

Scientific Paper Entitled: The Effect of Job Stress and Burnout Syndrome on The Performance of Health Staff in The Government Health Sector In The Kingdom Of Saudi Arabia

Abdulaziz Saleh Suliman Algumaiz¹, Badr Fahd Muhammad AlTalha², Rashed Abdullah Rashed Almheani³, Mohammed Saad Alkahtlan Almheani⁴, Wasayem Muhayya ALDossary⁵, Abdullah Saad Sultan Alamer⁶, Ibrahim Ahmed Jabriel Shuwayhi⁷, Abdulaziz Ahmad Mohammed Alasmari⁸, Naif Baket Gaeb Algasami⁹, Nora Fahad Salah Alsmail¹⁰, Ohoud Zafer Ali Alamri¹¹, Abdullah Safer Almutairi¹², Abdulelah Mohammad Almutairi¹³, Faleh Ayed Saeed Alqhtani¹⁴, Ahmad Fahat Bayoudh Alenazi¹⁵, Abdulrahman Saeed Alshahrani¹⁶, Nawaf Saeed Salem Alshehri¹⁷, Ali Abdulaziz Hadram¹⁸

Abstract

Burnout was the best indicator of the link between work-related stress and job satisfaction among nurses, and stress was a significant predictor of burnout among them. The results of the investigation showed that burnout enabled work-related stress, which had the greatest influence on job satisfaction. When compared to nurses working at the International Medical Centre (IMC), those employed by public and university hospitals expressed higher levels of stress and burnout, as well as lower job performance and higher levels of unhappiness. The International Medical Centre (IMC) was unaffected by the type of hospital; however, it did reduce the relationship between job satisfaction and burnout. Nurses employed by the IMC had a far greater correlation between stress and burnout than nurses employed by public or university hospitals.

Keywords: *job stress, burnout syndrome, the performance, health staff, health sector, the Kingdom of Saudi Arabia.*

¹ Dermatologist Doctor, King Khalid Hospital & Prince Sultan Center for Health Service.

² X-Ray Technician, King Khalid Hospital & prince sultan center for health services, Ministry of Health, Kingdom of Saudi Arabia.

³ MRI Technologist, King Khalid Hospital & prince sultan center for health services, Ministry of Health, Kingdom of Saudi Arabia.

⁴ MRI Technologist, King Khalid Hospital & Prince Sultan Center for Health services, Ministry of Health, Kingdom of Saudi Arabia.

⁵ CT Scan Specialist, King Khalid Hospital & prince sultan center for health services.

⁶ Paramedic, Al-Iman General Hospital, Ministry of Health, Kingdom of Saudi Arabia.

⁷ Health information specialist, Al-Iman General Hospital, Ministry of Health, Kingdom of Saudi Arabia.

⁸ Healthy Assistant, Office of the Ministry, Ministry of Health, Kingdom of Saudi Arabia.

⁹ Health Assistant, Afif General Hospital, Ministry of Health, Kingdom of Saudi Arabia.

¹⁰ Health Informatics Technician, King Khalid Hospital and Prince Sultan Center in Al-Kharj, Ministry of Health, Kingdom of Saudi Arabia.

¹¹ Health Informatics Technician, King Khalid Hospital in Al-Kharj, Ministry of Health, Kingdom of Saudi Arabia.

¹² Social worker, Complex of will and mental Health, Ministry of Health, Kingdom of Saudi Arabia.

¹³ Pharmacy Technician, Erada Mental Health and Wellness Center in Riyadh, Ministry of Health, kingdom of Saudi Arabia.

¹⁴ Social Worker, Erada Mental Health and Addiction Center in Riyadh, Ministry of Health, kingdom of Saudi Arabia.

¹⁵ Emergency medical Technician, Emergency and Disaster Management and Medical Transport, Ministry of Health, Kingdom of Saudi Arabia.

¹⁶ Medical Laboratory, Regional laboratory-Aseer, Ministry of Health, Kingdom of Saudi Arabia.

¹⁷ Medical Laboratory, Armed Forces Military Hospital Southern Region, Kingdom of Saudi Arabia.

¹⁸ Medical Laboratory, Armed Forces Military Hospital Southern Region, Kingdom of Saudi Arabia.

Introduction

Stress is frequently linked to a particular event or experience that a person has at one point in time. Stress is typically used to describe an emotional strain that occurs during a particular experience. However, as nurses form the backbone of healthcare systems, it is crucial to look into the incidence of stress in specific health care professions, particularly nursing. It is crucial to look into and report the consequences of everyday career-related stressors in order to reduce the development of this condition, particularly in the context of the current study, as opposed to a single event that causes stressful reactions or effects. In the context of the particular institution and geographic area, stress—which is also linked to burnout in the healthcare industry—should be examined. From there, it may be connected with the performance of the population under investigation. Studying the relationship between work-related stress, burnout, job performance, and job satisfaction is necessary because elements that are likely to affect work performance are also likely to affect job satisfaction. The performance and satisfaction of the healthcare personnel in the sampled institutions were the primary focus of this study's investigation of these elements (Adriaenssens et al., 2015).

A number of things impacted their day-to-day work, such as the emotional attachment nurses have to patients who are bedridden, the lack of clarity and incomplete information provided by medical secretaries and doctors, patients' unreasonable demands, and their own personal struggles, to name a few. Emerging pressures for the nurses included workloads, unbalanced work shifts, and departmental demands in various medical units. Because language and cultural difficulties are evident, expatriate nurses in Saudi Arabia are vulnerable to prejudice and societal stereotypes. Because of this, foreign nurses may feel underappreciated, which exacerbates their already high levels of stress at work. The necessity for background research into the roles the nurses played was exacerbated by their unfamiliarity with the cultural, linguistic, and experiential setting of the patients (Brouskeli et al., 2017).

It is a highly stressful profession by nature to work in nursing. The nurse, like few others, deals with death, loss, and extreme pain on a daily basis. A lot of nursing work is repetitive and unfulfilling. By conventional measures, a great deal of them are repulsive, even revolting; others are frequently demeaning; still others are just terrifying. This emphasizes how crucial it is to devote time and funds to assessing, documenting, and reducing nurses' stress levels, particularly given that their line of work frequently exposes them to a variety of stressors. The majority of healthcare workers in Saudi Arabia are nurses. The quality of patient care is negatively impacted by stress among nurses in Saudi Arabia, to name one of its direct repercussions. Absenteeism, frequent nurse turnover, a decline in dedication to the job, poor performance and productivity, and an increase in unsafe working conditions and accident rates in healthcare facilities could all be contributing factors to this. It makes sense that stressed-out nurses will have a negative impact on other employees and could even endanger their patients. Consequently, it is critical to gather data regarding the effects of work-related stress and burnout on nurses' performance and job satisfaction (Alharbi, 2022).

Study Problem

Showing the effect of job stress and burnout syndrome on the performance of health staff in the government health sector in the Kingdom of Saudi Arabia.

Study questions:

1. What is the meaning of burnout syndrome?
2. What is the effect of job stress and burnout syndrome on the performance of health staff?
3. What is the effect of job stress and burnout on patient care and safety?

Study objectives:

1. To show the meaning of burnout syndrome.
2. To explore the effect of job stress and burnout syndrome on the performance of health staff.
3. To discuss the effect of job stress and burnout on patient care and safety.

Study limitations:

- Geographical boundaries: The study will be applied in the Kingdom of Saudi Arabia.
- Time limits: The study will be implemented in 2022.
- Human limitations: The study will be applied to a sample of health personnel in the government health sector in the Kingdom of Saudi Arabia.
- Subject limits: limited to studying the "The effect of job stress and burnout syndrome on the performance of health".

Literature Review

According to research, the demanding work environments, high workloads, and stressful working conditions in the healthcare industry put workers at significant risk of burnout. Burnout may result from extended exposure to work-related stress in healthcare institutions. "A state of emotional, mental, and physical exhaustion caused by excessive and prolonged stress" is the definition of burnout. Three main components make up the burnout syndrome: diminished personal accomplishment (PA), depersonalization (DP), and emotional exhaustion (EE). Employees that experience burnout typically experience demotivation, apathy, and disengagement, which causes them to frequently miss work. The potential consequences of burnout on the quality and results of patient care are grave and should never be disregarded by hospital administration. Healthcare worker burnout is a serious problem that negatively affects employee satisfaction, employee retention, the standard of patient care, and the performance of entire companies. Furthermore, the fact that Saudi Arabia depends so heavily on foreign nurses creates a special working environment in which the majority of nurses are employed abroad (Batayneh et al., 2019).

Decreased Job Performance

Stress at work has the potential to lower job satisfaction and even cause burnout, which can lower job satisfaction and performance. Studying work-related stress in connection to burnout in regard to output and job satisfaction is therefore crucial. According to a new study, extended stress exposure leads to burnout in nurses, with Turkish and Iranian participants receiving the same results. Therefore, it is worthwhile to look into this claim in the Saudi Arabian context by first figuring out whether or not nurses employed by university hospitals, private hospitals, and public hospitals experience work-related stress and burnout. Next, it is important to determine how these nurses' experiences relate to one another (Qattan, 2017).

Increased Absenteeism and Turnover

Workers in any business may experience psychological strain from their jobs, work pressure, and burnout, which can have an adverse effect on their mental and physical health. The term "job burnout" has been the subject of discussion among several researchers recently. The ongoing pressure that an employer places on an employee is the root cause of job burnout. The ongoing pressure causes employees to feel as though they are lacking in vitality. They also feel compelled to take action in order to maintain their status. Numerous experts have noted that workers who are experiencing job burnout often perform poorly at

work and get contemplative of leaving. The impacts of job burnout have piqued the interest of researchers for two key reasons. First and foremost, managers have a duty to consider their staff members' welfare. Second, employee performance is influenced by their well-being, and employee performance ultimately affects the performance of the entire firm (Alblihed & Alzghaibi, 2022).

Adverse Impact on Mental and Physical Health

A prevalent psychosocial occurrence among healthcare professionals is burnout. Burnout is described as an occupational phenomenon by the World Health Organization (WHO) as "a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed." It consists of three components: (i) depersonalization (DP), which is defined by negative attitudes toward patients and co-workers and emotional detachment; (ii) emotional exhaustion (EE), which is defined by the feeling of physical and mental overexertion and lack of energy; and (iii) low personal accomplishment (PA), which is the extent to which an individual believes they are performing well on worthwhile tasks. Employee burnout led to a variety of medical and psychological issues, and it also had a detrimental impact on the business by lowering productivity and the standard of patient care. Numerous workplace stressors, including work overload, long hours, a lack of resources, and conflict with co-workers, have been linked to burnout, along with sociodemographic traits like age, gender, and years of experience (Shahin et al., 2020).

Work–Life Imbalance and Burnout

Scholars have observed a favourable correlation between work-life balance and burnout. The situation of job burnout will be affected by approximately 25% if job resources and job demand are raised to a certain extent. There is a gap between life at work and life outside of it, and this gap has a big effect on tiredness, depersonalization, and burnout. Thus, out of all the factors contributing to burnout, work-life imbalance has been found to have the most impact. Additionally, studies have shown that a work-life imbalance can lead to stress in an employee's life that is related to their employment (Laeque, 2014).

Impact on Patient Care and Safety

The nursing profession involves providing health care to people, families, and communities in both well- and sick-being. Patients benefit from work environments that encourage professional nursing practice. Boost nurse Workloads are linked to job discontent and burnout, which both pose a risk to patient safety and result in subpar patient outcomes. There are parallels between the concept of satisfaction and related subjects like happiness, contentment, and quality of life. Patient satisfaction with services and care is one of the main metrics used to assess quality in healthcare. Since nurses make up the bulk of healthcare practitioners, patient satisfaction with nursing treatment is crucial for health care agencies. A significant contributing element to burnout is workload, which arises when someone is expected to accomplish more tasks and bear a greater burden than they are capable of handling. In health care providers, burnout is especially important because it can result in medical malpractice and negligence lawsuits, as well as ineffective patient care procedures and attitudes. It can also be expensive, increasing employee absenteeism and tardiness, turnover, poor performance, and difficulties hiring and retaining personnel (Abd El-aal & Hassan, 2014).

It doesn't seem possible that healthcare organizations with high rates of health professional burnout could meet the performance standards. There are negative correlations between nurses' emotional exhaustion and patient satisfaction with the four dimensions of hospital care (nurses, doctors, information, and outcomes of care). Depersonalization, which includes negative attitudes and feelings as well as insensitivity and a lack of compassion towards service recipients, was found to be negatively related to patient satisfaction with nursing care. There is ample proof that understaffing has a detrimental effect on patient outcomes. The hospital is a vital part of society. In addition to dealing with people, nurses

are in charge of patient care. To increase productivity and raise the standard of care, hospital administrators must comprehend the elements influencing nurses' job satisfaction. The national nursing shortage, shorter hospital stays, increasing average patient acuity, and fewer support resources are all contributing to the increased workloads faced by hospital nurses. Poor patient outcomes, job discontent, and burnout are linked to increased workloads for nurses. Patient opinion of the quality of services is thought to be significantly influenced by their level of satisfaction with nursing care (Alsaqri, 2014).

Because of their heavy workloads, nurses experience burnout and job discontent, which contribute to voluntary turnover and hospital understaffing, which poses a serious risk to patient safety. Patient discontent and decreased job performance are consequences of staff burnout. Feelings of emotional tiredness and a lack of personal accomplishment are indicators of nurse burnout, which has been demonstrated to have a major impact on patients' satisfaction with care. Patient satisfaction with the care received was found to be positively correlated with staff members' high sense of personal accomplishment and low emotional weariness. The demanding demands in today's nursing workplaces are stressful. More than twice as many patients on units with nurses who reported higher levels of personal success were extremely satisfied with their care, and nurses who worked in "good environments" were less likely to experience emotional tiredness or above-average depersonalization. Burnout among nurses has a personal impact on them as well as a direct impact on the patients they care for. Changes in healthcare laws have raised concerns about the implications of nurse burnout on patients (Zaki et al., 2016).

Decreased Job Satisfaction and Motivation

For healthcare professionals, job happiness is a critical factor that influences both their output and calibre of work. The following variables are linked to health care practitioners' work satisfaction: sociodemographic factors (job type, age, sex, and duration of employment). In addition, the freedom to express oneself and receive recognition, the quantity of working hours, promotions, and pay. Health care workers deal with difficult shift work and burnout, which lowers their level of satisfaction. Physician job satisfaction was also affected by the tension between work and family and the doctor-patient connection. Patient satisfaction as shown in professional treatment was positively impacted by nurses' job satisfaction. Workplace stress, staff scheduling, and other job satisfaction characteristics have an impact on the quality of treatment given in hospitals (Halawani et al., 2021).

Aim of the study:

To detect the effect of job stress and burnout syndrome on the performance of health staff in the government health sector in the Kingdom of Saudi Arabia.

Methods

Research design:

In the Kingdom of Saudi Arabia, a descriptive analytic cross-sectional research design was conducted with the purpose of detecting the effect of job stress and burnout syndrome on the performance of health staff in the government health sector in the Kingdom of Saudi Arabia. This design is a method that is both systematic and organized, and it is used to gather data from a sample of individuals or entities that are part of a larger population. The major objective of this design is to provide a comprehensive and accurate description of the characteristics, behaviors, perspectives, or attitudes that are present within the target group.

Research Setting:

The study will be conducted in in the government health sector in the Kingdom of Saudi Arabia.

Subject:

Those health cadres who are employed in the government health sector in the Kingdom of Saudi Arabia, both male and female, will be required to meet specific inclusion criteria in order to be considered for inclusion in the sample.

Sample size:

Study sample was 800 of health cadres selected via the systematic random sampling method. When conducting an empirical research with the purpose of drawing conclusions about a population based on a sample, the size of the sample is an essential component to consider. In actual fact, the sample size that is used in an investigation is established by taking into consideration the cost of data collection as well as the need to have enough statistical power.

Inclusion Criteria:

The inclusion criteria were set as follows:

- (1) health cadres who working in the government health sector in the Kingdom of Saudi Arabia.
- (2) female and male.
- (3) from Saudi Arabia.

Sampling Technique:

Participants submitted data through a survey. Data will be collected by questionnaire.

Tools for data collection:

It will deal with Participants demographic such like age, gender, marital status and educational level. Also issues concerning the effect of job stress and burnout syndrome on the performance of health staff in the government health sector in the Kingdom of Saudi Arabia.

Validity:

The revision of the tools were ascertained by a panel of experts to assess the content validity of the tools and the required modification was done appropriately.

Ethical considerations

Data was submitted by individuals via questionnaires. Participants were notified that participation in the research would be elective and that their anonymity would be preserved. Data will be acquired using a self-reported questionnaire. The ethics committee will offer clearance for this initiative. Before the questionnaire was conducted, each participant supplied signed informed consent.

Results

Validity and Reliability Tests:

Internal Consistency Reliability Calculation:

After determining the legitimacy of the internal consistency between the statements of each objective and the overall score for the corresponding axis, Pearson's Coefficient Correlation was computed in order to validate the validity of the statement. Following the construction of the research instrument and the establishment of its apparent validity by the presentation

of the instrument to a panel of arbitrators who were both knowledgeable and experienced in the area, this step was taken.

For the purpose of determining whether or not the questionnaire has an internal reliability, it was administered to a pilot sample that consisted of thirty members of the healthcare staff. After that, the researchers determined the correlation coefficients in order to assess the internal validity of the research instrument, as the tables that follow demonstrate:

Table (1): Correlation coefficients of items in the first axis with the total score.

Statement number	r	Statement number	r
1	0.496**	7	0.757**
2	0.868**	8	0.685**
3	0.632**		
4	0.646**		
5	0.891**		
6	0.654**		

** : p value <0.001

It is clear from the previous table that all of the statements are significant at the 0.01 level, as the values of the dimensional correlation coefficients ranged between (0.301 - 0.891), which are excellent correlation coefficients, and this offers a hint of strong internal consistency coefficients as well. It provides strong validity indications that may be relied in utilizing the present research technique.

Reliability of the study tool:

As for testing the reliability of the questionnaire, we utilized Cronbach's alpha coefficient, and the accompanying table illustrates the reliability axis of the research instrument as follows:

Table (2): Cronbach's alpha coefficient reliability coefficient for the total score of the questionnaire

	No. of statements	Cronbach's alpha
comprehensive quality standards questionnaire	8	0.856

The table showed that the Cronbach's alpha reliability coefficient for the total score of the questionnaire was (0.856), which is a good reliability coefficient suitable for the study.

Application Method of the Study Tool:

After collecting the study data, the researchers reviewed it in preparation for inputting it into the computer for statistical analysis. Subsequently, they transcribed it onto appropriate tables, provided commentary, and linked it to previous studies. Responses were given five levels: strongly agree (5 points), agree (4 points), neutral (3 points), disagree (2 points), and strongly disagree (1 point). To determine the length of the pentavalent scale cells used in the study Phrases, the range (5-1=4) was calculated and divided by the number of questionnaire cells to obtain the correct cell length (4/5=0.80). This value was then added to the lowest value on the scale (or the beginning of the scale, which is one) to determine the upper limit of the cell. The following table illustrates the method for correcting the Likert pentavalent scale.

Table (3): Method for correcting the scale.

Scale	The weight	The average arithmetic mean value ranges
Strongly Disagree	1	From 1 to less than 1.80
Disagree	2	From 1.81 to less than 2.60
Neutral	3	From 2.61 to less than 3.40
Agree	4	From 3.41 to 4.20
Strongly agree	5	From 4.21 to 5.

Table (4): Socio demographic characteristics of the studied participants

Sociodemographic variables	Cases (n=800)	
	No.	%
Age category (years)		
Less than 25 years	200	25%
From 26 to 35 years	250	31.25%
From 36 to 47 years	90	11.25%
More than 47 years	260	32.5%
Gander		
Male	450	56.25%
Female	350	43.75%
Marital status		
single	240	30%
married	290	36.25%
absolute	270	33.75%
Job		
doctor	50	6.25%
pharmaceutical	40	5%
specialist	320	40%
Technical	290	36.25%
nurse	65	8.125%
Administrative	35	4.375%
Educational status		
Diploma or less	240	30%
Bachelor's	200	25%
Postgraduate studies (PhD - Master)	360	45%
Years of experience		

1 – 5 years	230	28.75%
6 – 10 years	220	27.5%
11 - 15 years	140	17.5%
16 – 25 years	210	26.25%

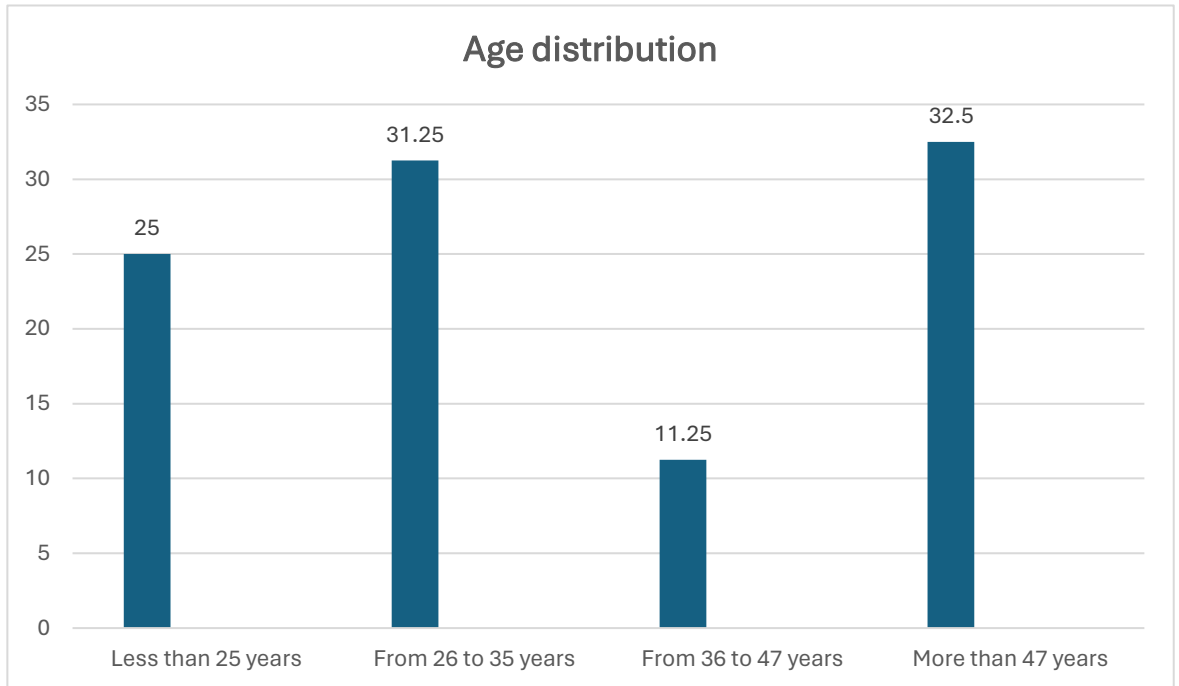


Fig (1): Age distribution among the studied participants

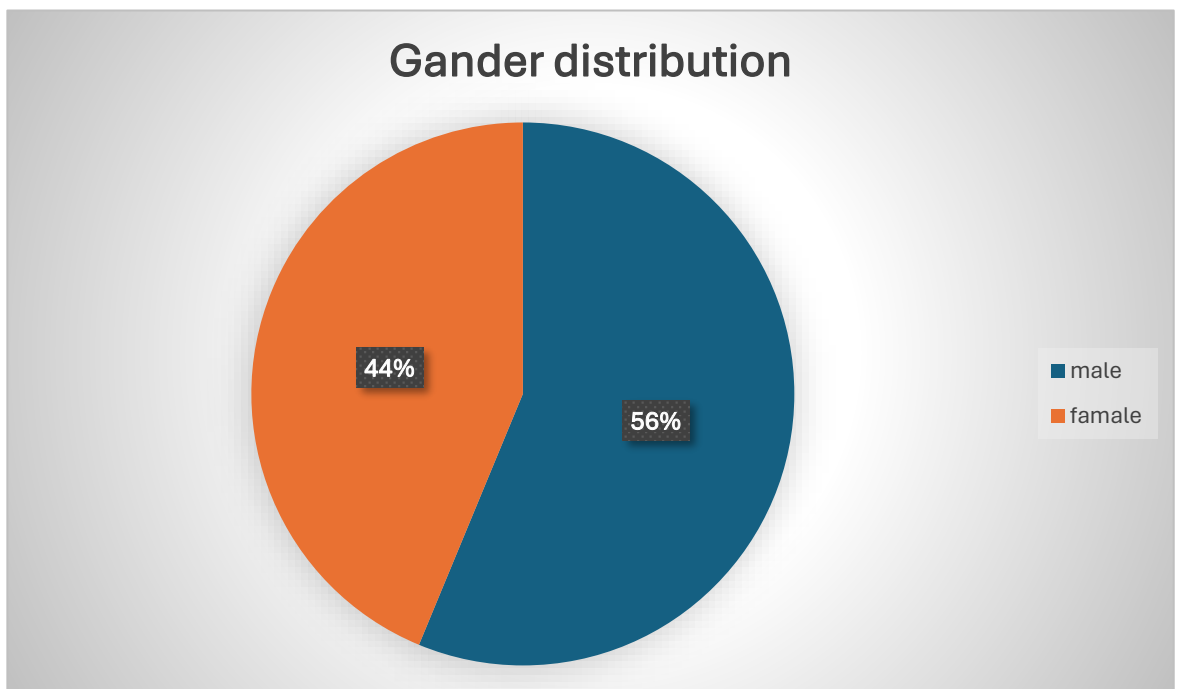


Fig (2): gander distribution among the studied participants

Table (1) & Figure (1-3) showed that 11.25% and 31.25% of the studied participants were aged 36 -47 years and 26-35 years respectively. Regarding to the gender, more than half (56%) were males and 44% were females. 40% of the studied participants were specialist while only %36.25 was Technical. As regard to years of experience, 27.5% of the studied participants worked from 6 – 10 years.

Secondly: Results Related to the Axes of the Questionnaire:

Table (5): response of the studied participants regarding to the first axe (Job Stress Assessment and Burnout Syndrome Assessment) of Questionnaire

No.		Cases (n=800)			
		Mean	SD	Category	Rank
1-	My workload is manageable.	4.23	0.865	Strongly agree	3
2-	I have sufficient resources to perform my job effectively.	4.11	0.67	Agree	5
3-	I have clear communication with my supervisors.	4.52	0.865	Strongly agree	1
4-	I feel supported by my colleagues.	4.26	0.758	Strongly agree	2
5-	I feel emotionally drained from my work.	4.22	0.657	Strongly agree	4
Total score		4.29	0.788	Strongly agree	

From the results shown in Table (5), it is evident that there is variation in the agreement among the study participants regarding the comprehensive quality standards and the productivity of health personnel in the government health sector in the Kingdom of Saudi Arabia. The participants' agreement averages ranged from (4.11 to 4.52), falling into the fourth and fifth category of the Likert scale, indicating agreement to strongly agreement with the study tool. This demonstrates consistency in agreement among the study participants regarding the effect of job stress and burnout syndrome on the performance of health staff in the government health sector in the Kingdom of Saudi Arabia.

Phrase (3): I have clear communication with my supervisors. ranked first with an average agreement of (4.52)

Phrase (4): I feel supported by my colleagues. ranked second with an average agreement of (4.26)

Phrase (3): I have clear communication with my supervisors. Ranked third with an average agreement of (4.23)

Table (6): response of the studied participants regarding to the second axe (Performance Assessment) of Questionnaire

No.		Cases (n=800)			
		Mean	SD	Category	Rank
1-	Quality of patient care provided.	4.132	0.699	Agree	2
2-	Efficiency in completing tasks.	3.735	0.741	Agree	3

3-	Interpersonal communication with patients and colleagues.	4.612	0.831	Strongly Agree	1
Total score		4.31	0.821	Strongly agree	

Phrase (3): Interpersonal communication with patients and colleagues. ranked first with an average agreement of (4.612)

Phrase (1): Quality of patient care provided. ranked second with an average agreement of (4.132)

Phrase (2): Efficiency in completing tasks. Ranked third with an average agreement of (3.735)

Discussion

There is a large and diverse influence that work stress and burnout syndrome have on the performance of health personnel in the government health sector of Saudi Arabia. It is possible for healthcare personnel to have lower job satisfaction, poor patient care, and overall performance when they are experiencing elevated levels of stress and burnout. It is possible that the effects of stress and burnout may be more obvious in a high-pressure setting such as the healthcare industry, where the demands are often unrelenting and resources may be limited (Brouskeli et al., 2017).

In order to effectively address these concerns, a comprehensive strategy is required. This approach should involve the implementation of initiatives to improve employee well-being. These strategies may include the provision of suitable support networks, the provision of resources for stress management, and the cultivation of a good work environment. Organizations have the ability to alleviate the harmful impacts of work stress and burnout by placing a priority on the mental and emotional health of their staff members. This, in turn, will eventually improve employee performance as well as the quality of healthcare services that are delivered to the community (Alblihed & Alzghaibi, 2022).

Conclusion

According to the study, there is evidence of stress at work among Saudi Arabian nurses in Jeddah. The age, experience, nationality, and work status of the nurses all affected its prevalence. Nurse job performance and satisfaction were negatively impacted by work-related stress and burnout in public (KFH) and university (KAUH) hospitals, but not in private (IMC) hospitals. Notably, there is a variation in the moderated mediation between the types of hospitals and a mediated association between burnout and stress connected to work. Nurses' job satisfaction and performance have been found to be impacted by both work-related stress and burnout. Essentially, actions should be done to assist Saudi Arabian nurses employed in publicly financed institutions in reducing their levels of burnout and stress at work.

References

1. Adriaenssens, J., De Gucht, V., & Maes, S. (2015). Determinants and prevalence of burnout in emergency nurses: a systematic review of 25 years of research. *International journal of nursing studies*, 52(2), 649-661.
2. Brouskeli, V., Giakovis, E., & Loumakou, M. (2017). Burnout and depressive symptomatology of the employees in institutions of chronic diseases. *Social Sciences*, 8(6).

3. Alharbi, M. F. (2022). Impacts on Healthcare Professionals Performance in Qassim Region in Saudi Arabia. *Journal of Advanced Zoology*, 44.
4. Batayneh, M. H., Ali, S., & Nashwan, A. J. (2019). The burnout among multinational nurses in Saudi Arabia. *Open Journal of Nursing*, 9(7), 603-619.
5. Qattan, A. (2017). *The Effect of Work-Related Stress and Burnout on Nursing Performance and Job Satisfaction: a Study of Hospitals in Saudi Arabia* (Doctoral dissertation, University of Sheffield).
6. Alblihed, M., & Alzghaibi, H. A. (2022). The impact of job stress, role ambiguity and work–life imbalance on turnover intention during COVID-19: A case study of frontline health workers in Saudi Arabia. *International journal of environmental research and public health*, 19(20), 13132.
7. Shahin, M. A., Al-Dubai, S. A. R., Abdoh, D. S., Alahmadi, A. S., Ali, A. K., & Hifnawy, T. (2020). Burnout among nurses working in the primary health care centers in Saudi Arabia, a multicenter study. *AIMS Public Health*, 7(4), 844.
8. Laeeque, S. H. (2014). Role of work-family conflict in job burnout: Support from the banking sector of Pakistan. *International Letters of Social and Humanistic Sciences*, (40), 1-12.
9. Abd El-aal, N. H., & Hassan, N. I. (2014). Relationships between staff nurses' satisfaction with quality of work and their levels of depression, anxiety, and stress in critical care units. *Journal of American Science*, 10(1), 91-101.
10. Alsaqri, S. H. K. (2014). *A survey of intention to leave, job stress, burnout and job satisfaction among nurses employed in the Ha'il region's hospitals in Saudi Arabia* (Doctoral dissertation, RMIT University).
11. Zaki, S. M., Elsayed, L. A., & Ibrahim, M. M. (2016). Factors contributing to burnout among Saudi nurses and their effect on patients' satisfaction at Makkah Al-Mukaramah hospitals. *Life Sci J*, 13(5), 73-88.
12. Halawani, L. A., Halawani, M. A., & Beyari, G. M. (2021). Job satisfaction among Saudi healthcare workers and its impact on the quality of health services. *Journal of family medicine and primary care*, 10(5), 1873-1881.