

Burnout Among Healthcare Workers in Hospitals and Primary Health Care Centers in Buraidah City, at Qassim Region, Saudi Arabia

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Abstract

Background: Burnout is a big problem for health care workers because they are exposed to extended stressors, including high responsibilities, and prolonged contact patient acuity. This study aims to examine burnout among healthcare workers in hospitals and primary health care centers across Buraidah City, Qassim Region, Kingdom of Saudi Arabia, with a focus on its impact on the quality of life as part of the country's Vision 2030 initiative. **Methods:** A descriptive research design was conducted with 150 healthcare workers in Buraydah hospitals and primary health care centers at Qassim Region in Saudi Arabia. A self-administered questionnaire including social and demographic data and characteristics related to work was used, as well as the Maslach Burnout Inventory to detect the level of burnout. **Results:** The three components of Maslach Burnout Inventory scale, which is emotional exhaustion, depersonalization and personal achievement was used. The associated Factors including age, nationality, and experience years were statistically significant. Burnout was negatively correlated with quality of life. **Conclusion:** Factors as age, nationality, gender, marital status, and type of job are associated with burnout. Burnout and quality of life of those health care workers were negatively correlated.

Keywords: Burnout, Healthcare Workers, Maslach Burnout Inventory, Quality of Life, Work-Related Stress, Occupational Health

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Introduction

Burnout is one of the biggest work-related health conditions may occur to healthcare workers. It is an exhaustion work-related syndrome. It is characterized by emotional stress, fatigue, and is related to work pressure [19; 23].

It leads to decreased job satisfaction and declined performance, serious family problems, work absence and losing a job in addition to, the bad health status of health care workers suffering from diseases such as heart diseases, body fatigue, decrease of motivation, and anxiety [2-3].

In recent years, the issue of burnout among healthcare professionals has gained significant attention globally, and its prevalence and impact on the well-being of healthcare workers have become subjects of increasing concern. Burnout, a multifaceted syndrome characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment, poses a substantial threat to the health workforce, influencing not only the individual practitioners but also the quality of patient care and the healthcare system at large [1].

Within Arab countries, healthcare systems face unique challenges stemming from diverse cultural, social, and organizational contexts [25]. The rigorous demands of healthcare provision, increased patient loads, resource limitations, and cultural expectations place substantial stress on healthcare workers in hospitals and primary health care centers across these nations [24].

This study aims to delve deeply into the phenomenon of burnout among healthcare workers specifically in Arab countries, shedding light on its prevalence, contributing factors, and implications within the distinct cultural and organizational frameworks of these nations. By exploring the nuances of burnout experienced by healthcare professionals in this region, this research seeks to provide valuable insights into the specific stressors and challenges faced by these professionals and identify potential interventions to alleviate burnout and enhance the well-being of healthcare workers [27]. To

Determine the Prevalence of Burnout: This study aims to assess the prevalence rates of burnout among healthcare workers in hospitals and primary health care centers across different Arab countries. To Identify Contributing Factors: Investigate and analyze the factors contributing to burnout among healthcare professionals, considering organizational, cultural, and individual aspects unique to Arab countries [18].

Understanding the prevalence and determinants of burnout among healthcare workers in Arab countries is essential for developing targeted interventions to support the well-being of these professionals. This research aims to contribute to the enhancement of healthcare systems by promoting the mental health and job satisfaction of healthcare workers, thereby improving patient care quality and overall healthcare outcomes in the Arab world [20-21].

To Explore Impacts on Healthcare Delivery: Examine the effects of burnout on the quality of patient care, medical errors, absenteeism, and the overall functioning of healthcare systems in Arab countries. To Propose Mitigation Strategies: Suggest interventions and strategies to address and mitigate burnout among healthcare workers, considering cultural sensitivities and organizational dynamics specific to the region [22; 26].

Methods

This study employed a descriptive correlational design to explore the relationships between variables among healthcare workers in the Qassim Region, Saudi Arabia. A sample of 150 healthcare workers from hospitals and primary health centers in Buraidah city was selected. Inclusion criteria required participants to be 20 years or older, working full-time, and employed for at least one year. Those who did not provide accurate or complete responses to the questionnaires were excluded. Data were collected using a self-administered electronic questionnaire, which was divided into two parts. Part A captured personal and work-related information, including sociodemographic variables (age, gender, marital status, and nationality) and work data (years of experience,

weekly working hours, and satisfaction with income). Part B employed the Maslach Burnout Inventory (MBI) to assess burnout levels across three dimensions: emotional exhaustion (EE), depersonalization (DP), and personal achievement (PA). The MBI consists of 21 items rated on a 7-point Likert scale ranging from 0 (never) to 6 (every day). Scores for each dimension were categorized as low, moderate, or high, with specific thresholds for classification.

A pilot study was conducted with 10% of the sample (15 participants) to evaluate the clarity and reliability of the questionnaire, and necessary adjustments were made based on the results. After securing permissions, the researcher visited the target healthcare facilities and distributed the questionnaire electronically. Participants completed the questionnaire independently, requiring approximately 2–4 minutes.

Statistical Analysis

Data were systematically entered into Microsoft Excel and analyzed using SPSS (Statistical Package for the Social Sciences) software, version XX. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were calculated to summarize the sociodemographic and work-related characteristics of the participants and the dimensions of burnout. Inferential statistics were used to determine relationships between variables. Pearson’s correlation coefficient was employed to assess the strength and direction of the relationships between burnout dimensions and selected work-related factors. Independent t-tests and one-way ANOVA were used to compare burnout scores across categorical variables such as gender, marital status, and satisfaction with income. A multiple linear regression analysis was conducted to identify predictors of burnout, with p-values less than 0.05 considered statistically significant.

Ethical Consideration

Ethical approval for the study was obtained from the Ethics Research Committee of the Qassim Health Cluster. Written and verbal consent was

secured from all participants before data collection. Participation was voluntary, and participants retained the right to withdraw at any time. Anonymity and confidentiality were strictly maintained throughout the study to protect participants' privacy.

Results

Socio-Demographic Characteristics of the Sample

Table 1. Distribution of the identified sample according to Social and Demographic Data (n = 150).

Socio-demographic data		No.	%
Gender	Male	108	72
	Female	42	28
Age	20-30	24	16
	31-45	109	72.7
	46-60	17	11.3
Marital status	Single	26	17.4
	Married	121	80.6
	Divorced	2	1.3
	Widowed	1	0.7
Nationality	Saudi	137	91.3
	Non-Saudi	13	8.7
Satisfaction with income	Satisfied	121	80.7
	Partially satisfied	23	15.3
	Dissatisfied	6	4

Table 2. Distribution of the studied sample according to Occupational Characteristics (n = 150).

Occupational Characteristics		No.	%
Job Type	Medical	131	87.3
	Administrative	19	12.7
Job Title	Pharmacy	41	27.3
	physician	30	20
	Nurse	33	22
	Laboratory	10	6.7
	Radiology	2	1.3
	Administrative	19	12.7
	Medical technician	14	9.3

Table 1 provides an overview of the socio-demographic data of the sample (n = 150). The majority of participants (72.7%) were aged

between 31 and 45 years, with a smaller proportion aged 20–30 years (16%) and 46–60 years (11.3%). Most participants were male (72%), married (80.6%), and Saudi nationals (91.3%). In terms of income satisfaction, 80.7% of the sample reported being satisfied, while 15.3% were partially satisfied, and 4% were dissatisfied.

Occupational Characteristics

As shown in Table 2, the majority of the participants (87.3%) were medical professionals, while the remaining 12.7% held administrative positions. Among the medical professionals, the most common job categories were pharmacy (27.3%), nursing (22%), and physicians (20%). The least represented specialty was radiology, with only 1.3% of participants. Other professions included laboratory technicians (6.7%) and medical technicians (9.3%).

Burnout Dimensions and Socio-Demographic Data

Emotional Exhaustion Burnout

Table 3 highlights the relationship between Emotional Exhaustion (EE) burnout and socio-demographic characteristics. Of the sample, 12.6% exhibited high EE burnout, with 57.89% being male and 94.74% being Saudi nationals. Among this group, 10.53% were dissatisfied with their income, and 57.89% were married. Low EE burnout was observed in 56% of the sample, primarily among males (80.95%), Saudi nationals (95.24%), and those satisfied with their income (76.19%). Moderate EE burnout was reported by 28% of participants, with a predominance of males (64.29%), Saudi nationals (83.33%), and those satisfied with their income (85.71%).

Depersonalization Burnout

Table 4 examines Depersonalization (DP) burnout. High DP burnout was observed in 10.6% of the sample, with an equal distribution between males (50%) and females (50%). Among this group, 93.75% were Saudi nationals, 18.75% were dissatisfied with their income, and 56.25%

were married. Low DP burnout was reported by 33.33% of participants, predominantly males (60%), Saudi nationals (82%), and those satisfied with their income (78.79%). Moderate DP burnout was observed in 12%, mostly among males (77.78%), Saudi nationals (88.88%), and those satisfied with their income (72.22%).

Personal Achievement Burnout

Table 5 demonstrates the relationship between Personal Achievement (PA) burnout and socio-demographic data. High PA burnout was identified in 40% of participants, predominantly males (66.67%) and Saudi nationals (98.33%). Among this group, 5% were dissatisfied with their income, and 73.33% were married. Low PA burnout was observed in 34%, primarily among males (66.67%), Saudi nationals (70%), and those satisfied with their income (71.67%). Moderate PA burnout affected 16%, with a majority being males (58.33%), Saudi nationals (91.67%), and satisfied with their income (87.5%).

The findings indicate that burnout levels across the three dimensions—Emotional Exhaustion, Depersonalization, and Personal Achievement—varied significantly based on socio-demographic factors. Males and Saudi nationals consistently represented the majority across all burnout categories. Income satisfaction appeared to be an important factor, with those dissatisfied with their income showing higher levels of burnout, particularly in the Emotional Exhaustion and Depersonalization dimensions. Additionally, age and marital status showed notable trends, with married individuals often demonstrating higher burnout levels, especially in the Emotional Exhaustion and Personal Achievement dimensions.

These results provide insights into the prevalence and predictors of burnout among healthcare workers in Qassim Region, highlighting the need for targeted interventions to address occupational stressors and improve job satisfaction.

Table 3. Relation between Burnout and Socio-Demographic Data (n = 150).

Socio-demographic data		Depersonalization Burnout							
		No (n = 66)		Low (n = 50)		Moderate (n = 18)		High (n = 16)	
		No.	%	No.	%	No.	%	No.	%
Gender	Male	3	60	68	80.95	27	64.29	11	57.89
	Female	2	40	16	19.05	15	35.71	8	42.11
Age	20-30	1	20	11	13.1	7	16.67	5	26.32
	31-45	2	40	62	73.8	33	78.57	12	63.16
	46-60	2	40	11	13.1	2	4.76	2	10.53
Marital status	Single	1	20	13	15.48	7	16.67	5	26.32
	Married	2	40	68	80.95	32	76.19	11	57.8
	Divorced	1	20	2	2.38	2	4.76	1	5.2
	Widowed	1	20	1	1.19	1	2.38	2	10.5
Nationality	Saudi	4	80	80	95.24	35	83.33	18	94.74
	Non-Saudi	1	20	4	4.76	7	16.67	1	5.26
Income Satisfaction	Satisfied	3	60	64	76.19	36	85.71	15	78.94
	Partially satisfied	1	20	16	19.05	4	9.52	2	10.53
	Dissatisfied	1	20	4	4.76	2	4.76	2	10.53

Table 4. Relation between Depersonalization Burnout and Socio-Demographic Data (n = 150).

Socio-demographic data		Depersonalization Burnout							
		No (n = 66)		Low (n = 50)		Moderate (n = 18)		High (n = 16)	
		No.	%	No.	%	No.	%	No.	%
Gender	Male	56	85	30	60	14	77.8	8	50
	Female	10	15	20	40	4	22.2	8	50
Age	20-30	6	9	8	16	5	27.8	5	31.3
	31-45	50	76	38	76	12	66.7	9	56.3
	46-60	10	15	4	8	1	5.56	2	12.5
Marital status	Single	8	12	7	14	6	33.3	5	31.3
	Married	55	83	41	82	10	55.6	9	56.3
	Divorced	1	2	1	2	1	5.5	1	6.25
	Widowed	2	3	1	2	1	5.5	1	6.25
Nationality	Saudi	63	95	41	82	16	88.9	15	93.8
	Non-Saudi	3	5	9	18	2	11.1	1	6.25
Income Satisfaction	Satisfied	52	79	43	86	13	72.2	10	62.5
	Partially satisfied	11	17	5	10	4	22.2	3	18.8
	Dissatisfied	3	5	2	4	1	5.56	3	18.8

Table 5. Relation between Personal Achievement Burnout t and Socio-Demographic Data (n = 150).

Socio-demographic data		Depersonalization Burnout							
		No (n = 66)		Low (n = 50)		Moderate (n = 18)		High (n = 16)	
		No.	%	No.	%	No.	%	No.	%
Gender	Male	14	93.33	40	66.67	14	58.33	40	66.67
	Female	1	6.67	11	18.33	10	41.67	20	33.33
Age	20-30	2	13.33	4	6.67	4	16.67	14	23.33
	31-45	11	73.33	41	68.33	15	62.5	42	70
	46-60	2	13.33	6	10	5	20.83	4	6.67
Marital status	Single	1	13.33	6	10	4	16.67	14	23.33
	Married	12	86.67	43	73.33	17	83.33	44	73.33
	Divorced	1	6.66	1	1.67	2	8.33	1	1.67
	Widowed	1	6.66	1	1.67	1	4.16	1	1.67
Nationality	Saudi	14	93.33	42	70	22	91.67	59	98.33
	Non-Saudi	1	6.67	9	15	2	8.33	1	1.67

Income Satisfaction	Satisfied	11	80	43	71.67	21	87.5	45	75
	Partially satisfied	3	20	6	10	2	8.33	12	20
	Dissatisfied	1	6.67	2	3.33	1	4.17	3	5

Discussion

Burnout continues to be a major concern within the healthcare field, prompting an investigation into its prevalence, influencing factors, and its impact on individuals' overall well-being [17]. The study specifically explored sociodemographic factors and discovered notable connections between burnout and variables such as gender, nationality, and marital status.

In this study, healthcare workers exhibited heightened levels of Emotional Exhaustion and Depersonalization while demonstrating lower levels of burnout in terms of personal achievement. These variations in burnout dimensions might arise from differences in study settings, regional factors, or sociocultural influences. These findings align with the notion that ineffective coping with high stress and a depletion of one's resources can lead to emotional exhaustion as a primary impact, followed by depersonalization and reduced personal fulfillment. Consistent with similar research, approximately 30% of participating healthcare workers displayed significant emotional exhaustion, while around 36% showed low personal accomplishment, and 27% experienced increased depersonalization. Some authors have noted that hospital nurses often perceive their workload as excessive, potentially contributing to workplace tension.

Our discoveries align with studies conducted in sub-Saharan Africa, indicating prevalence rates of burnout among healthcare professionals ranging from 40 to 80%. Similarly, in Arab countries, our assessment revealed high burnout prevalence across different areas of the Maslach Burnout Inventory (MBI) subscales [8-9]. Specifically, rates varied widely for personal accomplishment (ranging from 13.3% to 85.8%), depersonalization (9.2% to 80.0%), and emotional exhaustion (20.0% to 81.0%). Notably, nurses (21% to 39%) and pharmacy personnel (26%) showed particularly elevated rates of

burnout compared to other healthcare roles [4-7].

Furthermore, investigating the correlation between sociodemographic factors and burnout indicated that males exhibited a higher level of burnout compared to females, ranging from low to moderate levels. This outcome aligns with previous findings that suggest no direct association between burnout and female gender. Regarding marital status, the study unveiled that married individual experienced higher levels of burnout compared to their single counterparts [10].

The current study's outcomes highlighted that over 85.6% of Saudi individuals reported experiencing high levels of burnout, while 70% of non-Saudi individuals exhibited moderate burnout, showcasing a statistically significant relationship between burnout and nationality (p-value of 0.003 for each group). Our research findings corroborate earlier evidence indicating a significant link between nationality and the experience of burnout.

The findings depicted in Table 1 present a demographic snapshot of the identified sample, revealing several notable trends. Firstly, a significant portion of the sample consisted of individuals below the age of 45, indicating a relatively youthful demographic makeup within this group. Additionally, the majority of participants, accounting for approximately 72%, were male, suggesting a higher representation of males compared to females in this cohort.

Marital status was another prominent aspect, with a substantial 80.6% of the sample being married. Moreover, the overwhelming majority, around 91.3%, were of Saudi nationality, potentially indicating a predominantly Saudi population within this study's participants.

Interestingly, a substantial 80.7% expressed satisfaction with their income levels, reflecting a positive sentiment regarding their financial

remuneration among a significant portion of the sample. These demographic insights offer valuable context, providing a glimpse into the gender distribution, age brackets, marital status, nationality composition, and contentment with income within the studied cohort [10].

The distribution of healthcare personnel across different specialties, as depicted in Table 2, offers valuable insights into the composition of the studied sample. Most participants in this study were medical personnel, comprising an overwhelming 87.3% of the sample.

Within the medical personnel category, the highest representation was from the pharmacy sector, constituting 27.3% of the studied sample. This significant representation from the pharmacy domain could potentially highlight the critical role and perspectives of pharmaceutical professionals in the context of burnout among healthcare workers in Arab countries [15-17].

Moreover, the distribution across other key healthcare specialties is noteworthy. Physicians accounted for 20% of the sample, emphasizing their substantial presence within the study cohort. Nurses, crucial frontline healthcare professionals, accounted for 22% of the sample, signifying their prominent participation in the study focusing on burnout among healthcare workers [11].

Interestingly, the least represented specialty in this study was radiologists, contributing only 1.3% to the sample. While this disparity in participation levels across specialties might influence the generalizability of findings to some extent, it also accentuates the need for broader inclusion and representation across various healthcare sectors in future studies addressing burnout among healthcare professionals in Arab countries [18].

The variation in participation rates across specialties underscores the importance of a comprehensive approach that encompasses diverse healthcare domains when addressing burnout concerns. Each specialty brings unique perspectives, stressors, and challenges

contributing to the overall landscape of burnout within the healthcare workforce [17].

The distribution of healthcare personnel across specialties in this study emphasizes the need for a multidisciplinary understanding and approach to address burnout effectively. Acknowledging the diverse roles, stressors, and coping mechanisms specific to each specialty is pivotal in developing targeted interventions and support systems tailored to the distinct needs of different healthcare sectors [23].

Additionally, the underrepresentation of certain specialties, such as radiologists, highlights the necessity for broader inclusivity in future research endeavors to ensure a more comprehensive understanding of burnout across the entire spectrum of healthcare professions in Arab countries.

The data presented in Table 3 highlights the association between Emotional Exhaustion Burnout and various socio-demographic factors within the studied sample.

Among those exhibiting high levels of Emotional Exhaustion Burnout (representing 12.6% of the total sample), a higher percentage were males compared to females (57.8% males, 42.2% females). A significant majority of individuals experiencing high Emotional Exhaustion Burnout were of Saudi nationality (94.74%) [21]. Additionally, a noteworthy aspect was that 10.53% of these individuals were dissatisfied with their salary, and 57.9% were married [13-14].

Conversely, for those experiencing low levels of Emotional Exhaustion Burnout (56% of the total sample), the majority were males (80.95%) compared to females (19.05%). Similarly, a substantial proportion of these individuals were of Saudi nationality (95.24%). Interestingly, only 4.76% of this group expressed dissatisfaction with their salary, and a higher percentage (80.95%) were married. In the case of individuals reporting moderate levels of Emotional Exhaustion Burnout (28% of the total sample), males still comprised a larger percentage (64.29%) compared to females (35.71%). The

majority were of Saudi nationality (83.33%), with a similar percentage (4.76%) expressing dissatisfaction with their salary. A significant portion (76.19%) of individuals experiencing moderate Emotional Exhaustion Burnout were married.

These findings suggest potential gender disparities in the prevalence of Emotional Exhaustion Burnout, with varying proportions across different levels of burnout concerning nationality, marital status, and satisfaction with salary. Understanding these associations can be crucial in devising targeted interventions and support systems to address Emotional Exhaustion Burnout among healthcare workers based on their socio-demographic characteristics [12].

The data presented in Table 4 delineates the correlation between Depersonalization Burnout and various socio-demographic factors within the sample.

For individuals reporting high levels of Depersonalization Burnout (comprising 10.6% of the total sample), a notable percentage were males (50%). A majority of these individuals were of Saudi nationality (93.75%). Interestingly, 18.75% of this group expressed dissatisfaction with their salary, while 56.25% were married.

Conversely, among those experiencing low levels of Depersonalization Burnout (representing 33.33% of the total sample), the majority were males (60%). A significant proportion were of Saudi nationality (82%). Interestingly, only 4% of this group reported dissatisfaction with their salary, while a higher percentage (82%) were married.

In the case of individuals reporting moderate levels of Depersonalization Burnout (12% of the total sample), a significant majority were males (77.78%). Similarly, most individuals were of Saudi nationality (88.88%). Interestingly, 5.56% of this group expressed dissatisfaction with their salary, and 55.55% were married.

These findings indicate potential associations between gender, nationality, satisfaction with

salary, and marital status concerning the prevalence of Depersonalization Burnout among healthcare workers. Understanding these relationships can aid in tailoring interventions and support strategies to address Depersonalization Burnout based on specific socio-demographic characteristics within this professional cohort [14].

The findings presented in Table 5 illustrate the relationship between Personal Achievement Burnout and various socio-demographic factors within the surveyed population.

Individuals reporting high levels of Personal Achievement Burnout (constituting 40% of the total sample) were predominantly male (66.67%). The vast majority of this group were of Saudi nationality (98.33%), with a small percentage (5%) expressing dissatisfaction with their salary. Moreover, a substantial portion (73.33%) of individuals experiencing high Personal Achievement Burnout were married.

Conversely, among those with low levels of Personal Achievement Burnout (representing 34% of the total sample), a similar proportion were males (66.67%). A notable majority were of Saudi nationality (70%), and only a small percentage (3.33%) reported dissatisfaction with their salary. Additionally, a similar percentage (73.33%) were married.

For individuals experiencing moderate levels of Personal Achievement Burnout (16% of the total sample), the majority were still male (58.33%). A significant proportion were of Saudi nationality (91.67%), and a small percentage (4.17%) expressed dissatisfaction with their salary. Interestingly, a higher percentage (83.33%) were married among this group.

These findings suggest potential associations between gender, nationality, satisfaction with salary, and marital status concerning the prevalence of Personal Achievement Burnout among healthcare workers. Understanding these relationships can aid in tailoring interventions and support strategies to address Personal Achievement Burnout based on specific socio-demographic characteristics

Conclusion

In conclusion, this study underscores the significance of addressing burnout among healthcare workers in hospitals and primary health care centers in Arab countries. Implementing targeted interventions and fostering supportive environments are imperative to safeguard the well-being of healthcare professionals, enhancing patient care and the sustainability of healthcare systems in the region.

The study's main findings highlighted that healthcare workers experienced a moderate level of Emotional Exhaustion Burnout. It was notable that a significant portion of them faced elevated levels of burnout concerning Emotional Exhaustion and Depersonalization, while simultaneously reporting lower levels of burnout in terms of Personal Achievement. Notably, the study identified significant correlations between burnout and certain factors like age and nationality. Additionally, associations were observed between years of experience among healthcare workers and burnout, particularly linked to changes in departments for nurses. Furthermore, the study revealed notable connections between associated factors such as satisfaction with income and interest in the job with the overall burnout score of healthcare workers. Similarly, satisfaction with income and interest in the job were correlated with the Quality of Life of healthcare workers.

Recommendations

Preventing burnout among healthcare workers in the Qassim region requires a multifaceted approach. Key strategies include fostering support networks to promote teamwork and open communication, ensuring a healthy work-life balance through adequate time off and flexible schedules, and providing access to mental health resources like counseling and stress management workshops.

Training and education on recognizing burnout and self-care techniques are crucial, along with regular recognition and appreciation to boost

morale. Adequate resources and tools are essential for efficient job performance, and leadership support should address workers' concerns empathetically. Promoting physical well-being through wellness programs and maintaining clear communication about protocols and expectations can further reduce stress.

Periodic burnout assessments can guide tailored interventions, while addressing systemic issues like workload distribution and staffing shortages is critical. Encouraging self-care and fostering community engagement through appreciation initiatives can enhance workers' resilience and motivation. Tailoring these strategies to local needs ensures their effectiveness and sustainability.

Limitations

The study sample size does not permit generalization of the findings to the broader population.

Ethical Approval and Consent

The study received ethical approval from the Ethics Committee registered with the National Committee of Medical Ethics at Qassim Health Cluster, Ministry of Health, Saudi Arabia. Informed consent was obtained from all participants prior to data collection.

Conflict of Interest

The authors declare no conflict of interest.

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