

The Impact of Workload on Burnout Levels: A Qualitative Study of Nursing Technicians, Midwives, and Optometrists in Saudi Arabian Healthcare Facilities

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Abstract

Burnout is a growing concern among healthcare professionals, particularly those in high-demand roles such as nursing technicians, midwives, and optometrists. This qualitative study investigates the impact of workload on burnout levels among these healthcare professionals in Saudi Arabian healthcare facilities. Semi-structured interviews were conducted with 24 participants, including eight nursing technicians, eight midwives, and eight optometrists, to gain insights into their experiences and perceptions of workload and burnout. Thematic analysis of the data revealed four main themes: (1) the multifaceted nature of workload, (2) the physical and emotional toll of burnout, (3) the impact of workload on patient care and job satisfaction, and (4) coping strategies and support systems. The findings suggest that high workload, characterized by long hours, staff shortages, and complex patient needs, is a significant contributor to burnout among nursing technicians, midwives, and optometrists in Saudi Arabia. Burnout, in turn, has negative consequences for patient care, job satisfaction, and personal well-being. The study highlights the need for interventions to reduce workload, enhance support systems, and promote self-care among these healthcare professionals. The insights gained from this study can inform strategies for mitigating burnout and improving the well-being and retention of nursing technicians, midwives, and optometrists in the Saudi Arabian healthcare system.

Keywords: burnout, workload, nursing technicians, midwives, optometrists, healthcare, Saudi Arabia

1. Introduction

Burnout is a pervasive problem in the healthcare industry, affecting the well-being, performance, and retention of healthcare professionals worldwide (World Health Organization, 2019). Defined as a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment, burnout has been linked to various negative outcomes, such as decreased job satisfaction, increased absenteeism, and compromised patient care (Monsalve-Reyes et al., 2018).

In Saudi Arabia, the healthcare system has undergone significant expansion and modernization in recent years, driven by population growth, aging, and the increasing prevalence of chronic diseases (Almalki et al., 2011). However, this growth has also placed increased demands on healthcare professionals, particularly those in high-stress and high-workload roles such as nursing technicians, midwives, and optometrists (Al-Omari et al., 2020).

Nursing technicians, also known as practical nurses or vocational nurses, provide basic nursing care and support to patients under the supervision of registered nurses (Alboliteeh et al., 2017). In Saudi Arabia, nursing technicians constitute a significant portion of the nursing workforce and play a vital role in delivering healthcare services in various settings, including hospitals, clinics, and long-term care facilities (Alsufyani et al., 2020).

Midwives are healthcare professionals who provide care to women during pregnancy, childbirth, and the postpartum period, as well as to newborns (Altaweli et al., 2014). In Saudi Arabia, midwives work in a range of settings, including hospitals, primary healthcare centers, and private clinics, and are essential for promoting maternal and child health (Olen, 2020).

Optometrists are primary healthcare professionals who specialize in the care of the eyes and vision, providing services such as eye examinations, prescribing corrective lenses, and diagnosing and managing eye diseases (Alshammari, 2021). In Saudi Arabia, optometrists work in various settings, including hospitals, optical shops, and private clinics, and are increasingly in demand due to the high prevalence of refractive errors and other eye disorders in the population (Althomali & Alshehri, 2016).

Despite their critical roles in the healthcare system, nursing technicians, midwives, and optometrists in Saudi Arabia face significant challenges related to workload, staffing, and job demands, which may contribute to burnout and other negative outcomes (Alsufyani et al., 2020; Altaweli et al., 2014; Alshammari, 2021). However, limited research has been conducted on the prevalence and predictors of burnout among these healthcare professionals in the Saudi Arabian context, and how it relates to their workload and job demands.

This study aims to address this gap by investigating the impact of workload on burnout levels among nursing technicians, midwives, and optometrists in Saudi Arabian healthcare facilities, and exploring their experiences and perceptions of these issues. By gaining insights into the factors that contribute to burnout and how it affects these healthcare professionals, the study seeks to inform strategies for promoting their well-being and retention in the Saudi Arabian healthcare system.

The objectives of this study are as follows:

1. To explore nursing technicians', midwives', and optometrists' experiences and perceptions of workload and burnout in Saudi Arabian healthcare facilities.
2. To identify the factors that contribute to high workload and burnout among these healthcare professionals.
3. To examine the impact of workload and burnout on patient care, job satisfaction, and personal well-being.
4. To elicit nursing technicians', midwives', and optometrists' recommendations for reducing workload and mitigating burnout in their respective healthcare settings.

2. Literature Review

This section provides an overview of the existing literature on burnout and workload among healthcare professionals, with a focus on nursing technicians, midwives, and optometrists, and the Saudi Arabian healthcare context.

2.1 Burnout in Healthcare Professionals

Burnout is a widespread problem among healthcare professionals, with studies reporting prevalence rates ranging from 20% to 60% across various healthcare roles and settings (Monsalve-Reyes et al., 2018). Burnout has been associated with a range of negative outcomes for healthcare professionals, including decreased job satisfaction, increased turnover intention, and poorer physical and mental health (Pradas-Hernández et al., 2018).

Several factors have been identified as contributing to burnout among healthcare professionals, including high workload, long working hours, lack of autonomy and support, and exposure to traumatic events (West et al., 2018). In addition, the emotional demands of healthcare work, such as dealing with suffering and death, have been found to increase the risk of burnout (Maslach & Leiter, 2016).

In Saudi Arabia, studies have reported high levels of burnout among healthcare professionals, particularly nurses and physicians (Al-Omari et al., 2020; Alsufyani et al., 2020). Factors such as heavy workload, lack of resources, and cultural and linguistic barriers have been identified as contributing to burnout in the Saudi Arabian healthcare context (Al-Omari et al., 2020).

2.2 Workload and Burnout Among Nursing Technicians

Nursing technicians, also known as practical nurses or vocational nurses, are a vital part of the healthcare workforce, providing basic nursing care and support to patients under the supervision of registered nurses (Alboliteeh et al., 2017). However, nursing technicians face significant challenges related to workload, staffing, and job demands, which may contribute to burnout (Alsufyani et al., 2020).

Studies have reported high levels of burnout among nursing technicians in various settings, including hospitals, long-term care facilities, and community health centers (Alboliteeh et al., 2017; Alsufyani et al., 2020). Factors such as high patient-to-nurse ratios, lack of support and recognition, and exposure to workplace violence have been found to increase the risk of burnout among nursing technicians (Alsufyani et al., 2020).

In Saudi Arabia, nursing technicians constitute a significant portion of the nursing workforce and play a vital role in delivering healthcare services (Alsufyani et al., 2020). However, limited research has been conducted on the prevalence and predictors of burnout among nursing technicians in the Saudi Arabian context, and how it relates to their workload and job demands (Alboliteeh et al., 2017).

2.3 Workload and Burnout Among Midwives

Midwives are healthcare professionals who provide care to women during pregnancy, childbirth, and the postpartum period, as well as to newborns (Altaweli et al., 2014). However, midwives face significant challenges related to workload, staffing, and job demands, which may contribute to burnout (Uzabakiriho et al., 2021).

Studies have reported high levels of burnout among midwives in various settings, including hospitals, birthing centers, and community health clinics (Dixon et al., 2017; Uzabakiriho et al., 2021). Factors such as high patient-to-midwife ratios, lack of autonomy and support, and exposure to traumatic events have been found to increase the risk of burnout among midwives (Dixon et al., 2017).

In Saudi Arabia, midwives play a vital role in promoting maternal and child health, but face challenges related to cultural and social norms, as well as limited recognition and support for their role (Altaweli et al., 2014). However, limited research has been conducted on the prevalence and predictors of burnout among midwives in the Saudi Arabian context, and how it relates to their workload and job demands (Olen, 2020).

2.4 Workload and Burnout Among Optometrists

Optometrists are primary healthcare professionals who specialize in the care of the eyes and vision, providing services such as eye examinations, prescribing corrective lenses, and diagnosing and managing eye diseases (Alshammari, 2021). However, optometrists face significant challenges related to workload, patient expectations, and the changing nature of optometric practice, which may contribute to burnout (Dhaliwal et al., 2019).

Studies have reported moderate to high levels of burnout among optometrists in various settings, including private practice, hospitals, and academic institutions (Dhaliwal et al., 2019; Vilela et al., 2019). Factors such as high patient volume, administrative burdens, and the need to keep up with technological advances have been found to increase the risk of burnout among optometrists (Dhaliwal et al., 2019).

In Saudi Arabia, optometrists are increasingly in demand due to the high prevalence of refractive errors and other eye disorders in the population (Althomali & Alshehri, 2016). However, limited research has been conducted on the prevalence and predictors of burnout among optometrists in the Saudi Arabian context, and how it relates to their workload and job demands (Alshammari, 2021).

This literature review highlights the prevalence and impact of burnout among healthcare professionals, including nursing technicians, midwives, and optometrists, and the role of workload in contributing to burnout in these occupational groups. However, it also reveals gaps in the current understanding of burnout and workload among these healthcare professionals in the Saudi Arabian context, and the need for more qualitative research to explore their experiences and perceptions of these issues. This study aims to address these gaps by investigating the impact of workload on burnout levels among nursing technicians, midwives, and optometrists in Saudi Arabian healthcare facilities, and providing insights into their perspectives and recommendations for mitigating these problems.

3. Methods

This qualitative study employed a phenomenological approach to explore the impact of workload on burnout levels among nursing technicians, midwives, and optometrists in Saudi Arabian healthcare facilities.

3.1 Study Design

A descriptive phenomenological design was used to gain an in-depth understanding of the participants' lived experiences and perceptions related to workload and burnout. Phenomenology is a qualitative research approach that focuses on describing the common meaning of individuals' experiences of a particular phenomenon (Creswell & Poth, 2018).

3.2 Participants and Sampling

Purposive sampling was used to recruit nursing technicians, midwives, and optometrists working in various healthcare facilities in Saudi Arabia, including hospitals, primary healthcare centers, and private clinics. The inclusion criteria for participants were as follows:

- Currently employed as a nursing technician, midwife, or optometrist in a healthcare facility in Saudi Arabia
- Have at least one year of work experience in their current role
- Willing to participate in the study and provide informed consent

A total of 24 participants were recruited for the study, including eight nursing technicians, eight midwives, and eight optometrists. The sample size was determined based on the principle of data saturation, which occurs when no new themes or information emerge from the data (Guest et al., 2006).

3.3 Data Collection

Data were collected through semi-structured interviews with the participants. The interviews were conducted face-to-face in a private setting, such as a conference room or office, and lasted approximately 60 minutes each. The interviews were guided by an interview protocol that included open-ended questions related to the following topics:

- Participants' experiences and perceptions of workload in their current role
- Participants' experiences and perceptions of burnout, including its signs, symptoms, and consequences

- Factors that contribute to high workload and burnout in their work setting
- Impact of workload and burnout on patient care, job satisfaction, and personal well-being
- Coping strategies and support systems for managing workload and burnout
- Recommendations for reducing workload and mitigating burnout in their respective healthcare settings

The interviews were conducted in Arabic, the native language of the participants, and were audio-recorded with the participants' consent. The recordings were transcribed verbatim and translated into English for analysis.

3.4 Data Analysis

Thematic analysis was used to analyze the interview transcripts, following the six-phase approach described by Braun and Clarke (2006). The analysis process involved the following steps:

1. Familiarization with the data: The transcripts were read and re-read to gain a thorough understanding of the content and identify initial patterns and meanings.
2. Generating initial codes: The data were systematically coded by identifying and labeling meaningful segments of text that were relevant to the research questions.
3. Searching for themes: The codes were collated into potential themes that captured the key patterns and meanings in the data.
4. Reviewing themes: The themes were reviewed and refined to ensure that they were coherent, distinct, and representative of the data as a whole.
5. Defining and naming themes: The themes were defined and named to clearly convey their essence and scope.
6. Producing the report: The findings were written up in a clear and compelling narrative, supported by illustrative quotes from the participants.

The analysis was conducted by two researchers independently, and any discrepancies were resolved through discussion and consensus. The themes were also reviewed and validated by the research team to ensure their credibility and trustworthiness.

3.5 Trustworthiness

Several strategies were used to enhance the trustworthiness of the study, based on the criteria of credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985):

- Credibility: Prolonged engagement with the data, peer debriefing, and member checking (i.e., sharing the findings with a subset of participants for feedback and validation) were used to ensure that the findings accurately represented the participants' experiences and perceptions.
- Transferability: Thick descriptions of the study context, participants, and findings were provided to allow readers to assess the applicability of the findings to other settings and populations.
- Dependability: An audit trail was maintained to document the research process and decisions, and the findings were reviewed by an external auditor to ensure their consistency and reliability.
- Confirmability: Reflexivity was practiced by the researchers to acknowledge and minimize the influence of their own biases and assumptions on the data collection and analysis.

4. Results

The thematic analysis of the interview transcripts revealed four main themes related to the impact of workload on burnout levels among nursing technicians, midwives, and optometrists in Saudi Arabian healthcare facilities.

4.1 Theme 1: The Multifaceted Nature of Workload

Participants across all three occupational groups described workload as a complex and multifaceted construct that encompassed various aspects of their work, including the volume and intensity of tasks, the physical and emotional demands of patient care, and the administrative and organizational pressures of their roles.

"Workload is not just about the number of patients we see or the hours we work. It's also about the complexity of the cases, the emotional toll of dealing with sick and distressed patients, and the constant pressure to meet targets and deadlines." (Nursing Technician 3)

"As a midwife, my workload is not only delivering babies, but also providing antenatal and postnatal care, educating and supporting mothers, and dealing with emergencies and complications. It's a lot of responsibility and stress." (Midwife 5)

"In optometry, workload is not just about the number of eye exams we do, but also about keeping up with the latest technology and treatments, managing the business side of the practice, and meeting patients' expectations for fast and convenient service." (Optometrist 2)

Participants also highlighted the impact of staff shortages, high turnover, and uneven distribution of workload on their experiences of workload and burnout.

"We are always short-staffed, and the workload is not evenly distributed. Some of us have to take on extra shifts and responsibilities, while others get away with doing the bare minimum. It creates a lot of resentment and burnout." (Nursing Technician 7)

4.2 Theme 2: The Physical and Emotional Toll of Burnout

Participants across all three occupational groups described burnout as a pervasive and debilitating condition that affected their physical, emotional, and mental well-being. They reported various symptoms of burnout, such as exhaustion, cynicism, detachment, and a sense of ineffectiveness and futility.

"Burnout feels like hitting a wall every day. You're exhausted, but you can't rest. You're frustrated, but you can't change anything. You're numb, but you can't stop feeling. It's a vicious cycle that drains you physically and emotionally." (Midwife 2)

"Burnout makes you question your purpose and your profession. You start to feel like you're not making a difference, like you're just going through the motions. You lose your passion and your empathy, and you become cynical and detached." (Optometrist 6)

Participants also described the negative impact of burnout on their personal lives, such as strained relationships, neglected self-care, and a lack of work-life balance.

"Burnout doesn't stay at work. It follows you home and affects your family, your friends, your hobbies. You're too tired to do anything, too irritable to enjoy anything. You start to lose yourself and your identity outside of work." (Nursing Technician 1)

4.3 Theme 3: The Impact of Workload on Patient Care and Job Satisfaction

Participants across all three occupational groups expressed concerns about the negative impact of high workload and burnout on the quality and safety of patient care, as well as on their own job satisfaction and retention.

"When we're overworked and burnt out, we're more likely to make mistakes, miss important details, or cut corners. We're not giving our patients the best possible care, and that goes against everything we stand for as healthcare professionals." (Nursing Technician 5)

"High workload and burnout lead to lower job satisfaction and higher turnover. We're losing skilled and experienced staff, and that affects the continuity and quality of care. It's a lose-lose situation for everyone." (Midwife 8)

Participants also described how the lack of recognition, support, and resources from their organizations and managers contributed to their experiences of workload and burnout, and undermined their sense of value and purpose.

"We're expected to do more with less, to meet impossible targets and deadlines, and to always put patients first. But we're not given the tools, the training, or the appreciation we need to do our jobs well and stay healthy. It's demoralizing and demotivating." (Optometrist 4)

4.4 Theme 4: Coping Strategies and Support Systems

Participants across all three occupational groups identified various coping strategies and support systems that helped them manage the impact of workload and burnout, both at work and in their personal lives.

At work, participants emphasized the importance of teamwork, communication, and mutual support among colleagues, as well as the need for effective leadership and supervision that prioritized staff well-being and development.

"Having a good team that works together, communicates openly, and supports each other makes a huge difference. We can share the workload, cover for each other, and learn from each other. It's like having a second family at work." (Nursing Technician 8)

"Strong and supportive leadership is key. We need managers who understand the realities of our work, who listen to our concerns and feedback, and who advocate for our needs and well-being. They set the tone and the culture for the whole organization." (Midwife 6)

In their personal lives, participants described various self-care strategies, such as exercise, hobbies, socializing, and seeking professional help, as well as the importance of setting boundaries and prioritizing their own needs and values.

"Self-care is not selfish, it's essential. We need to take care of ourselves first, so we can take care of others. That means making time for exercise, relaxation, and fun, and learning to say no and set limits." (Optometrist 7)

"Seeking professional help, such as counseling or therapy, can be very beneficial. It's a safe and confidential space to process our emotions, learn coping skills, and gain perspective. It's not a sign of weakness, but of strength and self-awareness." (Nursing Technician 4)

Table 1. Summary of Themes and Sub-themes

Theme	Sub-themes
The Multifaceted Nature of Workload	- Volume and intensity of tasks - Physical and emotional demands of patient care - Administrative and organizational pressures - Impact of staff shortages, high turnover, and uneven distribution of workload
The Physical and Emotional Toll of Burnout	- Symptoms of burnout (exhaustion, cynicism, detachment, ineffectiveness) - Impact on personal life (strained relationships, neglected self-care, lack of work-life balance)
The Impact of Workload on Patient Care and Job Satisfaction	- Concerns about quality and safety of patient care - Lower job satisfaction and higher turnover - Lack of recognition, support, and resources from organizations and managers
Coping Strategies and Support Systems	- Importance of teamwork, communication, and mutual support among colleagues - Need for effective leadership and supervision that prioritizes staff well-being and development - Self-care strategies (exercise, hobbies, socializing, seeking professional help) - Setting boundaries and prioritizing own needs and values

5. Discussion

The findings of this study provide valuable insights into the impact of workload on burnout levels among nursing technicians, midwives, and optometrists in Saudi Arabian healthcare facilities, and the strategies and support systems they use to cope with these challenges.

5.1 The Multifaceted Nature of Workload

The finding that workload is a complex and multifaceted construct that encompasses various aspects of healthcare professionals' work is consistent with previous research that has highlighted the multiple dimensions and sources of workload in healthcare settings (Alhulail& Alshahrani, 2022; Dall'Ora et al., 2020). This finding suggests that workload cannot be reduced to a single metric or factor, but needs to be understood and addressed holistically, taking into account the diverse demands and pressures that healthcare professionals face in their daily work.

The finding that staff shortages, high turnover, and uneven distribution of workload contribute to healthcare professionals' experiences of workload and burnout is also consistent with previous research that has identified these factors as key drivers of workload and burnout in healthcare settings (Al-Omari et al., 2020; Saravanabavan et al., 2019). This finding highlights the need for healthcare organizations to address these systemic issues through effective staffing, retention, and workload management strategies, in order to create a more sustainable and supportive work environment for healthcare professionals.

5.2 The Physical and Emotional Toll of Burnout

The finding that burnout is a pervasive and debilitating condition that affects healthcare professionals' physical, emotional, and mental well-being is consistent with previous research that has documented the negative consequences of burnout for healthcare professionals' health and quality of life (Monsalve-Reyes et al., 2018; Pradas-Hernández et al., 2018). This finding underscores the urgency and importance of addressing burnout as a serious occupational health issue in healthcare settings, and providing healthcare professionals with the resources and support they need to prevent and manage burnout.

The finding that burnout also impacts healthcare professionals' personal lives, such as their relationships, self-care, and work-life balance, is consistent with previous research that has highlighted the spillover effects of burnout on healthcare professionals' personal and social functioning (Balayssac et al., 2017; Villwock et al., 2016). This finding suggests that addressing burnout requires a holistic approach that goes beyond the workplace and supports healthcare professionals' overall well-being and resilience.

5.3 The Impact of Workload on Patient Care and Job Satisfaction

The finding that high workload and burnout have negative consequences for the quality and safety of patient care, as well as for healthcare professionals' job satisfaction and retention, is consistent with previous research that has linked workload and burnout to various adverse outcomes in healthcare settings (Dall'Ora et al., 2020; Hall et al., 2016). This finding highlights the interconnectedness of healthcare professionals' well-being and the quality and sustainability of healthcare services, and the need for healthcare organizations to prioritize both in their policies and practices.

The finding that the lack of recognition, support, and resources from healthcare organizations and managers contributes to healthcare professionals' experiences of workload and burnout, and undermines their sense of value

and purpose, is consistent with previous research that has identified organizational factors as key determinants of workload and burnout in healthcare settings (Alhulail& Alshahrani, 2022; Dall'Ora et al., 2020). This finding suggests that addressing workload and burnout requires a system-level approach that involves creating a supportive and empowering organizational culture, providing adequate resources and support for healthcare professionals, and recognizing and valuing their contributions and expertise.

5.4 Coping Strategies and Support Systems

The finding that teamwork, communication, and mutual support among colleagues are important coping strategies for managing workload and burnout is consistent with previous research that has highlighted the role of social support and collaboration in mitigating the negative effects of workload and burnout in healthcare settings (Alhulail& Alshahrani, 2022; Dall'Ora et al., 2020). This finding suggests that healthcare organizations should promote and facilitate a culture of teamwork and peer support, and provide opportunities for healthcare professionals to connect and collaborate with each other.

The finding that effective leadership and supervision that prioritizes staff well-being and development is key to managing workload and burnout is consistent with previous research that has identified leadership and management practices as important determinants of workload and burnout in healthcare settings (Alhulail& Alshahrani, 2022; Dall'Ora et al., 2020). This finding suggests that healthcare organizations should invest in leadership development and training, and hold leaders and managers accountable for creating a supportive and empowering work environment for healthcare professionals.

The finding that self-care strategies, such as exercise, hobbies, socializing, and seeking professional help, are important for managing the impact of workload and burnout on healthcare professionals' personal lives is consistent with previous research that has highlighted the role of individual coping strategies and resources in promoting resilience and well-being among healthcare professionals (Balayssac et al., 2017; Villwock et al., 2016). This finding suggests that healthcare organizations should provide healthcare professionals with access to resources and support for self-care and personal development, and create a culture that values and prioritizes work-life balance and well-being.

5.5 Implications for Practice and Policy

The findings of this study have several implications for healthcare practice and policy in Saudi Arabia and beyond. They suggest that addressing the impact of workload on burnout levels among nursing technicians, midwives, and optometrists requires a multi-level and multi-faceted approach that involves:

- Recognizing and addressing the complex and multidimensional nature of workload in healthcare settings, and developing holistic and context-specific strategies for workload management and reduction.
- Prioritizing the prevention and management of burnout as a serious occupational health issue in healthcare settings, and providing healthcare professionals with the resources and support they need to cope with the physical and emotional demands of their work.
- Promoting a culture of teamwork, communication, and mutual support among healthcare professionals, and providing opportunities for collaboration and peer support.
- Investing in leadership development and training, and holding leaders and managers accountable for creating a supportive and empowering work environment for healthcare professionals.
- Providing healthcare professionals with access to resources and support for self-care and personal development, and creating a culture that values and prioritizes work-life balance and well-being.
- Addressing systemic issues such as staff shortages, high turnover, and uneven distribution of workload through effective staffing, retention, and workload management strategies.
- Recognizing and valuing the contributions and expertise of healthcare professionals, and providing them with adequate recognition, support, and resources to fulfill their roles and responsibilities.

5.6 Limitations and Future Research

This study has several limitations that should be acknowledged. First, the qualitative nature of the study and the small sample size limit the generalizability of the findings to other healthcare professionals and settings in Saudi Arabia and beyond. Future research should include larger and more diverse samples of healthcare professionals, and use quantitative and mixed-methods approaches to assess the prevalence and predictors of workload and burnout.

Second, the study relied on self-reported data from participants, which may be subject to social desirability and recall biases. Future research should include more objective and triangulated measures of workload and burnout, such as physiological indicators, performance measures, and supervisor or patient ratings.

Third, the study focused on the experiences and perceptions of nursing technicians, midwives, and optometrists, and did not include the perspectives of other healthcare professionals, such as physicians, pharmacists, and allied health

professionals. Future research should examine the impact of workload on burnout levels among a broader range of healthcare professionals, and explore the similarities and differences in their experiences and coping strategies. Finally, the study was conducted in the context of the Saudi Arabian healthcare system, which may have unique cultural, social, and organizational factors that influence the experiences and perceptions of healthcare professionals. Future research should examine the impact of workload on burnout levels in other cultural and healthcare contexts, and explore the role of cultural and contextual factors in shaping these experiences and perceptions.

6. Conclusion

This qualitative study explored the impact of workload on burnout levels among nursing technicians, midwives, and optometrists in Saudi Arabian healthcare facilities, and the strategies and support systems they use to cope with these challenges. The findings highlight the complex and multidimensional nature of workload in healthcare settings, the pervasive and debilitating effects of burnout on healthcare professionals' well-being and performance, and the importance of individual and organizational coping strategies and support systems in managing the impact of workload and burnout.

The study also identified several implications for healthcare practice and policy, including the need for holistic and context-specific strategies for workload management and reduction, the prioritization of burnout prevention and management as a serious occupational health issue, the promotion of teamwork and peer support among healthcare professionals, the investment in leadership development and training, the provision of resources and support for self-care and personal development, and the recognition and valuation of healthcare professionals' contributions and expertise.

Overall, this study contributes to the growing body of research on workload and burnout among healthcare professionals, and provides valuable insights and recommendations for healthcare organizations and policymakers in Saudi Arabia and beyond. By addressing the impact of workload on burnout levels and supporting the well-being and resilience of healthcare professionals, we can create a more sustainable and effective healthcare system that delivers high-quality and patient-centered care.

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