

Quality of Nursing Work Life as a Predictor of Burnout and Turnover Intention Among Expatriate Nurses in a Pediatric Tertiary Hospital in Riyadh, Saudi Arabia

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Abstract

Expatriate nurses make up most of the nursing workforce in Saudi Arabia, yet little institution-specific evidence links their quality of nursing work life (QNWL) with burnout and turnover intention. Guided by the Job Demands–Resources model, this cross-sectional study determined whether QNWL predicted burnout and turnover intention among expatriate nurses at King Saud Medical City Pediatric Hospital, Riyadh. All 495 expatriate nurses on the staffing census were invited to an online survey from August 6 to September 28, 2026, and 245 eligible non-Saudi nurses were analyzed. Brooks' QNWL Survey, the Maslach Burnout Inventory, and the Anticipated Turnover Scale (ATS) were used. Data were analyzed with descriptive statistics, Mann-Whitney *U* and Kruskal-Wallis tests, and simple linear regression with robust standard errors and bootstrap confidence intervals. Overall QNWL was moderate (item $M = 4.31$), with work context rated highest and work life/home life lowest. Depersonalization was high ($M = 13.44$), personal accomplishment was low ($M = 29.24$), and emotional exhaustion ($M = 29.91$) was at the threshold of the high range. The mean ATS item score (3.65) exceeded the 3.5 cut-off for turnover intention. Burnout and turnover intention differed by nationality and clinical unit but not by sex, age, marital status, or length of employment. QNWL predicted lower emotional exhaustion ($\beta = -.24$), lower depersonalization ($\beta = -.17$), higher personal accomplishment ($\beta = .36$), and lower turnover intention ($\beta = -.39$), explaining 2.8% to 15.1% of the variance. Strengthening work life/home life resources and supporting high-burnout units and nationality groups may help retain expatriate nurses.

Keywords: quality of nursing work life, burnout, turnover intention, expatriate nurses, job demands–resources model, Saudi Arabia

Introduction

Nurses form the largest group of health professionals, numbering about 27.9 million of the global health workforce, and the shortage of nurses remains one of the main constraints on health systems (World Health Organization [WHO], 2020). Turnover worsens this shortage, because each nurse who leaves raises the workload and stress of those who remain and threatens the continuity and quality of patient care (Falatah & Salem, 2018; Kaddourah et al., 2018). In Saudi Arabia, the nursing workforce depends heavily on

recruitment from abroad. Of the 184,565 nurses in the Kingdom in 2018, only about 38% were Saudi nationals; most of the rest were recruited from India, the Philippines, and Malaysia to staff specialty and acute care settings (Alluhidan et al., 2020). Expatriate nurses work under fixed-term contracts, far from their families, and in a different language and culture, and they report challenges in cultural competency, communication with patients, and workplace incivility (Alosaimi & Ahmad, 2016; Alshehry et al., 2019; Almansour et al., 2021).

For the Philippines, the largest source of these nurses, retention abroad and retention at home are two sides of the same workforce problem. Filipino nurses in Saudi Ministry of Health hospitals have cited inadequate salaries, poor quality of life, and poor working environments as their main reasons for leaving (Aljohani & Alomari, 2018), and Filipino and Indian nurses were among the groups at highest risk of intending to leave in a Saudi survey of 318 staff nurses (Albougami et al., 2020). At home, salary, career advancement, and working conditions drive Filipino nurses' ideas of migrating (Abantao et al., 2025), while job stress and low job satisfaction predict their intention to leave (Labrague et al., 2018). Evidence on the work life of Filipino nurses overseas is therefore relevant both to the hospitals that employ them and to the Philippine nursing workforce.

Quality of nursing work life (QNWL), the degree to which nurses can satisfy important personal needs through their work while achieving the organization's goals (Brooks & Anderson, 2005), offers one way to understand why nurses stay or leave. In Riyadh, 54.7% of nurses in two tertiary hospitals were dissatisfied with their work life, and almost 94% intended to leave their hospital (Kaddourah et al., 2018). Burnout, a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach & Jackson, 1981), is common among nurses and has a medium-sized effect on their turnover intention (Özkan, 2022; Woo et al., 2020). However, studies that link QNWL, burnout, and turnover intention have mostly examined local nurses or mixed samples. Kaddourah et al. (2018) found only a negligible correlation between QNWL and turnover intention in Riyadh, whereas Reyes (2025) found a negative correlation among Filipino nurses in Pampanga. No identified study has tested whether QNWL predicts each burnout dimension and turnover intention among expatriate nurses in a pediatric tertiary hospital.

This study therefore determined whether QNWL predicts burnout and turnover intention among expatriate nurses at King Saud Medical City (KSMC) Pediatric Hospital, Riyadh. Specifically, it described the nurses' profile; determined their levels of QNWL, burnout, and turnover intention; compared burnout and turnover intention by profile variables; and tested whether QNWL predicts each burnout dimension and turnover intention. Three null hypotheses were tested at the .05 level: burnout and turnover intention do not differ by profile variables (H_{01}), QNWL does not predict the burnout dimensions (H_{02}), and QNWL does not predict turnover intention (H_{03}). The findings were used to propose an action plan for nursing administration.

Literature Review

Quality of Nursing Work Life

QNWL reflects how well a nurse's work environment meets personal and professional needs, and Brooks and Anderson (2005) described it in four domains: work life/home life, work design, work context, and work world. Higher QNWL has been associated with greater job satisfaction, organizational commitment, and productivity, and with lower burnout and turnover (Raeissi et al., 2019; Salahat & Al-Hamdan, 2022). Inadequate staffing, heavy workloads, non-nursing duties, rotating schedules, limited autonomy, and inadequate pay are the factors most often linked with low QNWL (Biresaw et al., 2020; Kelbiso et al.,

2017). In Saudi Arabia, a national survey of 860 nurses found moderate to high QNWL, with work world rated highest and work design lowest, and found that nationality, income, shift duration, and having family live with the nurse were associated with QNWL (Al Mutair et al., 2022). In the Philippines, 55.5% of 182 nurses in a tertiary hospital reported high work-related quality of life, but more than half scored low on working conditions and control at work (Sy et al., 2023).

Burnout

Burnout develops as a prolonged response to chronic interpersonal stressors at work and is expressed in emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach & Jackson, 1981). It is associated with poorer patient safety, lower quality of care, and poorer organizational outcomes (Jun et al., 2021). A global meta-analysis estimated that 11.23% of nurses experience burnout symptoms (Woo et al., 2020). Prevalence is higher in some specialties: pooled estimates among paediatric nurses were 31% for high emotional exhaustion, 21% for high depersonalization, and 39% for low personal accomplishment (Pradas-Hernández et al., 2018), and among oncology nurses, 30%, 15%, and 35%, respectively (Cañadas-De la Fuente et al., 2018). In Saudi Arabia, 44.8% of nurses in a Jeddah tertiary hospital showed burnout, which was associated with nationality and working unit (Qedair et al., 2022), and younger health care workers reported more burnout during the COVID-19 pandemic (AlJhani et al., 2021). Among Filipino nurses, moderate burnout has been reported, with lower burnout among those who had access to workplace psychosocial support (Castillejos et al., 2025).

Turnover Intention

Turnover intention, a nurse's conscious and deliberate willingness to leave the organization, is widely studied as an antecedent of actual turnover, and Smokrović et al. (2022) proposed a conceptual model of its determinants among nurses. Job dissatisfaction, poor working conditions, inadequate pay, limited career advancement, burnout, and lack of support are the factors most often associated with nurses' intention to leave (Bahlman-van Ooijen et al., 2023; Maniscalco et al., 2024). Among foreign nurses in Saudi Ministry of Health hospitals, wages and benefits and workload were the leading causes of turnover, followed by inadequate housing and hospital facilities (Alreshidi et al., 2021). Being away from family, language and communication, fairness of remuneration, and career prospects distinguished the job satisfaction of expatriate nurses from that of Saudi nurses (Almansour et al., 2021). In the Philippines, most hospital nurses were undecided about staying, and job satisfaction was positively associated with intention to stay (Sapar & Oducado, 2021); fear of COVID-19 was also associated with stronger intentions to leave both the organization and the profession (Labrague & de los Santos, 2021).

Theoretical Framework

The study was anchored on the Job Demands–Resources (JD-R) model (Bakker & Demerouti, 2017; Demerouti et al., 2001). The model holds that job demands, such as workload, emotional demands, and work–family conflict, drain energy and lead to burnout through a health-impairment process, whereas job resources, such as supervisor support, teamwork, autonomy, and adequate supplies, reduce the effect of demands and sustain engagement through a motivational process. In nursing, work overload, lack of formal rewards, and work–life interference are the key demands, and supervisor support, fair management, leadership, interpersonal relations, autonomy, and professional resources are the key resources (Broetje et al., 2020). Most QNWL items describe resources, while some describe demands (e.g., workload, interruptions, and rotating schedules). Total QNWL was therefore treated as the nurses' overall appraisal of their work-life conditions, in which resources predominate, and the study tested the resource pathway

of the model: higher QNWL was expected to be associated with lower emotional exhaustion, depersonalization, and turnover intention and with higher personal accomplishment.

Methodology

Research Design

A quantitative cross-sectional design with descriptive, comparative, and predictive-correlational components was used (LoBiondo-Wood & Haber, 2017). The descriptive component determined the levels of QNWL, burnout, and turnover intention; the comparative component examined differences in burnout and turnover intention across profile groups; and the predictive-correlational component tested whether QNWL predicted each outcome.

Setting, Population, and Sampling

The study was conducted at the Pediatric Hospital of KSMC, a Ministry of Health tertiary medical city in Riyadh with about 1,400 beds and more than 8,000 staff. The target population was the 495 expatriate (non-Saudi) registered nurses in the hospital's clinical units listed on the staffing census of September 7, 2026. Because the population was of manageable size and every nurse could be reached through the hospital's official nursing communication channels, total enumeration was used: the survey link was sent to all expatriate nurses, and all who met the inclusion criteria and gave consent were included. Inclusion criteria were non-Saudi nationality, at least six months of continuous employment at the hospital, assignment to a clinical unit, and willingness to participate. Nurses in administrative or non-clinical roles, students, interns, trainees, and nurses on extended leave, suspension, or resignation notice were excluded. The minimum sample computed with Slovin's formula ($N = 495$, $e = .05$) was 222. An a priori power analysis in G*Power for simple linear regression with one predictor ($f^2 = .15$, $\alpha = .05$, power = .95) required at least 89 respondents. Of 280 responses received, one respondent declined consent and 34 who reported Saudi nationality were excluded, leaving 245 responses (49.5% of the census), which exceeded both minimums. There were no missing item responses or duplicate submissions. Because the questionnaire did not include screening items for months of service, clinical role, or leave status, these criteria relied on self-screening through the recruitment message and consent page.

Instruments

The questionnaire had four parts. Part I gathered the profile variables: age, sex, marital status, nationality, years of employment at KSMC, and clinical unit. Part II was the 42-item Quality of Nursing Work Life Survey (Brooks & Anderson, 2005), rated from 1 (*strongly disagree*) to 6 (*strongly agree*), with item 20 reverse-scored; it covers work life/home life (7 items), work design (10 items), work context (20 items), and work world (5 items). Total scores range from 42 to 252 and were classified as low (42–112), moderate (113–182), or high (183–252). Because the domains have different numbers of items, domains were compared using item means with equivalent bands: 1.00–2.67 (low), 2.68–4.33 (moderate), and 4.34–6.00 (high).

Part III was the 22-item Maslach Burnout Inventory (Maslach & Jackson, 1981), rated from 0 (*never*) to 6 (*every day*), with three subscales: emotional exhaustion (9 items; low ≤ 17 , moderate 18–29, high ≥ 30), depersonalization (5 items; low ≤ 5 , moderate 6–11, high ≥ 12), and personal accomplishment (8 items; raw scores, in which ≤ 33 indicates high burnout, 34–39 moderate, and ≥ 40 low burnout). Part IV was the 12-item Anticipated Turnover Scale (ATS; Hinshaw et al., 1985), rated from 1 (*strongly disagree*) to 7 (*strongly agree*), with six items reverse-scored. Total scores range from 12 to 84, and an item mean above 3.5 was taken to indicate turnover intention (Armstrong, 2004, as cited in Kaddourah et al., 2018).

The content validity of the questionnaire was rated by three experts using the Survey Instrument Validation Rating Scale and Aiken's V of all the items more than 0.80, surpassing the minimum threshold (Aiken, 1985). A pilot test with 18 expatriate nurses who were not part of the final sample yielded Cronbach's alpha values ranging from 0.814 – 0.910, indicating that the items are consistent in measuring the desired constructs in the study.

In the main sample, Cronbach's alpha was .93 for total QNWL, .89 for emotional exhaustion, .72 for depersonalization, .65 for personal accomplishment, and .59 for the ATS (Table 2). Results involving the scales below .70, particularly turnover intention, were interpreted with caution.

Data Collection

After ethics clearance and hospital approval, the questionnaire was administered through Google Forms with the informed consent declaration on the first page; only respondents who consented could proceed. A designated nursing officer sent the link and a recruitment message through the hospital's official nursing channels. The form was open from August 6 to September 28, 2026, and a reminder was sent to all nurses three days before it closed. Participation was anonymous, no incentive was offered, and the nursing officer had no access to the responses or to a list of who had answered.

Data Analysis

Analyses were conducted in Python 3 (pandas, SciPy, and statsmodels). Nationality and clinical unit, which were open-ended items, were standardized; nationalities with fewer than 15 respondents were combined as Other/unspecified, and divorced and widowed respondents were combined. The profile was described with frequencies and percentages, and QNWL, burnout, and turnover intention with means, standard deviations, and the proportions of nurses at each level. Internal consistency was assessed with Cronbach's alpha, and normality with the Shapiro-Wilk test, skewness, and kurtosis. Because all outcome variables departed from normality, the Mann-Whitney U test (sex) and the Kruskal-Wallis H test (other profile variables) were used, with effect sizes (ϵ^2) and Dunn's post hoc test with Bonferroni adjustment; the Holm correction was applied across the 24 comparisons. Four simple linear regressions tested whether total QNWL predicted emotional exhaustion, depersonalization, personal accomplishment, and turnover intention. Linearity, independence (Durbin-Watson), homoscedasticity (Breusch-Pagan), and normality of residuals (Shapiro-Wilk) were checked; where assumptions were not fully met, heteroscedasticity-robust (HC3) standard errors and bootstrap 95% confidence intervals (5,000 resamples) were used to confirm the results. Significance was set at $\alpha = .05$.

Ethical Considerations

The study was approved by the University Research Ethics Committee of Wesleyan University-Philippines on August 3, 2026, and permission was obtained from the hospital administration [KSMC approval reference number and date to be inserted]. Participation was voluntary, and the consent page stated that declining would have no effect on employment or evaluation. Responses were anonymous, stored in encrypted, password-protected files accessible only to the researcher, and reported in aggregate. Data handling complied with the Saudi Personal Data Protection Law (Saudi Data and Artificial Intelligence Authority [SDAIA], 2023) and the Philippine Data Privacy Act of 2012 (Republic Act No. 10173).

Results and Discussion

Profile of the Respondents

Table 1 shows that most respondents were 30–39 years old (53.1%), female (91.8%), and married (71.0%).

Filipino (49.4%) and Indian (40.8%) nurses together made up 90.2% of the sample, followed by Egyptian nurses (6.1%). The largest groups had 1–3 years (36.3%) or more than 10 years (31.0%) of service at KSMC, and more than half worked in the NICU (30.2%) or PICU (25.7%). The profile mirrors the expatriate nursing workforce of Saudi Arabia, which is drawn mainly from the Philippines and India (Alluhidan et al., 2020), and resembles the sample of Alreshidi et al. (2021), in which Filipino and Indian nurses were the main nationality groups. Because nearly three in four nurses were married, many carry family responsibilities that bear on how they balance work and home, a concern that Almansour et al. (2021) identified as distinctive of expatriate nurses who live apart from their families.

Table 1
Profile of the Respondents (N = 245)

Profile variable	<i>f</i>	%
Age		
20–29 years	25	10.2
30–39 years	130	53.1
40–49 years	68	27.8
50 years and above	22	9.0
Sex		
Female	225	91.8
Male	20	8.2
Marital status		
Single	65	26.5
Married	174	71.0
Divorced	3	1.2
Widowed	3	1.2
Nationality		
Filipino	121	49.4
Indian	100	40.8
Egyptian	15	6.1
Pakistani	2	0.8
Jordanian	2	0.8
Tunisian	1	0.4
Non-Saudi, not specified	4	1.6
Years of employment at KSMC		
Less than 1 year	7	2.9
1–3 years	89	36.3
4–6 years	38	15.5
7–10 years	35	14.3
More than 10 years	76	31.0
Clinical unit		
NICU	74	30.2
PICU	63	25.7

Profile variable	<i>f</i>	%
Pediatric general wards	48	19.6
Ambulatory and emergency units	16	6.5
Other critical care units	15	6.1
Oncology/Hematology	14	5.7
Perioperative and procedural units	9	3.7
Unspecified/administrative	6	2.4

Note. Other critical care units = ICU, CCU, HDU, and PCU; ambulatory and emergency units = ER, PAKU, and OPD; perioperative and procedural units = PACU, OT, and radiology/angiography.

Reliability and Distribution of the Measures

Internal consistency was high for total QNWL ($\alpha = .93$), work context ($\alpha = .92$), and emotional exhaustion ($\alpha = .89$) and acceptable for depersonalization ($\alpha = .72$), but below .70 for personal accomplishment ($\alpha = .65$), the three shorter QNWL domains ($\alpha = .51$ to .65), and the ATS ($\alpha = .59$; Table 2). The lower values for the short subscales are consistent with the sensitivity of alpha to the number of items, but the ATS value is lower than the .84 reported in earlier nurse samples (Kaddourah et al., 2018) and suggests that some of its mixed positively and negatively worded items functioned differently among expatriate nurses. All five variables departed significantly from normality (Shapiro-Wilk $p < .01$), although skewness was small (−0.57 to −0.13), which supported the use of non-parametric tests for the group comparisons.

Table 2
Internal Consistency and Normality of the Measures

Measure	Items	α	<i>W</i>	<i>p</i>	Skewness	Kurtosis
QNWL (total)	42	.93	0.981	.002	−0.57	0.83
Work life/home life	7	.65	—	—	—	—
Work design	10	.64	—	—	—	—
Work context	20	.92	—	—	—	—
Work world	5	.51	—	—	—	—
Emotional exhaustion	9	.89	0.970	< .001	−0.52	−0.33
Depersonalization	5	.72	0.974	< .001	−0.38	−0.45
Personal accomplishment	8	.65	0.977	< .001	−0.42	0.99
Turnover intention (ATS)	12	.59	0.976	< .001	−0.13	0.28

Note. *W* = Shapiro-Wilk statistic. Normality was tested on the variables used in the comparisons and regressions. Skewness and kurtosis are excess values (0 = normal).

Level of Quality of Nursing Work Life

Overall QNWL was moderate ($M = 181.10$, $SD = 25.38$; item $M = 4.31$), at the upper end of the moderate band (Table 3). Individually, 125 nurses (51.0%) scored in the high range, 118 (48.2%) in the moderate range, and 2 (0.8%) in the low range. Work context was the only domain rated high (item $M = 4.54$), reflecting teamwork, communication with supervisors and physicians, and a sense of belonging. Work world ($M = 4.23$) and work design ($M = 4.15$) were moderate, and work life/home life was the lowest-

rated domain ($M = 3.97$), pointing to difficulty in balancing work with family needs, having energy left after work, and coping with rotating schedules.

Table 3
Level of Quality of Nursing Work Life ($N = 245$)

Domain	Items	Total M (SD)	Item M (SD)	Interpretation	Rank
Work context	20	90.73 (14.48)	4.54 (0.72)	High	1
Work world	5	21.13 (3.67)	4.23 (0.73)	Moderate	2
Work design	10	41.49 (6.08)	4.15 (0.61)	Moderate	3
Work life/home life	7	27.76 (4.94)	3.97 (0.71)	Moderate	4
Overall QNWL	42	181.10 (25.38)	4.31 (0.60)	Moderate	–

Note. Item mean = domain total divided by the number of items (scale 1–6). Interpretation: 1.00–2.67 low, 2.68–4.33 moderate, 4.34–6.00 high (equivalent to total-score bands of 42–112, 113–182, and 183–252). The overall level is close to the moderate-to-high QNWL reported in a national Saudi sample ($M = 174.5$; Al Mutair et al., 2022) and to the 55.5% of Filipino tertiary hospital nurses who reported high work-related quality of life (Sy et al., 2023). The domain pattern, however, differs in an informative way. Al Mutair et al. (2022) found work world highest and work design lowest, whereas the present nurses rated work context highest and work life/home life lowest. Strong teamwork and belonging are job resources that the JD-R model expects to buffer strain (Bakker & Demerouti, 2017), and interpersonal relations and supervisor support are among the key resources identified for nursing staff (Broetje et al., 2020). The low work life/home life rating, by contrast, corresponds to work–life interference, one of the three key demands in nursing (Broetje et al., 2020). For expatriate nurses, this domain carries a particular weight: being separated from family was the first of the themes that distinguished expatriate from Saudi nurses' job satisfaction (Almansour et al., 2021), and having family live with the nurse was associated with QNWL in Saudi Arabia (Al Mutair et al., 2022). Work design, the second-lowest domain, captures workload, interruptions, and non-nursing tasks, which remain common sources of low QNWL in Saudi and other settings (Al Mutair et al., 2022; Biresaw et al., 2020).

Levels of Burnout and Turnover Intention

Burnout was high on two of the three dimensions (Table 4). The mean depersonalization score (13.44) exceeded the high cut-off of 12, and 66.9% of nurses were in the high range. The mean personal accomplishment score (29.24) was below 33, indicating high burnout on this dimension, and 75.5% of nurses reported a reduced sense of accomplishment. Emotional exhaustion ($M = 29.91$, $Mdn = 32$) was at the threshold of the high range, and 55.9% of nurses individually reported high exhaustion. The mean ATS item score was 3.65, above the 3.5 cut-off, and 62.0% of nurses individually exceeded it, indicating turnover intention in the group.

Table 4
Levels of Burnout and Turnover Intention ($N = 245$)

Measure (range)	M (SD)	Mdn	Low n (%)	Moderate n (%)	High n (%)	Interpretation
Emotional exhaustion (0–54)	29.91 (11.17)	32	35 (14.3)	73 (29.8)	137 (55.9)	Moderate, at high threshold

Depersonalization (0–30)	13.44 (5.89)	15	29 (11.8)	52 (21.2)	164 (66.9)	High
Personal accomplishment (0–48)	29.24 (6.60)	30	13 (5.3)	47 (19.2)	185 (75.5)	High burnout (low accomplishment)
Turnover intention, ATS (12–84)	43.77 (8.66)	46	93 (38.0)	–	152 (62.0)	With turnover intention
ATS item mean (1–7)	3.65 (0.72)	–	–	–	–	> 3.5

Note. Levels refer to burnout level, not raw score. Emotional exhaustion: low ≤ 17 , moderate 18–29, high ≥ 30 ; depersonalization: low ≤ 5 , moderate 6–11, high ≥ 12 ; personal accomplishment (raw scores, lower = more burnout): low burnout ≥ 40 , moderate 34–39, high burnout ≤ 33 . Turnover intention: low = ATS item mean ≤ 3.5 ; high = item mean > 3.5 (Armstrong, 2004, as cited in Kaddourah et al., 2018).

These levels are well above the pooled prevalence of burnout among paediatric nurses, in which 31% had high emotional exhaustion, 21% high depersonalization, and 39% low personal accomplishment (Pradas-Hernández et al., 2018), and above the 11.23% global prevalence of burnout symptoms among nurses (Woo et al., 2020). They are closer to Saudi findings, in which 44.8% of Jeddah nurses showed burnout and 99.6% scored high on at least one dimension (Qedair et al., 2022), and in which most health care workers reported high work-related burnout during the pandemic (AlJhany et al., 2021). The profile also differs from that of Filipino nurses at home: Reyes (2025) reported low emotional exhaustion and depersonalization and high personal achievement among nurses in Pampanga, and Castillejos et al. (2025) found no Filipino nurses in the high burnout range of the Professional Quality of Life Scale. The prominence of depersonalization and reduced accomplishment among expatriate nurses may reflect the demands of caring for patients and families across a language and cultural barrier, which expatriate nurses in Saudi Arabia have described as a central challenge (Alosaimi & Ahmad, 2016; Almansour et al., 2021), although these factors were not measured here.

The turnover intention result agrees with earlier Saudi evidence that most nurses in Riyadh tertiary hospitals intended to leave (Kaddourah et al., 2018) and that wages, workload, and housing drive the turnover of foreign nurses (Alreshidi et al., 2021). It contrasts with the low turnover intention reported in a private hospital in the Eastern Province, where only 8% of nurses showed a high intention to leave (Mariano et al., 2023), and in the United Arab Emirates, where 20.1% intended to leave (Al Maqbali et al., 2026). Because the ATS showed low internal consistency in this sample, the turnover intention results should be read as indicative.

Differences in Burnout and Turnover Intention by Profile

Burnout and turnover intention did not differ by sex, age, marital status, or years of employment (all $p > .05$; Table 5), so H_{01} was not rejected for these variables. They differed by nationality and clinical unit. Nationality was associated with emotional exhaustion, $H(3) = 15.14$, $p = .002$, $\epsilon^2 = .06$, and turnover intention, $H(3) = 22.94$, $p < .001$, $\epsilon^2 = .09$. Clinical unit was associated with emotional exhaustion, $H(6) = 21.95$, $p = .001$, $\epsilon^2 = .09$, and depersonalization, $H(6) = 30.86$, $p < .001$, $\epsilon^2 = .13$. All four results remained significant after the Holm correction, and H_{01} was rejected for nationality and clinical unit on these outcomes.

Table 5
Differences in Burnout and Turnover Intention by Profile Variables

Profile variable (test, <i>df</i>)	Emotional exhaustion	Depersonalization	Personal accomplishment	Turnover intention
Sex (<i>U</i>)	2300.5 (.869)	2074.5 (.564)	2036.5 (.482)	1856.0 (.194)
Age (<i>H</i> , 3)	3.18 (.365)	2.97 (.396)	1.06 (.788)	5.22 (.157)
Marital status (<i>H</i> , 2)	5.45 (.066)	0.47 (.791)	2.30 (.317)	1.97 (.374)
Nationality (<i>H</i> , 3)	15.14 (.002)* $\epsilon^2 = .06$	5.20 (.158)	3.54 (.315)	22.94 (< .001)* $\epsilon^2 = .09$
Years of employment (<i>H</i> , 4)	5.37 (.252)	7.17 (.127)	1.46 (.833)	7.80 (.099)
Clinical unit (<i>H</i> , 6)	21.95 (.001)* $\epsilon^2 = .09$	30.86 (< .001)* $\epsilon^2 = .13$	11.08 (.086)	11.39 (.077)

Note. Values are test statistics with *p* values in parentheses. Nationality groups: Filipino, Indian, Egyptian, and Other/unspecified (*n* = 9); divorced and widowed combined (*n* = 6); clinical unit excludes six unspecified/administrative responses (*n* = 239). $\epsilon^2 \approx .01$ small, .06 medium, .14 large. All significant results remained significant after Holm correction for 24 tests.

**p* < .05.

Table 6
Medians (Interquartile Ranges) of Burnout and Turnover Intention by Nationality and Clinical Unit

Group	<i>n</i>	Emotional exhaustion	Depersonalization	Personal accomplishment	Turnover intention
Nationality					
Filipino	121	33 (26–40)	14 (9–17)	30 (27–34)	47 (42–51)
Indian	100	29 (19–35)	15 (9.8–18)	28.5 (24–33)	43 (36–47)
Egyptian	15	37 (31–43)	16 (14–17.5)	30 (27–33.5)	42 (38–47.5)
Other/unspecified	9	27 (20–35)	11 (7–16)	31 (29–33)	41 (41–48)
Clinical unit					
PICU	63	35 (25.5–40.5)	17 (13.5–20)	29 (25–33)	47 (37.5–49)
NICU	74	33 (23.2–37)	14 (9–17)	28.5 (24–33)	44 (38.2–48)
Other critical care units	15	33 (26.5–37)	18 (15–21.5)	33 (30–35)	47 (44–48.5)
Oncology/Hematology	14	40.5 (32.2–45.5)	14.5 (8.2–17)	30.5 (28.2–34)	49.5 (45.2–54.8)
Pediatric general wards	48	28 (20.8–35)	12 (8.8–15)	30 (26–35)	46.5 (33.8–49.2)
Ambulatory and emergency units	16	23 (14.5–27)	10 (4–15)	27 (24–30.2)	44 (38.5–47.2)

Group	<i>n</i>	Emotional exhaustion	Depersonalization	Personal accomplishment	Turnover intention
Perioperative and procedural units	9	28 (26–44)	14 (12–15)	29 (25–31)	48 (43–52)

Note. Values are median (first–third quartile). Higher scores indicate more burnout for emotional exhaustion and depersonalization, less burnout for personal accomplishment, and stronger turnover intention. Medians for the profile variables with no significant differences are available from the authors.

Table 7
Post Hoc Pairwise Comparisons for Significant Kruskal-Wallis Results

Variable / outcome	Pair with significant difference	<i>z</i>	Adjusted <i>p</i>	Higher median
Nationality – EE	Egyptian vs. Indian	2.87	.024	Egyptian
	Filipino vs. Indian	2.99	.017	Filipino
Nationality – TI	Filipino vs. Indian	4.68	< .001	Filipino
Clinical unit – EE	Ambulatory/emergency vs. Oncology/Hematology	3.86	.002	Oncology/Hematology
	Ambulatory/emergency vs. PICU	3.93	.002	PICU
Clinical unit – DP	Ambulatory/emergency vs. other critical care	3.48	.011	Other critical care
	Ambulatory/emergency vs. PICU	3.48	.011	PICU
	NICU vs. PICU	3.19	.030	PICU
	Other critical care vs. pediatric general wards	3.58	.007	Other critical care
	PICU vs. pediatric general wards	4.08	< .001	PICU

Note. Dunn's test with Bonferroni adjustment. Only pairs that differed significantly are shown. EE = emotional exhaustion; DP = depersonalization; TI = turnover intention.

Post hoc tests (Table 7) showed that Egyptian (*Mdn* = 37) and Filipino nurses (*Mdn* = 33) reported higher emotional exhaustion than Indian nurses (*Mdn* = 29), and that Filipino nurses reported higher turnover intention than Indian nurses (*Mdn* = 47 vs. 43). Nurses in Oncology/Hematology (*Mdn* = 40.5) and the PICU (*Mdn* = 35) reported higher emotional exhaustion than those in ambulatory and emergency units (*Mdn* = 23). Depersonalization was highest in the PICU (*Mdn* = 17) and other critical care units (*Mdn* = 18), which scored higher than the pediatric general wards and ambulatory and emergency units; PICU nurses also scored higher than NICU nurses (*Mdn* = 14), and the NICU did not differ from the general wards.

The nationality differences are consistent with Saudi evidence that nationality is associated with burnout (Qedair et al., 2022) and QNWL (Al Mutair et al., 2022), and that Filipino and Indian nurses are at higher risk of intending to leave (Albougami et al., 2020). The higher turnover intention of Filipino nurses agrees

with the reasons Filipino nurses gave for leaving Saudi hospitals, namely inadequate salaries, poor quality of life, and poor working environments (Aljohani & Alomari, 2018), and with Philippine evidence that salary, career advancement, and working conditions drive Filipino nurses' migration ideas (Abantao et al., 2025). These possible explanations were not measured in this study and are offered as possibilities for further research. The absence of differences by age, sex, marital status, and tenure agrees with Albougami et al. (2020), who found that age did not affect turnover intention, and with Qedair et al. (2022), who found no association of burnout with age, gender, or marital status. It differs from Labrague et al. (2018), who found that age influenced the turnover intention of Filipino nurses, from Mariano et al. (2023), who found stronger intentions to leave among younger nurses, and from AlJhoni et al. (2021), who found more burnout among younger health care workers. The small number of men ($n = 20$) and of nurses with less than one year of service ($n = 7$) limited the power of these comparisons.

The unit differences agree with the higher burnout reported among oncology nurses (Cañadas-De la Fuente et al., 2018) and with the association between working unit and burnout in Jeddah (Qedair et al., 2022). The PICU and other critical care units combine high patient acuity, frequent deaths, and intensive monitoring, which impose heavy emotional demands on nurses. The NICU, however, did not differ from the general wards, so acuity alone does not explain the pattern; unit-level staffing, patient mix, and leadership, which were not measured, may account for part of it.

Quality of Nursing Work Life as a Predictor of Burnout and Turnover Intention

QNLW significantly predicted all three burnout dimensions and turnover intention (Table 8). Higher QNLW was associated with lower emotional exhaustion ($b = -0.105$, $\beta = -.24$, $p < .001$), lower depersonalization ($b = -0.039$, $\beta = -.17$, $p = .009$), and higher personal accomplishment ($b = 0.093$, $\beta = .36$, $p < .001$), explaining 5.7%, 2.8%, and 12.9% of the variance, respectively. QNLW also predicted lower turnover intention ($b = -0.133$, $\beta = -.39$, $p < .001$), $F(1, 243) = 43.36$, $R^2 = .15$; a 10-point higher QNLW score corresponded to a 1.33-point lower ATS score. H_{02} and H_{03} were therefore rejected.

Table 8

Quality of Nursing Work Life as a Predictor of Burnout Dimensions and Turnover Intention

Outcome	Constant	b (SE)	β	t	p	Bootstrap 95% CI of b	R^2	F
Emotional exhaustion	48.95	-0.105 (0.027)	-.24	-3.84	< .001	[-0.171, -0.039]	.06	14.72
Depersonalization	20.46	-0.039 (0.015)	-.17	-2.64	.009	[-0.070, -0.007]	.03	6.97
Personal accomplishment	12.34	0.093 (0.016)	.36	6.00	< .001	[0.056, 0.131]	.13	35.95
Turnover intention	67.81	-0.133 (0.020)	-.39	-6.59	< .001	[-0.173, -0.096]	.15	43.36

Note. Predictor = total QNLW (42–252); $df = 1, 243$. For personal accomplishment, higher scores indicate less burnout. Durbin-Watson values were 1.88 to 1.98. Residuals were non-normal for the three burnout models (Shapiro-Wilk $p = .003$, .011, and $< .001$) and heteroscedastic for emotional exhaustion and depersonalization (Breusch-Pagan $p = .045$ and .028); all coefficients remained significant with HC3

robust standard errors ($p = .004, .021, < .001$, and $< .001$), and all bootstrap intervals (5,000 resamples) excluded zero. The turnover intention model met all assumptions.

Because the residuals of the burnout models were not perfectly normal and two models showed some heteroscedasticity, the results were confirmed with robust standard errors and bootstrap intervals, which did not change any conclusion. A small curvilinear component (an increase in R^2 of about .02) suggested a slightly steeper slope at higher QNWL levels without changing the direction of the associations. Because the design was cross-sectional, these results show prediction in a statistical sense and not that raising QNWL will cause burnout or turnover intention to fall.

The direction of every association supports the resource pathway of the JD-R model, in which job resources protect against exhaustion, cynicism, and withdrawal (Bakker & Demerouti, 2017; Demerouti et al., 2001). The strongest effect was on turnover intention, which agrees with Reyes (2025), who found that QNWL was negatively correlated with turnover intention among Filipino nurses, with Salahat and Al-Hamdan (2022), who linked QNWL with lower intent to leave among Jordanian nurses, and with Philippine evidence that higher job satisfaction accompanies a stronger intention to stay (Sapar & Oducado, 2021). It differs from Kaddourah et al. (2018), who found a negligible correlation between QNWL and turnover intention in two Riyadh hospitals. That study analyzed QNWL and turnover intention as dichotomous variables, which may have obscured a graded relationship that the continuous analysis in the present study detected. The burnout findings also differ from Reyes (2025), who reported that QNWL was significantly related to burnout and that higher responsibilities were linked to more burnout. In the present sample of expatriate nurses, a more favorable overall appraisal of work life was associated with less burnout on every dimension, consistent with Ferrer and Delariarte (2025), who found that quality of work life significantly predicted burnout among Filipino mental health professionals in government residential care facilities.

The effect on personal accomplishment ($\beta = .36$) was larger than those on emotional exhaustion and depersonalization. This pattern fits the JD-R model, in which resources act most directly through the motivational process, whereas exhaustion is driven mainly by demands (Bakker & Demerouti, 2017). Because job demands were not measured separately, the modest variance explained in emotional exhaustion and depersonalization (5.7% and 2.8%) suggests that demands such as workload, staffing, and patient acuity account for much of the remaining variation, as the unit differences also indicate. The results therefore support improving job resources as one part, but not the whole, of a strategy to reduce burnout. This is consistent with the medium effects of emotional exhaustion and depersonalization on turnover intention in a meta-analysis of nurses (Özkan, 2022), which implies that reducing burnout is itself a pathway to retention.

Proposed Action Plan

Table 9 summarizes the action plan proposed to KSMC Pediatric Hospital nursing administration. Each area is tied to a finding of the study, and the plan targets burnout and turnover intention overall, the units and nationality groups that differed significantly, and the lowest-rated QNWL domain.

Table 9
Proposed Expatriate Nurse Well-Being and Retention Action Plan

Key result area and supporting finding	Strategies and activities	Success indicators
Burnout surveillance and support (DP high in 66.9%; low PA in 75.5%; EE at the high threshold)	Confidential MBI screening every 6 months; referral to employee health and counseling; peer support and debriefing after critical events; burnout-awareness sessions for charge nurses	Screening completed by $\geq 70\%$ of nurses; fewer nurses with high EE and DP at 12 months
Unit-focused interventions (higher EE in Oncology/Hematology and PICU; higher DP in PICU and other critical care units)	Review staffing and assignments against acuity; protect break times; rotate between high- and lower-intensity assignments where feasible; regular clinical supervision and team debriefing	Lower median EE and DP in these units at the next survey; staffing within hospital standards
Work life/home life resources (lowest-rated domain; QNWL predicted all outcomes)	Publish rosters earlier and keep shift patterns predictable; shift-swap and self-scheduling options; timely annual and family-related leave; review non-nursing tasks	Work life/home life and work design item means ≥ 4.34 on the next QNWL survey
Retention focus (ATS item mean 3.65; higher TI among Filipino nurses; higher EE among Filipino and Egyptian nurses)	Stay interviews and focus groups by nationality; structured exit interviews; transparent communication on career ladders, recognition, and contract renewal	Reasons for leaving documented and acted on; lower ATS item mean; lower actual turnover
Monitoring and evaluation (baseline from this study)	Annual QNWL, MBI, and ATS survey with results reported by unit to nursing leadership	Annual report comparing trends against this baseline

Note. EE = emotional exhaustion; DP = depersonalization; PA = personal accomplishment; TI = turnover intention. Time frames and targets are suggestions for nursing administration to adapt.

Limitations

The study was conducted in one pediatric tertiary hospital, which limits generalization to other settings. About half of the eligible nurses responded, and non-respondents may have differed from respondents. Eligibility relied on self-screening, and the link was distributed through nursing supervisors, which may have created some pressure to participate despite anonymity. Job demands were not measured with a separate instrument, so only the resource pathway of the JD-R model was tested. The internal consistency of the ATS and of some short subscales was below .70. Finally, the cross-sectional design supports conclusions about association and prediction, not causation.

Conclusions and Recommendations

The expatriate nurses of KSMC Pediatric Hospital, most of them Filipino or Indian, reported a moderate quality of nursing work life, with work context rated most favorably and work life/home life least favorably. Burnout was high on depersonalization and reduced personal accomplishment, emotional

exhaustion was at the threshold of the high range, and the nurses as a group showed turnover intention. Burnout and turnover intention did not differ by sex, age, marital status, or length of service but differed by nationality and clinical unit: Filipino nurses had higher turnover intention than Indian nurses, Filipino and Egyptian nurses had higher emotional exhaustion, and nurses in the PICU, other critical care units, and Oncology/Hematology had higher exhaustion or depersonalization. QNWL predicted lower emotional exhaustion and depersonalization, higher personal accomplishment, and lower turnover intention. The findings support the resource pathway of the Job Demands–Resources model, although QNWL explained a modest share of the variance and job demands were not measured.

Nursing administration may adopt the proposed action plan, beginning with work life/home life resources such as predictable rosters, shift-swap options, and timely leave, since this domain was rated lowest and QNWL predicted every outcome. A confidential burnout screening and support program with referral to employee health and counseling may be set up for all expatriate nurses. Managers of the PICU, other critical care units, and Oncology/Hematology may review staffing and assignments, protect breaks, and provide regular debriefing and clinical supervision. Human resources may conduct stay interviews and focus groups with Filipino, Egyptian, and Indian nurses to understand the nationality differences before designing nationality-specific retention measures, and the hospital may repeat the QNWL, MBI, and ATS survey annually using this study as the baseline. Philippine recruitment and welfare agencies may use the findings in pre-departure orientation on work–life balance and burnout. Future researchers may measure job demands to test the full JD-R model, test the QNWL domains as separate predictors, use probability sampling across several hospitals with eligibility screening items, use a more reliable turnover intention measure or examine the ATS factor structure among expatriate nurses, follow nurses longitudinally with actual turnover data, and explore the nationality and unit differences qualitatively.

Acknowledgements

The authors thank the nursing administration of King Saud Medical City for permission to conduct the study, the expatriate nurses who took part, and the Graduate School of Wesleyan University-Philippines for its support.

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