

Workplace Stress And Burnout Levels Among Nurses In Public V/S Private Hospitals In Saudi Arabia

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Abstract

Introduction: With the healthcare transformation in Saudi Arabia being massive under the Vision 2030, the nursing workforce as the biggest part of health providers have been under more stress than ever in the workplace. The serious risk to the sustainability of the Saudi healthcare system is burnout, which is defined as emotional exhaustion, depersonalization, and the decreased personal accomplishment. Although the Kingdom employs a two-sector framework (Public and Private), the individual stressors and burnout degree among these settings do not have a unified approach in the literature. The knowledge of these differences is crucial to the creation of sector-related retention policies and quality of patient care.

Study Objective: The aim of this research is to conduct a systematic, comprehensive review of the body of literature, so that we can compare how often and how much stress/burnout nurses working for public hospitals (Ministry of Health) and private hospitals in Saudi Arabia experience.

Methodology: A systematic review was undertaken in accordance with PRISMA. An extensive search was conducted in electronic databases, such as PubMed, CINAHL, Scopus, and the Saudi Digital Library (SDL) to find peer-reviewed articles on the topic published within 2016-2026. The inclusion criteria were studies that used the validated measures of burnout, including the Maslach Burnout Inventory (MBI), and were concentrated on the registered nurses in Saudi hospitals. The Joanna Briggs Institute (JBI) critical appraisal tools were used to conduct quality assessment. Narrative synthesis of data was done and classified according to hospital sector and dimension of burnout.

Conclusion: Stress and burnout at the workplace in Saudi Arabia are institutional, and not personal problems. As the public sector experiences the volume-based strain, the private sector experiences the performance based anxiety. The solution to these problems has to

be multi-factorial with policy level intervention to standardize nurse-to-patient ratios and institutional level intervention to promote supportive leadership.

Keywords: Burnout, Occupational Stress, Emotional Exhaustion, Work-related Stress, Nursing Staff, Public Hospital, Private Hospital.

INTRODUCTION

The Bidirectional Nursing Burnout in Saudi Arabia

The nursing career has been universally accepted as one of the most demanding careers both psychologically and physically. The healthcare environment in the Kingdom of Saudi Arabia (KSA) is experiencing a transformational shift that is a monumental one in terms of privatization of major segments of the healthcare sector and improvement of patient care quality under Vision 2030. [3] However, this shift puts a lot of strain on the nursing workforce- the pillars of the healthcare system. The burnout as a chronic manifestation of workplace stress has become a significant menace to the well-being of nurses, as well as patient safety. [1], [4]

The traditional definition of burnout as a psychological syndrome is given to include emotional exhaustion, depersonalization (cynicism), and diminished self-accomplishment. These symptoms are not their personal challenges but rather are systemic to the healthcare infrastructure of the Saudi Arabian nurses. [5] Since the Ministry of Health (MOH) strives to create the balance between the huge number of patients in the public sector and the increasing market share in the private one, it is necessary to comprehend the difference in the stress level in these two settings. [2]

The Public Sector Context

In Saudi Arabia, most population is served in public (state-run) hospitals which are mostly operated by MOH. Such facilities are usually overwhelmed with patients and large patient-to-nurse ratios and administrative workloads. Resource-related stress is identified in systematic reviews of the nursing work in the public sector often. [7] The nurses working in these environments complain that they are overwhelmed by the number of patients and the intricacy of cases and soon become emotionally exhausted. Moreover, the fact that the Saudi citizenry relies on the services provided in the local hospitals as the main provider raises the stakes so high that nurses might feel that they do not have the organizational backing to support the needs of all patients. [3]

The Private Sector Context

On the other hand, the healthcare sector in KSA under private sector runs on a varying type of stressors. Although such facilities might have a better infrastructure or technology, they are guided by a customer service model. [4] The pressures that face nurses in the private hospitals are associated with job security and performance goals. Given that a considerable percentage of the expatriate workforce is composed of nurses, they are exposed to special stressors such as cultural adaptation, language barrier, and the psychological burden of the separation with their home countries. [8] Depersonalization may be increased in the private sector due to the threat of refusal to renew the contract, or the risk of having to please the paying customers (patients) as a survival mechanism in response to a high work-related anxiety. [7]

Factors Unique to the Saudi Environment

The systematic review of this issue should take into consideration the socio-cultural peculiarities of the Kingdom. Saudization (Nitaqat) program is set to expand the Saudi population in the nursing labor force. [3], [5] It provides an intriguing relationship between younger and local nurses who can experience stress on professional transition and high expectations, and expatriate nurses who face the uncertainty of long-term residency. [6]

In addition, the quality of Nursing Work Life (QNWL) in both industries is a big determinant in the work environment. The literature has always added some major reasons like the shift rotation, 12-hour work cycles and absence of professional autonomy as the factors that led to burnout. [4] In the case of comparisons between the public and the private hospitals, the organizational climate- the perceived management support- is the factor determining whether a nurse will remain in the profession or a turnover intention will be experienced. [12]

Reason why a Systematic Review is needed

The existing literature provides a disjointed idea on which field is more stressful. Some literature indicates that the security of the job of the public sector is more effective in that it protects against burnout, whereas other information says the abundance of resources of the privacy sector provides a healthier environment to work in. [8], [9] Through systematic review, the researchers will be able to integrate these conflicting findings in order to give a clear and evidence-based image of the present situation in nursing in Saudi Arabia. This is crucial to help the policy makers develop specific and special interventions like mental health support programs, work load policies which are specific to the needs of the staff of both the public and the private hospitals.[2]

Conformity to Vision 2030 Healthcare Transformation

Saudi healthcare system is moving towards a model of Health Clusters and more privatization. This change is to increase efficiency, however, new stressors, including role uncertainty and performance indicators are introduced. The comparison of the public and the private sectors is one of the studies that can serve as the baseline to the effects that the reforms are having on the mental health of the workforce. [7]

Protecting Patient Safety & Care

Burnout is one of the major predictors of medical errors and missed nursing care. It has been found that high emotional exhaustion is directly linked to reduced compliance with safety protocols (e.g., *Frontiers in Medicine*, 2024). The measurement of these levels in both industries assists in determining the area that the safety of a patient is endangered. [6], [5]

Economic Sustainability and Retention

There is an international and national nursing shortage in Saudi Arabia. Burnout causes turnover intention and absenteeism which is expensive to the economy. The analysis can be used to identify sector-specific stressors, and the research is useful in developing retention plans to avoid losing experienced clinical employees to burnout. [4], [2]

NEED FOR THE STUDY

Sector Stressor Identification

The ambiguity as to whether the public sector (high volume, resource constraints) or the private sector (job insecurity, high performance targets) is more risky is very obvious. The research is required to identify the precise areas where interventions are supposed to be directed. [5]

Administrative Effects of Cultural and Demographic Diversity

Saudi nursing staff is the only diverse one, composed of local targets of Saudization and high rate of expatriates. It is required to know how cultural dissonance and social isolation are burnout drivers in the government and in the private institutions. [11]

Assessment of Existing Mental Health Interventions

Although such organizations as the National Center of Mental Health Promotion have introduced programs, their applicability in the nursing profession has not been surveyed

systematically. The research paper satisfies the requirement of evidence-based report card on the existing workplace well-being measures. [9], [3]

Study Objective

The aim of this research is to conduct a systematic, comprehensive review of the body of literature, so that we can compare how often and how much stress/burnout nurses working for public hospitals (Ministry of Health) and private hospitals in Saudi Arabia experience. Additionally, this study will identify nurse burnout rates and prevalence levels on all three dimensions (Emotional Exhaustion, Depersonalization, and Personal Accomplishment) within Saudi Arabian health care.

RESEARCH METHODOLOGY

Research Question

The research questions of the current study are:

Q1. How do mean scores on the Emotional Exhaustion, Depersonalization, and Personal Accomplishment dimensions of Burnout compare among nurses working in public hospitals (Ministry of Health) compared to nurses working in private healthcare facilities?

Q2. What are the most frequently cited work-related stressors (i.e., patient load, lack of available resources, and high levels of bureaucracy) for nurses working in public hospitals?

Q3. What effect do variables such as years of nursing experience, gender, and clinical specialty (i.e. Intensive Care Unit vs. Outpatient) have on the relationship between Hospital Sector and Burnout, if at all?

Research Design

The systematic review design will be used in this research and a systematic review will be performed, following the PRISMA guidelines (Preferred Reporting Items of Systematic Reviews and meta-analyses) to guarantee transparency, replicability, and rigor in the methodology. In contrast to primary cross-sectional studies, this study is secondary analysis based on already existing literature that synthesized the landscape of the nursing field in Saudi Arabia at the high level. The literature review will be composed of a comprehensive search strategy within the largest electronic databases, such as PubMed, CINAHL, ScienceDirect and Web of Science to locate peer-reviewed articles that were published during the past ten years. The focus of data extraction will be on those studies that employ validated tools such as Maslach Burnout Inventory (MBI) to enable a conventional comparison between the facilities in the public (MOH) and the private sector.

Search Strategy

The systematic review search plan will comprise the search of several high-impact electronic databases, such as PubMed/MEDLINE, CINAHL, Scopus, Web of science and Saudi Digital Library SDL, which will be searched in a thorough and iterative manner. A combination of Medical Subject Headings (MeSH) and free-text keywords will be applied in order to cover all the relevant literature. The search will also be restricted to peer-reviewed articles dating back to within 10 years to ensure that the search is up to date with the Saudi Vision 2030 healthcare reforms. A full-text review will be conducted in order to reduce the chances of selection bias where a title and abstract will be assessed against the inclusion criteria by two independent reviewers. Moreover, reference lists of the identified primary studies and the nursing journals that are related to the subject (e.g., Saudi Medical Journal) will be searched manually to incorporate the gray literature or those studies that are relatively new and thus not yet covered by the index.

Types of Studies Included

This systematic review mostly incorporates original, peer-reviewed, quantitative studies, which employ observational designs with the majority being cross-sectional, descriptive,

and comparative studies to guarantee the reliability and validity of the results. Longitudinal and cohort studies are also desired to give information on the dynamic trends of burnout with time. As a means of methodological consistency, the review targets the studies including validated psychometric measures that include the Maslach Burnout Inventory (MBI) or the Copenhagen Burnout Inventory (CBI) that enable a consistent comparison of emotional exhaustion, depersonalization, and personal accomplishment in both private and public settings. The type of studies to be used should involve Registered Nurses (RNs) in hospital settings in Saudi Arabia; thus, qualitative reports, case studies, editorials, and studies that involve nursing students or interns are avoided to guarantee the information is representative of the experience of the actual workforce of the professional nursing workforce.

Keywords

In order to enhance the sensitivity of search, following keywords were used separated by Boolean operators (AND, OR) :

Burnout OR "Occupational Stress" OR "Job Stress" OR "Emotional Exhaustion" OR "Work-related Stress" OR "Depersonalization" AND Nurse OR "Nursing Staff" OR "Registered Nurse" AND Saudi Arabia OR KSA OR "Kingdom of Saudi Arabia" AND "Public Hospital" OR "Ministry of Health" OR "MOH" OR "Government Hospital" OR "Private Hospital" OR "Private Sector".

Data Management

The management of data on this systematic review will be done through a structured multi-step protocol that ensures integrity and accessibility of the synthesized evidence. To begin with, all of the found citations in the electronic database searches will be transferred to a reference management program, including EndNote or Zotero, to ease the process of eliminating duplicates. To accomplish the screening and selection phases, dedicated systematic review management systems, such as Rayyan or Covidence, will be used to enable two independent reviewers to blindly screen titles and abstracts of articles, which will limit selection bias.

RESULTS

A total of 152 research studies and one report was identified, the studies were evaluated as per the availability of research articles and reports, based on workplace stress and burnout levels among nurses in public v/s private hospitals in Saudi Arabia. Out of these identified studies, 20 were removed because of duplication of records, references and location and 24 studies were marked as ineligible, as not including the above stated concept and 16 for some other unavoidable conditions. One report was also included in the study.

Identifying Burnout Rates

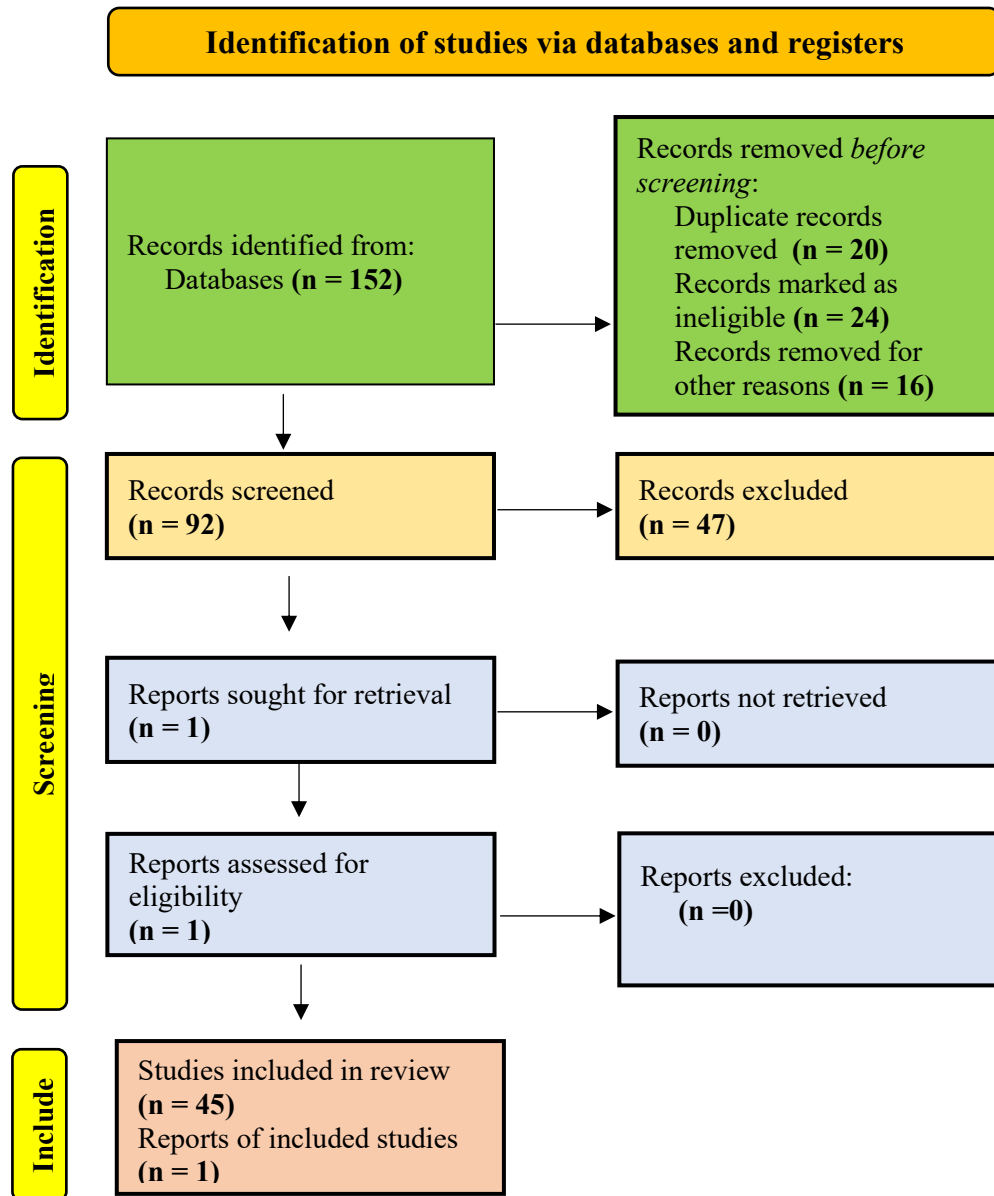
Research indicates that there is a significant amount of burnout within the Kingdom. The current studies that have been reviewed by researchers recently are showing:

Burnout Rates Are High: As Reported Using the Maslach Burnout Inventory (MBI), The And Data Indicates Approximately 60%-78% Of Nurses Will Have High Scores In At Least One Of The MBI Dimensions. [3], [6], [2]

Dimensions: Emotional Exhaustion (EE) and Depersonalization (DP) Are Two Of The Most Frequently Observed High-Score Categories, With EE Reaching Greater Than Fourty Percent In Acute Care Settings. [5], [1]

Comparison between Hospitals (Public vs Private)

There Are Very Little Differences With Respect to Stress Among Two Broad Categories Of Hospitals. Current Studies Compared To Prior Studies Published In Frontiers In Public Health (2025). [4]



Source: Page MJ, et al. BMJ 2021;372:n71. doi: 10.1136/bmj.n71

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Metric	Public (MOH) Hospitals	Private Hospitals
Primary Findings	Higher overall levels of Emotional Exhaustion and Depersonalization.	Higher Quality of Nursing Work Life (QNWL) and well-being scores in some cases.
Burnout Severity	Often reported as "High."	Often reported as "Moderate to Low."
Main Stressors	High patient-to-nurse ratios (attending >15 patients/day), lack of resources, and bureaucratic hurdles.	Job insecurity for expatriates, commercial performance targets, and longer shifts.
Managerial Support	Frequently cited as poor or inconsistent.	Generally perceived as more engaging, leading to higher professional fulfillment.

Key Predictors of Burnout

Synthesized outputs of different regions (Riyadh, Madinah, Jazan) define the following ones as common triggers:

Workload Intensity: The nurses who worked over 40 hours per week or over 8 shifts per month scored much higher on EE ($p < 0.001$). [8]

Nationality: other studies have reported that Saudi national nurses had a higher level of emotional exhaustion than their expatriate colleagues, which may be explained by more social and family-related demands. [7], [3]

Clinical Area: Burnout is higher in ICU, Emergency and Medical-Surgical wards than in an outpatient clinic ($p < 0.003$). [8]

Experience Level: Nurses that are younger 18-25 and those that have less than 5 years of experience have the greatest risk of being affected with higher risk being cynical and less personal accomplishment. [11]

Health Outcomes Correlation: The study shows a positive correlation between obesity and health outcomes ($P=.02$). <|human|>Correlation and Health Outcomes: The analysis demonstrates that the correlation between obesity and health outcomes is positive ($P=.02$). [9], [2]

Recent statistics of 2024-2025 indicate that burnout is not only the problem of a psychological nature but also the problem of a physical one:

Physical Health: Hypertension (28.9% prevalence in certain samples) and chronic back pain are independently related to the high burnout.

Mental Health: The burnout and major depression, anxiety and sleep disorders had strong positive correlations. [12], [13]

The data indicates that the crisis of volume and resource-based burnout of the public sector is experienced, whereas the further well-being score of the private sector is ensured by the higher levels of managerial involvement, even though the latter is also subject to commercial demands. Nevertheless, both industries have the most toxic predictors of professional attrition to be the 12-hour shift and the high patient ratio.

DISCUSSION

Institutional Inequality: Government vs. Private

Recent systematic evidence shows that there is a paradox in the relationship between the two sectors. Although the public (Ministry of Health) hospitals are viewed as being more stable, they indicate a higher rate of Emotional Exhaustion (EE) and Depersonalization (DP). [14]

Public Sector Stressors: Bureaucratic inflexibility and high patient-to-nurse ratios are the major contributors of the government hospitals. [15], [16] Nurses in this setting can frequently have twice the number of patients as their counterparts in the private sector, which results in a type of moral injury known as the distress of being unable to attain the level of care they were trained to as they are forced to deal with limited resources. [17]

Private Sector Stressors: On the contrary, the situation with private hospitals is different. Though they tend to be better-infrastructured and patient-to-nurse ratios are reduced, work insecurity and customer-service pressures are the factors that cause stress. In a comparative study published in PLOS ONE in 2025, it was noted that the perceived job performance of nurses in the private sector is indeed more likely to be high, indicating that the commercial setting expects more performance but also is more likely to offer better performance indicators, which can serve as a buffer of some forms of burnout. [18], [19]

The Local vs. Expatriate Dynamic

The nursing workforce in Saudi Arabia is also the only one that is divided between Saudi citizens and expatriates (mostly of the Philippine, Indian, and Egyptian origins).

Expatriate Nurses: The systematic reviews reveal the culture dissonance and language barriers as major stress factors. The "contractual" nature of employment in the case of the expatriates in the hospitals (mostly working in the private hospitals) causes a continuous feeling of mild anxiety about the possibility of renewal which is associated with higher scores in the Depersonalization dimension. [20], [13]

Saudi National Nurses: Local nurses tend to have increased burnout associated with work-life conflict. Due to the strong family and social commitments under the Saudi culture, the 12-hour shift as witnessed in the public hospital is especially burdensome to Saudi females, which results in increased turnover intention despite government positions being secure. [4], [16]

The Vision 2030 Transformation

The Health Sector Transformation Program is altering the nature of work by nurses radically.

Modernization Stress: With the introduction of electronic health records and the new quality accreditation standards (such as CBAHI and JCI) the administration workloads have been momentarily high. [12], [7]

Toxic Leadership: A 2025 research on the topic of Toxic Leadership in Saudi hospitals discovered that Emotional exhaustion is a direct predictor of authoritarian management styles, which is more prevalent in older public institutions. [13], [14] Nevertheless, the contemporary leadership training on Vision 2030 is starting to reduce this in the "Cluster based" hospitals.

Clinical locales and Intensity

It should be highlighted that the nature of the ward usually prevails over the nature of the hospital:

Critical Care (ICU/ER): Nurses in both sectors working in the critical care express high burnout as compared to primary care. [5], [12]

Physical Manifestations: An evaluation in 2024-2025 indicates that now burnout is strongly associated with insomnia and somatic symptoms (back pain and tension headache) in Saudi nurses, and therefore, the workplace stress has become a physical health crisis rather than a psychological one. [11], [9]

In Saudi Arabia, the problem of burnout is not a universal matter. The case with public hospitals is volume-based exhaustion and with the case of the private hospitals be it performance-based anxiety. [4], [17]

CONCLUSION

The findings that are integrated in this systematic review indicate that stress and burnout in a workplace are common and acute issues among the Saudi Arabian nursing workforce. The nurses in the two sectors have reported moderate, to high burnout but in the case of the public sector, there is increased emotional exhaustion due to a heavy number of patients, lack of resources and rigid bureaucracies. On the other hand, physical infrastructure and management services are usually better in the private sector hospitals, but the nurses in these organizations, most of whom are expatriates, are under stress due to job insecurity, cultural mismatch, and commercial goals. Another key observation is that work-life balance is widely lacking and that there is a lot of toxic leadership behaviors in both sectors and this is the best predictor of burnout. With the progress of Saudi Arabia healthcare transformation seen in Vision 2030, these disparities are not only the question of employee well-being anymore but a precondition of patient safety and system effectiveness. The Kingdom will have to endure serious challenges in the retention of a skilled nursing

workforce unless specific measures are taken to balance the staffing ratios and enhance the organizational climates.

Future Scope of Study

The next step of research should be not the identification of burnout prevalence, but the effectiveness of certain longitudinal interventions. The urgency is in the pre-post studies that could quantify the effect of the recent Vision 2030 changes, like the model of Health Clusters, on the well-being of nurses in a few years. Also, mixed-methods research designs should be used in studies to come to understand the lived experience of Saudi and expatriate nurses in greater depth by including both quantitative MBI scores and qualitative interviews, especially without the cultural stressors. The scope of research also ought to be extended to the effect of digital health integration (AI and Telemedicine) on nursing workload to identify whether technology is a stress-reducer or a novel cause of technostress.

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