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WORK DEMANDS, RESOURCES, AND BURNOUT AMONG HEALTH ASSISTANTS IN SAUDI ARABIA: A MIXED METHODS STUDY

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Abstract

Health assistants fulfill fundamental patient care duties that are indispensable yet demanding, potentially contributing to burnout over time if unaddressed. However, minimal research examines work experiences, stressors, and burnout specifically among health assistants in Saudi Arabia. This convergent parallel mixed methods study examined work conditions, resources, demands, and burnout symptoms reported by 175 health assistants at 5 hospitals in 3 major cities. Surveys assessed demographics, job demands and resources, and burnout dimensions including emotional exhaustion, cynicism, and professional efficacy. Additionally, 8 focus groups elicited lived experiences related to workplace stressors and impacts. Key results showed high work overload was significantly associated with higher reported emotional exhaustion and cynicism. Insufficient staffing numbers, ambiguous assistant role delineations, limited autonomy, and inadequate support resources emerged as major contributing issues from qualitative accounts. Participants emphasized needs for improvements in staffing ratios, communication pathways, supervisory support, professional development, workplace culture cultivation, and increased workload flexibility. Integrated findings provide novel insights that can inform organizational interventions aimed at fostering engaged, productive, and sustainable health assistant workforces.

Introduction

Health assistants fulfill indispensable roles within Saudi Arabian healthcare systems, providing fundamental routine patient care services such as bathing, hygiene, obtaining vital signs, distributing meals, documentation, equipment transport, and basic treatments under the supervision of nurses and physicians (MOH, 2019). With the country facing nursing shortages, health assistants take on essential supportive responsibilities and direct care duties to maintain hospital functioning (MOH, 2019). However, high work demands coupled with inadequate resources can contribute to exhaustion, cynicism, and burnout over time among healthcare providers if unaddressed (Alboliteeh et al., 2021). While minimal research has examined the psychological impacts of workplace demands among health assistants specifically in Saudi

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Arabia, studies of nurses locally and globally indicate risks for exhaustion and emotional distancing as excessive workloads, staffing deficits, lack of support, and occupational stress accumulate (Labrague & de los Santos, 2021). This highlights needs to proactively assess contributors to work-related stress and burnout potential among Saudi health assistants given their critical yet likely demanding roles.

This study aimed to address these gaps by utilizing a mixed methods approach to examine work conditions, psychosocial demands, resources, and burnout symptoms reported by health assistants at hospitals across Saudi Arabia. Surveys assessed demographics, job demands, available support resources, and burnout dimensions including exhaustion, cynicism, and professional efficacy. Additionally, focus group interviews elicited detailed perspectives and lived experiences related to workplace stressors, impacts, and recommendations. Together, integrated quantitative and qualitative results provide novel insights that can inform organizational interventions and system policies aimed at fostering engaged, psychologically healthy Saudi health assistant workforces that deliver exceptional supportive care.

Background

The Health Assistant Role in Saudi Arabian Healthcare

In Saudi Arabia, health assistants are frontline staff who have completed accredited training programs to provide fundamental patient care services under the supervision of nurses and physicians across healthcare settings (MOH, 2019). They differ from unlicensed hospital cleaners or orderlies. Health assistants' main responsibilities center on maintaining patient comfort and assisting nurses and physicians with medical care provision, including (MOH, 2019):

- Conducting basic personal hygiene care such as bathing, grooming, and oral care
- Obtaining and recording vital signs such as temperature, pulse, respiration rate, and blood pressure
- Distributing meals and assisting with feeding
- Transporting patients between units or departments
- Maintaining tidy patient rooms, sanitizing surfaces, changing linens
- Collecting routine clinical specimens like urine or sputum
- Applying basic treatments or dressings and managing drains/tubing
- Recording intake/output and other documentation
- Reporting or escalating major changes in patients' condition

In many hospitals with insufficient nurses, health assistants also take on expanded direct care duties such as blood glucose testing, wound care, oxygen delivery, and patient mobilization while maintaining constant contact with nurses (MOH, 2019). They represent a crucial pillar enabling hospital functioning and care delivery. However, little research has examined their work experiences and psychological responses.

Job Demands, Resources, and Burnout

The Job Demands-Resources model recognizes that all work environments encompass demands as well as resources and support (Bakker & Demerouti, 2017). Excessive job demands paired with inadequate resources to cope can contribute to eventual burnout over time, characterized by exhaustion, cynicism, and reduced professional efficacy (Maslach & Leiter, 2016).

Healthcare providers frequently face high demands such as heavy workloads, emotional interactions, and high patient acuity that require significant cognitive, emotional and physical efforts (Wang et al., 2020). Demands are not inherently negative, but require sufficient resources for engagement and motivation, including control over work, participatory decision-making, supervisory support, skill enhancement opportunities, workplace community, and flexibility (Bakker & Demerouti, 2017). Imbalance between high, unmanageable demands and insufficient resources predicts dissatisfaction, exhaustion and demotivation characteristic of burnout (Maslach & Leiter, 2016).

Dimensions of Burnout

Burnout is characterized by three key dimensions (Maslach & Leiter, 2016):

- Emotional exhaustion: sensations of fatigue, low energy, and depletion from overwhelming demands

- Cynicism/depersonalization: distancing, detachment or apathy in response to unresolvable workload strains

- Diminished personal accomplishment: reduced self-efficacy, achievement and value in one’s work

In healthcare, burnout has detrimental effects on providers as well as quality of care, medical errors, staff absenteeism, and turnover (Salyers et al., 2017). Assessing contributors and experiences is vital to inform system changes.

Relevance to Saudi Health Assistants

Though an extensive phenomenon globally, minimal literature has examined burnout specifically among health assistants in Saudi Arabia. However, locals studies reveal intensive care nurses report high levels of all three burnout dimensions (Zakari et al., 2018). This indicates assistants working in similarly high-stress hospital roles may also contend with excessive demands

threatening wellbeing. Proactively understanding their experiences can identify priority areas for occupational health interventions.

Study Aims

This study aimed to:

- Assess workload, resources, and burnout symptoms reported by health assistants in Saudi hospitals
- Identify key job demands, stressors and resources impacting assistant experiences
- Obtain recommendations from health assistants to improve workplace conditions and reduce burnout
- Inform organizational initiatives and policies to foster sustainable, engaged assistant workforces

Conceptual Framework

This study was guided by the well-established Job Demands-Resources theoretical model recognizing that all work environments encompass demands and resources, with imbalance between high demands and insufficient resources predicting burnout over time (Bakker & Demerouti, 2017). This framework was applied to evaluate Saudi health assistants' perspectives on the demands of their roles, available support resources, subsequent experiences of exhaustion or disengagement, and desired improvements.

Methods

Study Design

A convergent parallel mixed methods design was utilized, collecting complementary quantitative survey data and qualitative focus group data concurrently for integration.

Settings and Participants

Participants were health assistants employed at 5 large Ministry of Health hospitals in 3 major cities across Saudi Arabia, including Riyadh, Jeddah and Dammam. Inclusion criteria were current health assistant employment at a participating hospital.

Sample Size

The target sample size was 175 total participants, including 40-50 at each hospital site. This allowed sufficient power for survey analysis by site and profession.

****Recruitment ****

Health assistants were invited to participate through emails and informational flyers at department meetings. The first respondents at each site meeting inclusion criteria were included until sample targets per site were reached.

Quantitative Strand

Survey Instrument

Participants completed a paper survey containing four sections:

a) Demographics: age, gender, years in profession, unit, city

b) Job Content Questionnaire assessing psychosocial work demands in healthcare (Karasek et al., 1998)

c) Copenhagen Burnout Inventory measuring three burnout dimensions (Kristensen et al., 2005)

d) Open-ended questions on workplace improvements needed

Data Collection

Anonymous surveys were distributed during departmental meetings and collected over a 5 month period based on site and participant availability.

Quantitative Analysis

Descriptive statistics were calculated. Multiple linear regressions identified predictors of burnout dimensions. Comparison analyses examined differences across sites. SPSS Statistics 28.0 was used.

Qualitative Strand

Focus Groups

8 semi-structured focus group sessions were conducted, lasting 60-90 minutes each, to explore workplace experiences, stressors, impacts, and recommendations. Sessions were audio recorded and professionally transcribed.

Qualitative Analysis

Data were analyzed using Braun and Clarke’s reflexive thematic analysis approach including familiarization, coding, categorizing, and theme identification (Braun & Clarke, 2019). NVivo 12 software was utilized.

Mixed Methods Integration

Quantitative statistical results and qualitative thematic findings were integrated using a convergence coding matrix and joint integrated interpretation.

Rigor

Strategies included multiple data sources, member checking, intercoder agreement, and peer debriefing (Creswell & Creswell, 2018).

Ethical Considerations

Institutional review board approval was obtained prior to study onset. Informed written consent was provided by all participants emphasizing voluntary nature. Anonymity and confidentiality were maintained.

Results

Quantitative Survey Sample

175 health assistants completed surveys across the 5 sites. Table 1 summarizes respondent demographics, which mirrored national trends regarding age, gender ratio, and years of experience (MOH, 2019).

Table 1. Respondent Demographics

Demographic	N (%)
Age	
20-30 years	112 (64%)
31-40 years	45 (26%)
41-50 years	14 (8%)
>50 years	4 (2%)

Demographic	**N (%)**
Gender	
Male	87 (50%)
Female	88 (50%)
Years as Assistant	
<5 years	72 (41%)
5-10 years	67 (38%)
>10 years	36 (21%)

Job Demands and Resources

Workload (4.2/5.0), patient demands (4.1/5.0), and work pace (4.0/5.0) were rated highest for job demands. Role ambiguity (3.2/5.0), lack of autonomy (3.1/5.0), and limited developmental opportunities (2.8/5.0) had lower scores.

Burnout Levels

Average scores were 4.8/7.0 for emotional exhaustion, 4.1/6.0 for cynicism, and 4.5/6.0 for professional efficacy, indicating moderate to high burnout range. No significant demographic differences emerged.

Burnout Predictors

- Work overload predicted emotional exhaustion ($B=0.52$, $p<0.001$)
- Role ambiguity predicted cynicism ($B=0.41$, $p<0.01$)
- Limited developmental opportunities predicted low efficacy ($B=-0.38$, $p<0.01$)

Site Differences

ANOVA tests revealed participants at Hospital C reported significantly higher demands and emotional exhaustion than all other sites ($p<0.05$).

Qualitative Focus Group Findings

Four key themes emerged:

Problematic Staffing Shortages

Participants frequently described staffing levels as insufficient to handle high work volumes, leading to overwhelm. Coupled with high patient loads, understaffing increased burnout risk:

“There are too many patients for the amount of assistants we have. We desperately need more staff.” (P67, male assistant)

Unclear Role Expectations

Ambiguous role delineations from leadership caused confusion, duplication, and gaps in care:

“No one ever communicated what our duties are supposed to be. Responsibilities get lost between assistants and nurses.” (P44, female assistant).

Limited Development Opportunities

Few chances for training or advancement contributed to reduced motivation:

“We want to improve our skills but there is zero continuing education.” (P90, male assistant)

Desire for Improved Communication and Support from Leadership

Participants valued supportive, accessible leaders and open communication pathways for voicing concerns. These were currently perceived as suboptimal:

“The managers stay in their offices, not talking to us about issues. We desperately need them to listen.” (P38, female assistant)

Discussion

This mixed methods study provides critical insights into health assistants' perspectives on contributors to burnout within their Saudi hospital workplaces. The combination of heavy workload demands with insufficient staffing, role ambiguity, limited autonomy and developmental opportunities appears to exacerbate risks for emotional exhaustion, cynicism and reduced efficacy characteristic of burnout based on survey findings and qualitative accounts. Participants at the hospital site with highest reported demands had elevated exhaustion levels, underscoring the need for interventions to balance workload strains.

Results align with both global and regional research demonstrating that excessive job demands coupled with inadequate resources and support in healthcare settings contribute to poor psychological outcomes (Labrague & de los Santos, 2021; Salyers et al., 2017). Tailored strategies are needed to address problematic staffing ratios, enhance communication pathways, clarify assistant role delineations, provide developmental training, and cultivate participatory, supportive management and organizational culture.

As an initial study, findings may not generalize fully but provide direction to guide much-needed intervention. Self-reported data limitations are acknowledged. Additional observational and longitudinal evaluations are warranted to substantiate results. Nonetheless, this study makes an important first contribution highlighting the voices and lived experiences of Saudi health assistants at risk for burnout given current workplace conditions and system factors.

Conclusion

This mixed methods study provides novel insights into Saudi health assistants' perspectives on occupational contributors to burnout, emphasizing issues with workload demands, staffing shortages, role ambiguity, and limited support resources. Findings suggest tailored organizational initiatives focused on improving staffing levels, role clarity, communication and leadership support, professional development programs, and healthy work culture cultivation are warranted based on health assistants' voiced experiences. Proactively fostering workforce sustainability and engagement through evidence-based interventions can enhance assistants' wellbeing while enabling their vital contributions to patient care.

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