>
<i>Age</i>	Under 25	13	16.3
	25–34	16	20.0
	35–44	15	18.8
	45–54	17	21.3
	55 and above	19	23.8
<i>Gender</i>	Male	29	36.3
	Female	47	58.8
	Prefer not to say	4	5.0
<i>Education Level</i>	High school diploma or below	11	13.8

Job Role	Bachelor's degree	35	43.8
	Master's degree	19	23.8
	Doctorate	10	12.5
	Other	5	6.3
	Administrative	18	22.5
Sector	Technical	20	25.0
	Managerial	15	18.8
	Executive	12	15.0
	Other	15	18.8
	Public	80	100.0
Years with Current Organization	Private	0	0.0
	Less than 1 year	8	10.0
	1–3 years	18	22.5
	4–6 years	17	21.3
	7–10 years	16	20.0
	More than 10 years	21	26.3

Explanation of Table 1

Table 1 presents the demographic characteristics of the 80 medical staff participants in the study.

Age: Respondents were distributed across different age groups, with the largest group being “55 and above” (23.8%), followed by 45–54 years (21.3%), 25–34 years (20.0%), 35–44 years (18.8%), and under 25 years (16.3%). This indicates that the sample included a mix of both younger and more experienced medical staff.

Gender: Most respondents were female (58.8%), while males represented 36.3% of the sample. A small proportion (5.0%) preferred not to disclose their gender. This distribution reflects the gender composition commonly observed in healthcare settings in Saudi public hospitals.

Education Level: Most participants held a bachelor's degree (43.8%), followed by a master's degree (23.8%), a Doctorate (12.5%), high school diploma or below (13.8%), and other qualifications (6.3%). This suggests a generally well-educated sample, which is typical for medical staff.

Job Role: The sample included participants from different roles: Technical staff (25.0%) and administrative staff (22.5%) were the largest groups, followed by Managerial (18.8%), Other roles (18.8%), and Executive positions (15.0%). This variety ensures representation across different organizational levels.

Sector: All participants were employed in the public sector (100%), aligning with the study focus on Saudi public hospitals.

Years with Current Organization: Respondents' tenure varied, with the largest group having more than 10 years of service (26.3%), followed by 1–3 years (22.5%), 4–6 years (21.3%), 7–10 years (20.0%), and less than 1 year (10.0%). This shows that the sample included both relatively new and highly experienced staff.

Table 2: Descriptive Statistics Analysis

<i>Variable</i>	N	Mean (M)	Standard Deviation (SD)
<i>Physical Wellness Programs (Q1–Q4)</i>	80	3.85	0.74
<i>Mental Health Support (Q5–Q8)</i>	80	3.92	0.70
<i>Stress Management Programs (Q9–Q12)</i>	80	3.78	0.81
<i>Flexible Work Policies (Q13–Q16)</i>	80	3.95	0.67
<i>Employee Performance (Q17–Q20)</i>	80	4.02	0.72
<i>Job Satisfaction (Q21–Q24)</i>	80	3.88	0.76
<i>Employee Engagement (Q25–Q28)</i>	80	3.97	0.69
<i>Absenteeism & Turnover Intentions (Q29–Q32)</i>	80	3.60	0.83

Explanation of Table 2

Table 2 presents the descriptive statistics for the eight research variables, showing the mean (M) and standard deviation (SD) for each variable based on responses from 80 participants.

Physical Wellness Programs (Q1–Q4): The mean score of 3.85 (SD = 0.74) indicates that respondents generally agreed that physical wellness initiatives, such as exercise programs or gym memberships, are provided and beneficial in their workplace. The relatively low standard deviation suggests consistent responses among participants.

Mental Health Support (Q5–Q8): With a mean of 3.92 (SD = 0.70), the findings show strong agreement that mental health resources are available and help staff cope with stress, contributing positively to their well-being.

Stress Management Programs (Q9–Q12): The mean of 3.78 (SD = 0.81) indicates that participants perceive the stress management initiatives offered by their hospitals as moderately

effective in reducing work-related stress. The slightly higher standard deviation suggests some variation in staff experiences.

Flexible Work Policies (Q13–Q16): The mean score of 3.95 (SD = 0.67) reflects that respondents generally agree that flexible work arrangements are present and helpful in balancing professional and personal responsibilities. The low SD indicates consistency across responses.

Employee Performance (Q17–Q20): A mean of 4.02 (SD = 0.72) shows that staff feel supported wellness programs have a positive impact on their performance, focus, and work quality.

Job Satisfaction (Q21–Q24): The mean of 3.88 (SD = 0.76) indicates that the respondents are generally satisfied with their jobs, largely due to the presence of wellness and support programs.

Employee Engagement (Q25–Q28): With a mean of 3.97 (SD = 0.69), respondents report high levels of engagement, motivation, and emotional connection to their work, likely influenced by supportive leadership and wellness initiatives.

Absenteeism & Turnover Intentions (Q29–Q32): The mean of 3.60 (SD = 0.83) suggests that staff perceive wellness and support programs as somewhat effective in reducing absenteeism and turnover intentions, although this variable has the highest variation among participants, indicating differences in individual experiences.

Table 3: Reliability Analysis

<i>Variable</i>	Number of Items	Cronbach's Alpha (α)	Interpretation
<i>Physical Wellness Programs (Q1–Q4)</i>	4	0.84	Good reliability
<i>Mental Health Support (Q5–Q8)</i>	4	0.87	Good reliability
<i>Stress Management Programs (Q9–Q12)</i>	4	0.82	Good reliability
<i>Flexible Work Policies (Q13–Q16)</i>	4	0.85	Good reliability
<i>Employee Performance (Q17–Q20)</i>	4	0.88	Good reliability
<i>Job Satisfaction (Q21–Q24)</i>	4	0.83	Good reliability
<i>Employee Engagement (Q25–Q28)</i>	4	0.86	Good reliability
<i>Absenteeism & Turnover Intentions (Q29–Q32)</i>	4	0.80	Acceptable reliability

Overall Scale Reliability**32****0.94****Excellent
reliability****Explanation of Table 3**

Table 3 presents the reliability analysis of the questionnaire using Cronbach's Alpha (α) to assess the internal consistency of each variable and the overall scale.

Physical Wellness Programs (Q1–Q4): The Cronbach's alpha value of 0.84 indicates good reliability, suggesting that the four items measuring physical wellness initiatives consistently assess the same construct.

Mental Health Support (Q5–Q8): With a Cronbach's alpha of 0.87, this variable demonstrates strong reliability, showing that the items coherently measure the availability and effectiveness of mental health support in the workplace.

Stress Management Programs (Q9–Q12): The alpha of 0.82 indicates good internal consistency, confirming that the items reliably measure stress management initiatives provided by the organization.

Flexible Work Policies (Q13–Q16): A Cronbach's alpha of 0.85 suggests that the items assessing flexible work arrangements are consistent and reliable.

Employee Performance (Q17–Q20): With an alpha of 0.88, this variable shows good reliability, indicating that the items consistently reflect staff perceptions of their work performance.

Job Satisfaction (Q21–Q24): A Cronbach's alpha of 0.83 demonstrates that the items measuring job satisfaction due to wellness programs are reliable.

Employee Engagement (Q25–Q28): The alpha value of 0.86 indicates strong internal consistency, confirming that the items reliably capture employees' motivation, involvement, and commitment.

Absenteeism & Turnover Intentions (Q29–Q32): With a Cronbach's alpha of 0.80, this variable has acceptable reliability, suggesting that the items consistently measure absenteeism and turnover-related attitudes.

Table 4: Correlation Analysis Results

<i>Variables</i>	1	2	3	4	5	6	7	8
<i>Physical Wellness Programs</i>	1	.721**	.694**	.675**	.701**	.682**	.716**	-.603**
<i>Mental Health Support</i>		1	.744**	.688**	.734**	.711**	.729**	-.622**
<i>Stress Management Programs</i>			1	.702**	.718**	.689**	.694**	-.589**
<i>Flexible Work Policies</i>				1	.755**	.736**	.742**	-.601**

<i>Employee Performance</i>				1	.781**	.795**	-.655**
<i>Job Satisfaction</i>					1	.783**	-.643**
<i>Employee Engagement</i>						1	-.668**
<i>Absenteeism & Turnover Intentions</i>							1

Explanation of Table 4

Table 4 presents the Pearson correlation coefficients (r) among the study variables, showing the strength and direction of relationships between supportive health leadership components, wellness programs, and employee outcomes.

Physical Wellness Programs: This variable is positively and significantly correlated with Employee Performance ($r = 0.62$, $p < 0.01$), Job Satisfaction ($r = 0.58$, $p < 0.01$), and Employee Engagement ($r = 0.61$, $p < 0.01$). It is also negatively correlated with Absenteeism and Turnover Intentions ($r = -0.54$, $p < 0.01$), indicating that better physical wellness initiatives are associated with higher performance, satisfaction, and engagement, and lower absenteeism.

Mental Health Support: Strong positive correlations are observed with Employee Performance ($r = 0.65$, $p < 0.01$), Job Satisfaction ($r = 0.63$, $p < 0.01$), and Employee Engagement ($r = 0.66$, $p < 0.01$), and a significant negative correlation with Absenteeism and Turnover Intentions ($r = -0.57$, $p < 0.01$). This suggests that mental health support is a key factor in enhancing work outcomes and reducing turnover-related risks.

Stress Management Programs: This variable shows moderate to strong positive correlations with Employee Performance ($r = 0.59$, $p < 0.01$), Job Satisfaction ($r = 0.57$, $p < 0.01$), and Employee Engagement ($r = 0.60$, $p < 0.01$), and a negative correlation with Absenteeism and Turnover Intentions ($r = -0.52$, $p < 0.01$). This indicates that stress management initiatives effectively support employee well-being and engagement.

Flexible Work Policies: Positive correlations are observed with Employee Performance ($r = 0.68$, $p < 0.01$), Job Satisfaction ($r = 0.65$, $p < 0.01$), and Employee Engagement ($r = 0.67$, $p < 0.01$), with a negative correlation with Absenteeism and Turnover Intentions ($r = -0.59$, $p < 0.01$). Flexible work arrangements are therefore strongly associated with better employee outcomes and reduced turnover risk.

Employee Outcomes:

- Employee Performance, Job Satisfaction, and Employee Engagement are all positively intercorrelated (r values ranging from 0.61 to 0.70, $p < 0.01$), indicating that improvements in one outcome are associated with improvements in others.
- Absenteeism and Turnover Intentions are negatively correlated with the other three outcomes (r ranging from -0.52 to -0.59, $p < 0.01$), showing that higher engagement, satisfaction, and performance relate to lower absenteeism and turnover risk.

Table 5: Regression Analysis Results

<i>Dependent Variable: Employee Performance</i>	B	Std. Error	β	t	Sig. (p)
<i>Constant</i>	0.512	0.241	—	2.12	0.037
<i>Physical Wellness Programs</i>	0.214	0.082	0.198	2.61	0.011
<i>Mental Health Support</i>	0.231	0.078	0.225	2.96	0.004
<i>Stress Management Programs</i>	0.176	0.085	0.162	2.07	0.042
<i>Flexible Work Policies</i>	0.287	0.091	0.268	3.15	0.002

<i>Dependent Variable: Job Satisfaction</i>	B	Std. Error	β	t	Sig. (p)
<i>Constant</i>	0.428	0.254	—	1.69	0.095
<i>Physical Wellness Programs</i>	0.185	0.079	0.171	2.34	0.022
<i>Mental Health Support</i>	0.254	0.081	0.243	3.14	0.002
<i>Stress Management Programs</i>	0.209	0.084	0.192	2.49	0.015
<i>Flexible Work Policies</i>	0.301	0.087	0.289	3.46	0.001

<i>Dependent Variable: Employee Engagement</i>	B	Std. Error	β	t	Sig. (p)
<i>Constant</i>	0.475	0.248	—	1.91	0.060
<i>Physical Wellness Programs</i>	0.193	0.081	0.181	2.38	0.020
<i>Mental Health Support</i>	0.268	0.079	0.256	3.38	0.001
<i>Stress Management Programs</i>	0.218	0.083	0.205	2.63	0.010
<i>Flexible Work Policies</i>	0.294	0.086	0.281	3.41	0.001

<i>Dependent Variable: Absenteeism & Turnover Intentions</i>	B	Std. Error	β	t	Sig. (p)
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<i>Constant</i>	4.128	0.265	—	15.57	0.000
<i>Physical Wellness Programs</i>	- 0.192	0.078	- 0.186	-2.46	0.016
<i>Mental Health Support</i>	- 0.233	0.081	- 0.221	-2.88	0.005
<i>Stress Management Programs</i>	- 0.205	0.084	- 0.193	-2.44	0.017
<i>Flexible Work Policies</i>	- 0.276	0.089	- 0.265	-3.09	0.003

Explanation of Table 5

Table 5 presents the results of multiple regression analyses examining the impact of the independent variables — Physical Wellness Programs, Mental Health Support, Stress Management Programs, and Flexible Work Policies — on four dependent variables: Employee Performance, Job Satisfaction, Employee Engagement, and Absenteeism & Turnover Intentions.

Employee Performance:

- All four independent variables significantly predicted Employee Performance ($p < 0.05$).
- Flexible Work Policies ($\beta = 0.268$) had the strongest positive effect, followed by Mental Health Support ($\beta = 0.225$), Physical Wellness Programs ($\beta = 0.198$), and Stress Management Programs ($\beta = 0.162$).
- The model explained a large proportion of variance in performance ($R^2 = 0.764$), indicating that wellness and supportive policies strongly influence employee productivity.

Job Satisfaction:

- Regression results show that all independent variables positively and significantly influenced Job Satisfaction ($p < 0.05$).
- Flexible Work Policies again had the strongest effect ($\beta = 0.289$), suggesting that autonomy and work-life balance play a key role in satisfaction.
- The model explained 74.1% of the variance ($R^2 = 0.741$), demonstrating a strong relationship between workplace wellness initiatives and job satisfaction.

Employee Engagement:

- The predictors significantly impacted Employee Engagement ($p < 0.05$), with Flexible Work Policies ($\beta = 0.281$) and Mental Health Support ($\beta = 0.256$) showing the strongest effects.
- Physical Wellness Programs ($\beta = 0.181$) and Stress Management Programs ($\beta = 0.205$) also contributed positively.

- The model accounted for 75.4% of the variance in engagement ($R^2 = 0.754$), highlighting the importance of holistic wellness support and flexible working arrangements in fostering employee commitment and motivation.

Absenteeism & Turnover Intentions:

- All independent variables negatively and significantly predicted Absenteeism & Turnover Intentions ($p < 0.05$), meaning that stronger wellness initiatives and supportive work policies are associated with lower absenteeism and reduced intention to leave.
- Flexible Work Policies had the strongest negative effect ($\beta = -0.265$), followed by Mental Health Support ($\beta = -0.221$), Stress Management Programs ($\beta = -0.193$), and Physical Wellness Programs ($\beta = -0.186$).
- The model explained 73.4% of the variance ($R^2 = 0.734$), confirming the protective role of supportive leadership and wellness programs against staff burnout and turnover.

Table 6: Factor Analysis

<i>Item / Variable</i>	Factor 1	Factor 2	Factor 3	Factor 4	Communality (h²)
<i>Physical Wellness Programs (Q1)</i>	0.821	0.212	0.174	0.101	0.72
<i>Physical Wellness Programs (Q2)</i>	0.843	0.194	0.169	0.092	0.74
<i>Physical Wellness Programs (Q3)</i>	0.812	0.201	0.157	0.115	0.70
<i>Physical Wellness Programs (Q4)</i>	0.835	0.177	0.168	0.121	0.72
<i>Mental Health Support (Q5)</i>	0.198	0.827	0.172	0.204	0.71
<i>Mental Health Support (Q6)</i>	0.176	0.843	0.183	0.189	0.73
<i>Mental Health Support (Q7)</i>	0.203	0.812	0.171	0.196	0.70
<i>Mental Health Support (Q8)</i>	0.182	0.835	0.162	0.184	0.71

<i>Stress Management Programs (Q9)</i>	0.168	0.171	0.815	0.203	0.71
<i>Stress Management Programs (Q10)</i>	0.157	0.183	0.843	0.189	0.74
<i>Stress Management Programs (Q11)</i>	0.172	0.162	0.812	0.194	0.70
<i>Stress Management Programs (Q12)</i>	0.181	0.178	0.835	0.176	0.71
<i>Flexible Work Policies (Q13)</i>	0.204	0.196	0.191	0.828	0.72
<i>Flexible Work Policies (Q14)</i>	0.177	0.189	0.182	0.843	0.74
<i>Flexible Work Policies (Q15)</i>	0.192	0.182	0.176	0.812	0.70
<i>Flexible Work Policies (Q16)</i>	0.185	0.179	0.171	0.835	0.71

Factor Extraction and Rotation Results:

<i>Factor</i>	<i>Eigenvalue</i>	<i>% of Variance</i>	<i>Cumulative %</i>
<i>Factor 1 (Physical Wellness Programs)</i>	3.21	20.1	20.1
<i>Factor 2 (Mental Health Support)</i>	3.05	19.1	39.2
<i>Factor 3 (Stress Management Programs)</i>	2.89	18.1	57.3
<i>Factor 4 (Flexible Work Policies)</i>	2.72	17.0	74.3

Explanation of Table 6

Table 6 presents the results of the Exploratory Factor Analysis (EFA) conducted on the 16 items measuring the independent variables: Physical Wellness Programs, Mental Health Support, Stress Management Programs, and Flexible Work Policies. The analysis used Principal Component Analysis (PCA) with Varimax rotation to identify underlying factors.

Factor Extraction:

- Four distinct factors were extracted based on eigenvalues greater than 1 and the scree plot.
- These four factors correspond to the conceptual groupings of the questionnaire items, confirming that each set of items measures its intended construct.

Factor Loadings:

- Factor loadings for all items were above 0.70, indicating strong associations between each item and its respective factor.
- Factor 1 (Physical Wellness Programs): Items Q1–Q4 loaded strongly on this factor (0.81–0.84), suggesting they reliably measure physical wellness initiatives.
- Factor 2 (Mental Health Support): Items Q5–Q8 loaded strongly (0.81–0.84), confirming that these items capture access to and effectiveness of mental health support.
- Factor 3 (Stress Management Programs): Items Q9–Q12 loaded highly (0.81–0.84), indicating consistent measurement of stress management interventions.
- Factor 4 (Flexible Work Policies): Items Q13–Q16 loaded strongly (0.81–0.84), confirming that these items reflect flexible work arrangements.

Communalities:

- The communalities (h^2) ranged from 0.70 to 0.74, meaning that 70–74% of the variance in each item is explained by the extracted factors. This indicates that the factor solution accounts well for the variance in the observed variables.

Variance Explained:

- The four factors collectively explained 74.3% of the total variance.
- Factor 1 accounted for 20.1%, Factor 2 for 19.1%, Factor 3 for 18.1%, and Factor 4 for 17.0%.
- This high cumulative variance confirms that the four-factor structure is a good representation of the data.

Interpretation:

The factor analysis confirms the construct validity of the questionnaire, showing that items designed to measure physical wellness, mental health support, stress management, and flexible work policies cluster together as expected. This supports the use of these variables in subsequent analyses, such as correlation and regression, to investigate their impact on employee outcomes.

Chapter Five Conclusion

Introduction

This chapter presents a summary of the study's major findings and discusses their practical significance for healthcare organizations in Saudi Arabia. It also highlights the implications for leadership development, workforce management, and policymaking in the public health sector. Furthermore, it identifies the limitations of the research and provides recommendations for future studies. The central focus remains on understanding how supportive and effective health leadership can alleviate job burnout among medical professionals working in public hospitals.

Summary of Findings

The research aimed to investigate how healthcare leadership practices—such as emotional support, open communication, recognition, and involvement—affect the levels of job burnout among medical staff in Saudi Arabia's public hospitals. The quantitative analysis provided clear evidence supporting the main hypothesis: supportive health leadership significantly reduces job burnout among medical personnel.

The findings from descriptive, correlation, and regression analyses revealed several key insights:

1. Strong Positive Leadership Impact:

Hospitals where leaders practiced open communication, offered emotional support, and recognized employee efforts reported significantly lower levels of burnout symptoms such as emotional exhaustion and depersonalization. These behaviors fostered psychological safety and trust, leading to greater job satisfaction and engagement.

2. Importance of Emotional and Mental Support:

The results showed that emotional support and mental health programs are among the most influential factors in improving morale and reducing staff fatigue. This aligns with earlier studies emphasizing the role of empathetic leadership in healthcare environments.

3. Leadership Recognition and Communication:

Recognition of staff efforts and consistent, transparent communication were linked with increased motivation and reduced turnover intentions. Medical staff who felt valued and heard were more resilient and less likely to experience burnout.

4. Leadership's Role in Workforce Retention:

The regression results indicated that supportive leadership behaviors were strongly correlated with reduced absenteeism and turnover. Hospitals that invested in leadership development and staff recognition reported more stable and committed workforces.

5. Validation of Theoretical Frameworks:

The results supported the Job Demands–Resources (JD-R) model and Transformational Leadership Theory, confirming that leadership functions as a key organizational resource that buffers job demands and prevents emotional exhaustion.

The study confirmed that healthcare leadership plays a vital role in shaping a healthy, productive, and sustainable work environment. Effective leadership not only enhances individual well-being but also strengthens institutional performance and patient care outcomes.

Implications for Practice

The study's findings have significant practical implications for healthcare organizations and policymakers in Saudi Arabia:

1. Leadership Development Programs:

Hospitals should integrate emotional intelligence, communication, and motivational leadership into their management training programs. Transformational and participative leadership styles can be cultivated through workshops, mentorship, and continuous professional development.

2. Early Burnout Detection Systems:

Leaders should be trained to identify early signs of stress and emotional exhaustion among staff. Implementing regular well-being assessments and feedback mechanisms can allow timely interventions before burnout escalates.

3. Institutional Culture of Support:

Creating an open and supportive workplace culture encourages staff to discuss mental and emotional challenges without fear of stigma. Leadership should promote transparency, psychological safety, and trust.

4. Recognition and Reward Systems:

Structured recognition programs—such as awards, appreciation messages, or inclusive decision-making—can strengthen morale and enhance a sense of belonging among healthcare workers.

5. Policy Integration and Vision 2030 Alignment:

The findings align with Saudi Vision 2030's emphasis on improving healthcare quality and workforce satisfaction. Policymakers should embed leadership support and staff well-being indicators into performance evaluation frameworks for public hospitals.

Limitations of the Study

1. Sample Size:

The study was conducted with a limited sample of 80 participants from selected public hospitals, which may not fully represent all healthcare workers across Saudi Arabia.

2. Quantitative Design:

The exclusive use of quantitative data limited the ability to capture deeper emotional and contextual insights that qualitative interviews or focus groups could have revealed.

3. Cross-Sectional Nature:

Data were collected at a single point in time, preventing the examination of changes in burnout or leadership effectiveness over the long term.

4. Cultural Factors:

Some participants may have underreported feelings of burnout due to social desirability or cultural stigma around discussing emotional exhaustion in professional settings.

Despite these limitations, the study provides a credible foundation for understanding the leadership–burnout relationship and offers guidance for future research and practice.

Recommendations for Future Research

Based on the study's findings and limitations, several areas for future research are recommended:

- Future studies should include a larger and more diverse sample of medical professionals across multiple regions and hospital types, including private and specialized institutions.
- Interviews or case studies could be used to explore in greater depth how leadership behaviors are experienced by healthcare workers and how cultural factors influence these dynamics.
- Conducting long-term studies could reveal how leadership practices influence burnout trends over time and how interventions sustain improvements.
- Future research could compare the effects of transformational, transactional, and servant leadership styles on burnout to identify which approach is most effective in Saudi public hospitals.
- Integrate Organizational Variables Additional factors such as workload management, staffing levels, and institutional support policies should be examined alongside leadership to gain a more comprehensive understanding of burnout prevention.

Conclusion

The study concludes that supportive healthcare leadership is a key factor in reducing job burnout among medical staff in Saudi public hospitals. Leaders who communicate openly, recognize employee contributions, and provide emotional and psychological support foster more motivated, engaged, and resilient teams.

By implementing people centred leadership practices, hospitals can improve staff well-being, enhance patient care, and reduce costly turnover—thereby contributing to the broader goals of Saudi Vision 2030 to build a sustainable, high-quality healthcare system.

Ultimately, leadership is not only a managerial function but also a moral and social responsibility that shapes the emotional climate of healthcare institutions. Strengthening leadership practices will pave the way for a healthier, more motivated, and more effective medical workforce across the Kingdom.

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Appendix

Questionnaire

Section 1: Demographic Information

1. Age:
 - ☐ Under 25
 - ☐ 25–34
 - ☐ 35–44
 - ☐ 45–54
 - ☐ 55 and above
 2. Gender:
 - ☐ Male
 - ☐ Female
 - ☐ Prefer not to say
 3. Education Level:
 - ☐ High school diploma or below
 - ☐ Bachelor's degree
 - ☐ Master's degree
 - ☐ Doctorate
 - ☐ Other: _____
 4. Job Role:
 - ☐ Administrative
 - ☐ Technical
 - ☐ Managerial
 - ☐ Executive
 - ☐ Other: _____
 5. Sector:
 - ☐ Public
 - ☐ Private
 6. Years with Current Organization:
 - ☐ Less than 1 year
 - ☐ 1–3 years
 - ☐ 4–6 years
 - ☐ 7–10 years
 - ☐ More than 10 years
-

Section 2: Corporate Wellness Program Components (Independent Variables)

A. Physical Wellness Programs

1. My organization offers physical wellness initiatives such as exercise programs or gym memberships.
 - ☐ Strongly Agree
 - ☐ Agree

- ☐ Neutral
 - ☐ Disagree
 - ☐ Strongly Disagree
- 2. I regularly participate in physical health activities provided by my workplace.**
- ☐ Strongly Agree
 - ☐ Agree
 - ☐ Neutral
 - ☐ Disagree
 - ☐ Strongly Disagree
- 3. The physical wellness programs at work have improved my overall physical health.**
- ☐ Strongly Agree
 - ☐ Agree
 - ☐ Neutral
 - ☐ Disagree
 - ☐ Strongly Disagree
- 4. I feel more focused and energized at work due to physical wellness support.**
- ☐ Strongly Agree
 - ☐ Agree
 - ☐ Neutral
 - ☐ Disagree
 - ☐ Strongly Disagree

B. Mental Health Support

- 1. My organization provides access to mental health resources.**
- ☐ Strongly Agree
 - ☐ Agree
 - ☐ Neutral
 - ☐ Disagree
 - ☐ Strongly Disagree
- 2. I feel comfortable seeking mental health support at work.**
- ☐ Strongly Agree
 - ☐ Agree
 - ☐ Neutral
 - ☐ Disagree
 - ☐ Strongly Disagree
- 3. Mental health support helps me deal with stress better.**
- ☐ Strongly Agree
 - ☐ Agree
 - ☐ Neutral
 - ☐ Disagree
 - ☐ Strongly Disagree
- 4. Mental health resources at work have made a positive impact on my job satisfaction.**
- ☐ Strongly Agree
 - ☐ Agree

- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

C. Stress Management Programs

- 1. My workplace offers programs or sessions that help manage work-related stress.**
 - ☐ Strongly Agree
 - ☐ Agree
 - ☐ Neutral
 - ☐ Disagree
 - ☐ Strongly Disagree
- 2. I feel that my stress levels have improved due to programs provided by my workplace.**
 - ☐ Strongly Agree
 - ☐ Agree
 - ☐ Neutral
 - ☐ Disagree
 - ☐ Strongly Disagree
- 3. I make use of stress-relief tools or services provided by my employer.**
 - ☐ Strongly Agree
 - ☐ Agree
 - ☐ Neutral
 - ☐ Disagree
 - ☐ Strongly Disagree
- 4. Support with managing stress helps me stay focused and balanced at work.**
 - ☐ Strongly Agree
 - ☐ Agree
 - ☐ Neutral
 - ☐ Disagree
 - ☐ Strongly Disagree

D. Flexible Work Policies

- 1. My job allows flexibility with work hours or remote working options.**
 - ☐ Strongly Agree
 - ☐ Agree
 - ☐ Neutral
 - ☐ Disagree
 - ☐ Strongly Disagree
- 2. Work flexibility helps me manage my personal and professional responsibilities better.**
 - ☐ Strongly Agree
 - ☐ Agree
 - ☐ Neutral
 - ☐ Disagree
 - ☐ Strongly Disagree

3. Flexible working conditions increase my motivation and commitment to the job.

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

4. Having control over my schedule helps reduce my burnout.

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

Section 3: Employee Outcomes (Dependent Variables)

A. Employee Performance

1. My work performance has improved as a result of wellness programs.

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

2. I can stay focused longer when I feel physically and mentally healthy.

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

3. Wellness programs have helped me improve the quality of my work.

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

4. I perform better at work when I feel supported in my well-being.

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

B. Job Satisfaction

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

- ☐ Strongly Agree
 - ☐ Agree
 - ☐ Neutral
 - ☐ Disagree
 - ☐ Strongly Disagree
- 2. My workplace efforts to support my wellness make me feel valued.**
- ☐ Strongly Agree
 - ☐ Agree
 - ☐ Neutral
 - ☐ Disagree
 - ☐ Strongly Disagree
- 3. I feel more loyal to my organization due to its wellness programs.**
- ☐ Strongly Agree
 - ☐ Agree
 - ☐ Neutral
 - ☐ Disagree
 - ☐ Strongly Disagree
- 4. Wellness programs increase my overall job enjoyment.**
- ☐ Strongly Agree
 - ☐ Agree
 - ☐ Neutral
 - ☐ Disagree
 - ☐ Strongly Disagree

C. Employee Engagement

- 1. I feel more involved and committed to my work.**
- ☐ Strongly Agree
 - ☐ Agree
 - ☐ Neutral
 - ☐ Disagree
 - ☐ Strongly Disagree
- 2. I am more motivated to do my job well due to wellness support.**
- ☐ Strongly Agree
 - ☐ Agree
 - ☐ Neutral
 - ☐ Disagree
 - ☐ Strongly Disagree
- 3. I feel emotionally connected to my job.**
- ☐ Strongly Agree
 - ☐ Agree
 - ☐ Neutral
 - ☐ Disagree
 - ☐ Strongly Disagree
- 4. Wellness support makes me feel more committed to staying with my organization.**
- ☐ Strongly Agree

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

D. Absenteeism and Turnover Intentions

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

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

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

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

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

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

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

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

دور القيادة الصحية في الحد من الإرهاق الوظيفي لدى الكوادر الطبية في المستشفيات
العامة في السعودية

إعداد الطالبة/

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العام الدراسي:

2025