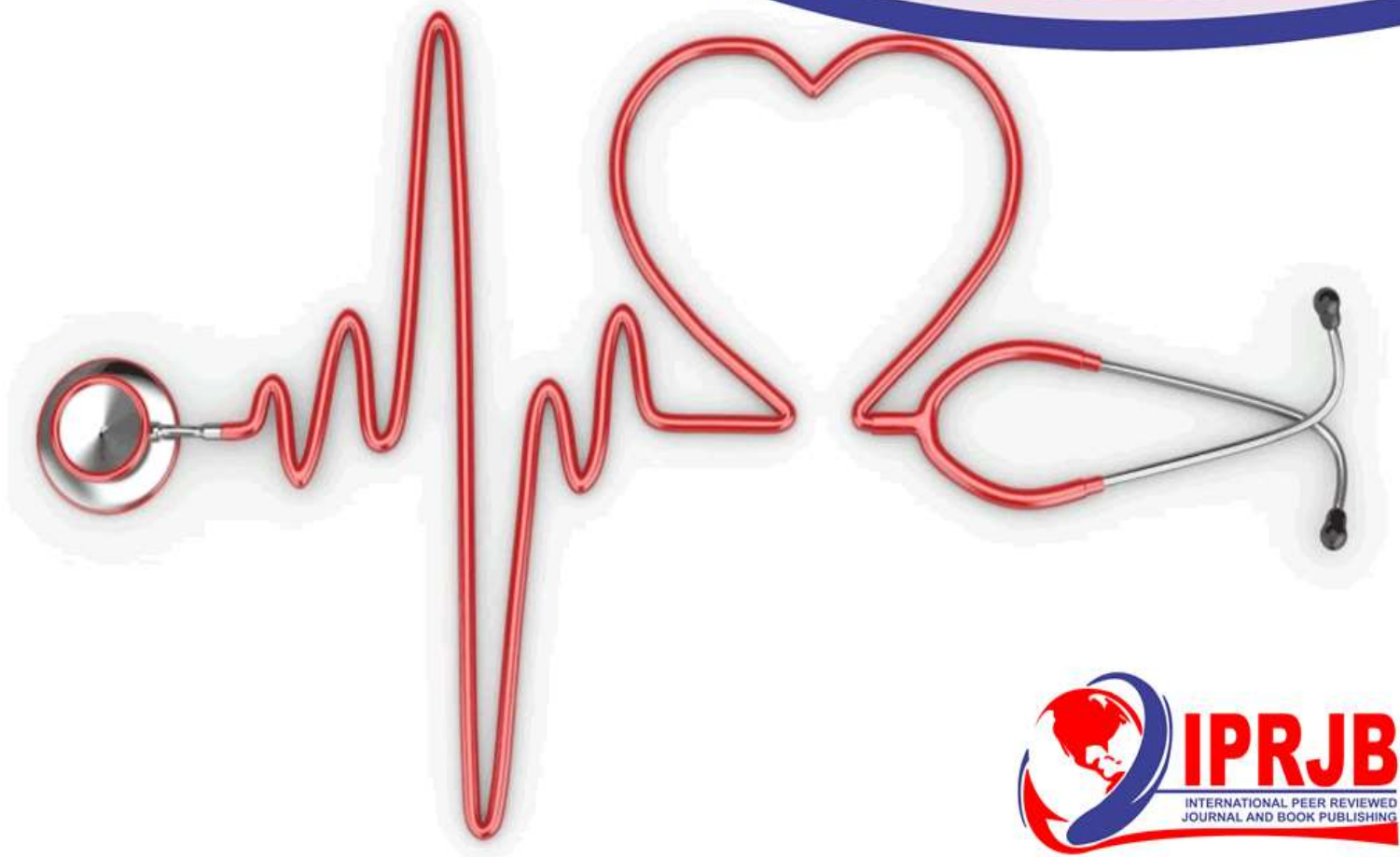


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**The Impact of Emotional Exhaustion on Job Satisfaction among Nurses in Abu Dhabi
Public Hospitals**


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Abstract

Purpose: Nurse burnout, especially emotional exhaustion (EE), negatively impacts job satisfaction (JS), staff retention, and the quality of patient care worldwide. EE presents as persistent fatigue resulting from extended work-related stressors, such as excessive workloads, inadequate staffing, and emotional demands. In the UAE, the rapid expansion of healthcare, dependence on foreign nurses, and elevated patient-to-nurse ratios exacerbate these issues. Abu Dhabi's Vision 2031 emphasizes the importance of the healthcare workforce's well-being and retention; nonetheless, empirical research linking EE and JS remains scarce. This study combines international and UAE-related literature using the Job Demands-Resources (JD-R) framework to analyze factors affecting EE, its effects on JS, and mitigation strategies.

Methodology: The study employs a literature synthesis approach, integrating findings from international and UAE-specific studies within the JD-R framework to identify determinants of EE, its impact on JS, and evidence-based mitigation strategies.

Findings: Findings emphasize the importance of supportive leadership, ethical workplace cultures, effective workload management, and nurse residency programs in improving satisfaction and retention. Key factors contributing to EE include heavy workloads, lack of leadership backing, and ethical pressure. Interventions based on evidence empowering leadership, inclusive governance, and organized mentorship, successfully reduce EE.

Unique Contribution to Theory, Practice and Policy: This study provides practical recommendations for hospital leaders and decision-makers to enhance employee well-being and ensure sustainable, high-quality healthcare services in line with the UAE Vision 2031, while adapting the JD-R framework to the healthcare environment in the United Arab Emirates.

Keywords: *Emotional Exhaustion, Job Satisfaction, Nurse Burnout, UAE, Healthcare Workforce, Retention*

JEL Classification Codes: *I10, I18, J28, J81, M54*

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INTRODUCTION

Context and Significance

Nursing is an intensely challenging, patient-focused profession that supports global patient safety, quality of care, and hospital effectiveness (Alkhraish et al., 2023; Kohnen et al., 2021). Nurses are more susceptible to burnout, a complex condition encompassing emotional exhaustion (EE), depersonalization, and diminished personal accomplishment (Kohnen et al., 2021; Maslach & Leiter, 2016). Emotional exhaustion is characterized by persistent fatigue, emotional drain, and reduced psychological resources resulting from prolonged workplace stressors, such as heavy patient loads, complex care duties, and emotional labour (Ding & Wu, 2023; Li et al., 2024).

The World Health Organization (WHO, 2019) identifies burnout as an occupational phenomenon in ICD-11, highlighting its importance to occupational health and the need for preventive measures. Burnout significantly impacts motivation, engagement, job satisfaction (JS), and workforce sustainability, leading to absenteeism, turnover, and reduced patient care (Mudallal et al., 2017; Ozdoba et al., 2022). Global research indicates that nurse burnout rates range from 11% to 56%, and during crises such as COVID-19, the rates have increased. This emphasizes the effects of excessive workloads, staffing deficits, and organizational stressors (Ding & Wu, 2023; Li et al., 2024).

In the UAE, the need for healthcare has increased significantly due to population growth, the prevalence of chronic diseases, and heightened service usage (Paulo et al., 2019). Abu Dhabi relies on a significant foreign nursing workforce, with nurses frequently encountering difficult care scenarios, high patient-to-staff ratios, and unequal specialty distribution (Gedik et al., 2018; Paulo et al., 2019). UAE Vision 2031 emphasizes the importance of workforce well-being, career advancement, and retention, acknowledging that sustainable health systems and quality of care depend on nurse satisfaction and involvement (Alkhraish et al., 2023). Comprehending the interaction between EE and JS is crucial for guiding workforce initiatives.

Problem Statement

Emotional exhaustion is a key factor influencing nurse retention, engagement, and performance in public hospitals in Abu Dhabi (Kohnen et al., 2021; Maslach & Leiter, 2016). Continuous exposure to heavy patient loads, emotional demands, administrative responsibilities, and restricted autonomy leads to decreased motivation and job satisfaction, heightening turnover intention and absenteeism (Alkhraish et al., 2023; Ding & Wu, 2023). Despite their importance, relatively few studies integrated job satisfaction (JS) and emotional exhaustion (EE) at the organizational level in UAE public hospitals. Current research frequently emphasizes global contexts or surveys conducted at a single institution, leading to a lack of understanding of workforce policy, region-specific issues, and evidence-based strategies for lowering burnout (Ozdoba et al., 2022; Paulo et al., 2019).

Study Aim and Objectives

Aim: To investigate the relationship between emotional exhaustion and job satisfaction in nurses in Abu Dhabi public hospitals, utilizing secondary data.

Objectives

- i. To analyze existing research on emotional fatigue and its determinants among nurses.
- ii. To examine the impact of emotional exhaustion on job satisfaction.

- iii. To investigate strategies utilized in comparable healthcare settings to enhance well-being and satisfaction.

Relevance and Contribution

This synthesis provides useful findings for legislators, hospital administrators, and healthcare managers looking to enhance worker well-being, JS, and nurse retention. The study informs focused strategies, including workload optimization, leadership development programs, ethical organizational practices, and mental health support by analyzing the effects of EE on motivation, engagement, and organizational outcomes (Alkhraish et al., 2023; Ozdoba et al., 2022). When initiatives align with the UAE Vision 2031, there is a direct correlation between improvements in nurse well-being and better patient care quality, reduced employee turnover, and organizational sustainability.

Structure of the Paper

The study starts with a review of the literature, examining empirical data and theoretical models that link JS and EE. Afterwards, it examines organizational outcomes, explores factors that contribute to burnout, and summarizes policy initiatives and best practices for worker well-being. The discussion section provides suggestions for additional research and strategic workforce enhancements after considering the practical ramifications for Abu Dhabi's legislators and healthcare administration.

Theoretical Background and Conceptual Framework

Emotional Exhaustion

Emotional exhaustion (EE) is defined by Maslach and Leiter (2016) and Ozdoba et al. (2022) as a psychological condition characterized by persistent work-related stress that leads to chronic fatigue, emotional depletion, and decreased professional performance. Nurses are especially vulnerable because of their high accountability, intricate clinical responsibilities, and intense emotional labour (Li et al., 2024; Paulo et al., 2019).

Job Satisfaction

Mudallal et al. (2017) and Ozdoba et al. (2022) define job satisfaction (JS) as an employee's emotional assessment of their work, encompassing elements such as motivation, involvement, career satisfaction, independence, and perceived organizational support. High JS encourages commitment, reduces the desire to leave, and boosts output. EE, on the other hand, reduces JS, which causes disengagement, attrition, and absenteeism (Ding & Wu, 2023; Kohnen et al., 2021).

Theoretical Linkage via the JD-R Perspective

According to recent applications of the Job Demands-Resources (JD-R) framework (Jefferson et al., 2024; Pirrotta et al., 2025; Romero-Carazas et al., 2024; Sorina et al., 2025), high job demands, including long hours, heavy workloads, and ethical pressures, put a significant burden on organizational and personal resources and eventually lead to emotional exhaustion (EE). However, these effects can be lessened, burnout can be decreased, and job satisfaction can be increased if essential resources are available, such as enabling leadership, mentorship, sufficient personnel, and chances for self-care.

Sorina et al. (2025) also show that moral harm and burnout are closely linked to lower job satisfaction and impaired patient safety, emphasizing the following causal sequence:



Figure 2: Job Satisfaction

Jefferson et al. (2024) suggest that short breaks and supervisory support reduce cognitive fatigue, while Pirrotta et al. (2025) demonstrate that adequate staffing and resource management directly enhance JS. Additionally, Romero-Carazas et al. (2024) demonstrate how engaging in physical activity and other personal well-being practices might indirectly improve the quality of care. Collectively, these studies emphasize that interventions targeting both job demands and available resources are essential for sustaining nurse engagement and improving retention.

Conceptual Model

The conceptual model underpinning this study is as follows:



Figure 3: Conceptual Model

Moderating variables: Empowering leadership, ethical work environment, workload management, and nurse residency programs (NRPs).

Research Deficits and New Research Issues

Gaps Found in the Previous Literature

Although much literature was reviewed in earlier sections, a thorough examination of prior studies reveals several significant gaps that directly support the current inquiry.

Gap 1: Insufficient Empirical Evidence regarding the EE-JS Connection, specifically in the UAE and Abu Dhabi

Gedik et al. (2018) provide a significant regional perspective on health workforce issues in the Eastern Mediterranean Region, acknowledging the need for locally relevant research evidence as well as workforce shortages, maldistribution, and heavy workloads. However, because their study is a policy-oriented approach, it does not address the circumstances of Abu Dhabi's public hospitals, nor does it offer empirical data relevant to nurses or look at emotional tiredness or job satisfaction as quantifiable results. Similarly, Paulo et al. (2019) adopt a health systems perspective that does not empirically examine emotional exhaustion, job satisfaction, or their relationship at the frontline nursing level, despite providing insightful macro-level information about workforce planning challenges in Abu Dhabi, such as reliance on expatriate staff,

specialty maldistribution, and administrative burden. Additionally, because it was conducted before the pandemic, it does not account for the increased workforce demand following COVID-19, which has increased the significance of emotional tiredness and job satisfaction for nursing retention and service quality.

Gap 2: JD-R Models do not Adequately Incorporate Staffing Demands as a Structural Variable

By presenting staffing needs as a quantifiable structural variable, Pirrotta et al. (2025) expanded JD-R theory. However, prior studies within this framework mostly focused on traditional job demands and job resources, failing to sufficiently integrate staffing insufficiency as a distinct cause of workload and emotional exhaustion. Furthermore, most of the database still relies on self-reported staffing impressions rather than triangulating objective staffing metrics. This raises the question of whether the psychological strain experienced by nurses is due to actual staffing shortfalls, perceptual inconsistencies, or both.

Gap 3: Emotional Exhaustion as a Mediating Factor has not been thoroughly Examined

According to Romero-Carazas et al. (2024), personal well-being resources play a major role in mediating the negative correlation between job satisfaction and burnout. However, rather than identifying emotional exhaustion as the primary cause of burnout, their study operationalized stress more broadly. Further evidence that intervening psychological mechanisms, particularly emotional exhaustion, may be the primary explanatory pathway through which workload pressures translate into reduced job satisfaction comes from the lack of a significant direct relationship between perceived understaffing and job satisfaction in previous research (Pirrotta et al., 2025; Romero-Carazas et al., 2024).

Gap 4: The Evidence for Interventions is Fragmented and Poorly Assessed

While organizational innovations such as ethical leadership, safe staffing, peer support, and digital well-being tools have been widely recommended in the post-pandemic nursing context, Sorina et al. (2025) note that their efficacy has rarely been evaluated through controlled or comparative study designs. Health system managers are unable to assess whether methods are scalable, sustainable, and contextually beneficial because the evidence is currently primarily descriptive and fragmented. Similarly, Jefferson et al. (2024) note that although microbreak practices and supervisor assistance can mitigate fatigue under high job demands, the cumulative and interaction effects of several such measures have not yet been thoroughly examined in high-demand clinical settings.

Gap 5: There is Little Data about Nurse Residency Programs in the UAE

Nurse Residency Programs (NRPs) enhance freshly graduated nurses' confidence, competence, engagement, and first-year retention, as demonstrated by Mohamed and Al-Hmairat (2024). However, most of the evidence comes from Western healthcare systems, mainly those in the United States, Jordan, and New Zealand. NRP outcomes in public hospitals in the United Arab Emirates, a context with a diverse expatriate workforce, high service demand, and distinct organizational and cultural dynamics, have been studied. Additionally, most current research primarily assesses retention within the first 12 months, completely ignoring long-term results, cost-effectiveness, and the contribution of cultural adaptation to NRP success.

Gap 6: The Increased Structural, Inadequately Explained Intention to Quit among UAE Nurses

According to Aljawarneh et al. (2025), there is a high intention to leave among nurses working in government hospitals in the UAE. They found that work environment and job satisfaction are important but only partial predictors; their regression model only explained 3.5% of the variance in intention to leave. This suggests that there are other, little-studied explanatory elements, such as organizational climate, leadership quality, emotional tiredness, and multicultural workforce dynamics unique to the public hospital setting in the UAE.

Gap 7: The Prevalence of Cross-Sectional Designs Limits Causal Inference

Most of the evidence in the evaluated research is cross-sectional, making it impossible to demonstrate a causal relationship between staffing pressures, emotional weariness, work satisfaction, and turnover intention. Unresolved empirical questions include whether emotional weariness lowers job satisfaction or whether disgruntled nurses view their circumstances more negatively (Romero-Carazas et al., 2024; Aljawarneh et al., 2025).

Research Issues Raised by the Gaps

The gaps listed above are the source of the following research questions, which guide the scope and direction of the current study:

RQ1: What impact does emotional exhaustion have on nurses' job satisfaction in public hospitals in Abu Dhabi?

RQ2: To what extent do staffing-related job demand, such as perceived understaffing and workload pressure, contribute to nurses' emotional exhaustion in Abu Dhabi's public hospitals?

RQ3: Which organizational resources, such as workload management, an ethical environment, empowered leadership, and nurse residency programs, are associated with reduced emotional exhaustion and increased job satisfaction in the context of the public hospital in Abu Dhabi?

Suggested Hypotheses

In line with the JD-R paradigm and the gaps, the following theories are proposed:

H₁: There is a statistically significant negative association between job satisfaction and emotional exhaustion among nurses working in Abu Dhabi's public hospitals.

H₂: Inadequate staffing and workload strain are positively associated with nurses' emotional exhaustion.

H₃: Organizational resources are linked to reduced levels of emotional weariness and increased job satisfaction. These resources include powerful leadership, an ethical workplace culture, and structured support programs like NRPs.

METHODOLOGY

Research Design

This study employed a secondary data analysis design, following the methodological framework outlined by Johnston (2014). Secondary data analysis was selected because it minimises time and resource constraints while enabling the investigation of new research questions using existing, high-quality datasets. This approach is particularly appropriate for examining emotional exhaustion (EE) and job satisfaction (JS) among nurses in Abu Dhabi public hospitals, as it allows for the synthesis of peer-reviewed empirical studies, UAE-specific

policy papers, hospital workforce reports, and established organisational survey datasets relevant to the research objectives.

Target Population

The study's target group consisted of registered nurses working in governmental (public) hospitals in the Emirate of Abu Dhabi, United Arab Emirates. This population was selected given Abu Dhabi's distinctive healthcare workforce profile, which is characterised by a high proportion of expatriate nurses, elevated patient-to-nurse ratios, and the policy priorities of UAE Vision 2031 regarding workforce well-being and retention (Paulo et al., 2019). As this is a secondary analysis, the population is defined conceptually rather than through direct recruitment, encompassing nurses across all specialties and clinical units within the public hospital sector.

Sample and Sampling Techniques

Since primary data collection was not conducted, sampling in this study refers to the selection of secondary sources for inclusion in the analysis. Sources were identified through systematic searches of major scholarly databases, including PubMed, Scopus, and Web of Science, as well as institutional repositories relevant to UAE healthcare. Purposive sampling was applied, whereby studies and reports were selected based on their direct relevance to nurse EE, JS, and associated organisational factors. Inclusion criteria required that sources: (a) were published in English; (b) focused on hospital-based nurses or comparable healthcare workers; (c) addressed workplace determinants of EE or JS; and (d) applied to the UAE context or to comparable healthcare systems. Studies addressing exclusively non-hospital environments, non-nursing demographics, or patient outcomes without reference to nurse well-being were excluded. Only sources with adequate methodological detail and transparent sampling information were retained, in line with best practices for secondary data analysis (Johnston, 2014).

Data Collection Instruments

Data were drawn from secondary sources that utilised validated instruments for measuring EE and JS. The primary measurement tool referenced across the reviewed literature is the Maslach Burnout Inventory (MBI), a widely validated and internationally recognised instrument for assessing burnout dimensions, including emotional exhaustion, depersonalisation, and personal accomplishment (Maslach & Leiter, 2016). Additional sources employed validated organisational survey tools assessing job satisfaction, leadership behaviour, and workforce engagement. In accordance with secondary data analysis methodology, the documentation provided by primary researchers — including study objectives, sampling strategies, instrument descriptions, and validation procedures — was examined for each source to confirm the reliability and methodological integrity of the data before inclusion (Johnston, 2014).

Data Analysis and Presentation

Data were analysed using thematic synthesis, through which patterns, trends, and associations relating to EE, JS, staffing levels, leadership styles, and organisational strategies were systematically identified across the reviewed sources. For quantitative studies, descriptive summaries of key statistical findings were compiled and, where feasible, cross-study comparisons were made to identify consistent or divergent patterns. Qualitative findings were coded and categorised thematically to illuminate barriers and facilitators influencing nurse satisfaction and well-being. Triangulation of evidence across study designs strengthened the trustworthiness and relevance of the findings to the Abu Dhabi public hospital context. Results

are presented narratively, supported by illustrative tables and figures that summarise key quantitative measures, in keeping with best practices for secondary data analysis (Johnston, 2014).

Literature Review and Evidence Synthesis

Global Evidence on Emotional Exhaustion and Job Satisfaction

Global studies emphasize that burnout is common and closely linked to lower job satisfaction and negative organizational outcomes. Disengagement, absenteeism, quit intention, and decreased patient safety are all consequences of chronic EE (Jefferson et al., 2024; Pirrotta et al., 2025; Romero-Carazas et al., 2024; Sorina et al., 2025). Empowering leadership reduces emotional exhaustion and increases job satisfaction. It is defined by inclusive decision-making, mentoring, and a supportive work atmosphere. The worldwide research consistently identifies workload strain, staff shortages, high emotional labour, inadequate leadership, ambiguous responsibilities, and ethical distress as common causes of emotional exhaustion (Maslach & Leiter, 2016; Sorina et al., 2025).

The UAE and Regional Settings

Hospitals in the Abu Dhabi Emirate face elevated patient-to-nurse ratios, unequal specialty distribution, reliance on foreign workforces, and administrative burdens, all of which contribute to EE (Gedik et al., 2018; Paulo et al., 2019). Nurses employed in government hospitals in the UAE had a high intention to quit, according to Aljawarneh et al. (2025). However, it has been demonstrated that after a year of employment, nurse residency programs (NRPs) for newly graduated nurses enhance job satisfaction, boost confidence, and raise retention rates (Mohamed & Al-Hmaimat, 2024).

Comparative Analysis

Burnout is unique in the UAE due to factors specific to the country, involving the use of foreign workers and the rapid growth of healthcare systems. The UAE context adds additional structural and cultural complexities that set it apart from Western healthcare settings, even though workload strains, staff shortages, high emotional labour, inadequate leadership, unclear roles, and ethical distress are recognized as causes of EE (Maslach & Leiter, 2016; Paulo et al., 2019; Sorina et al., 2025). Resource-oriented strategies, such as increased workforce, leader empowerment, and NRPs, have been shown to lower EE and increase JS across comparable settings (Mohamed & Al-Hmaimat, 2024; Paulo et al., 2019).

Key Determinants of Emotional Exhaustion and Job Satisfaction

Factors Influencing Emotional Exhaustion

Numerous interrelated organizational and occupational factors influence nurses' emotional tiredness in public hospitals in Abu Dhabi. Elevated patient volumes and prolonged shifts consistently raise EE, as nurses face unsustainable workload demands that deplete psychological and physical resources (Alkhraish et al., 2023; Li et al., 2024; Paulo et al., 2019; Pirrotta et al., 2025). Unpredictable and long shifts further hinder recuperation, leading to heightened exhaustion over time (Mudallal et al., 2017; Ozdoba et al., 2022). Beyond workload, leadership quality and organizational support play a critical moderating role: strengthening leadership, acknowledgment, and collaborative decision-making decreases EE and improves JS (Kohnen et al., 2021; Sorina et al., 2025). Increased patient acuity, ICU responsibilities, and moral dilemmas exacerbate EE because nurses must balance complicated ethical obligations

with high emotional labour demands (Jefferson et al., 2024; Li et al., 2024; Sorina et al., 2025). Additional organizational variables that exacerbate burnout and undermine nurses' sense of professional purpose include unclear responsibilities, work insecurity, inadequate compensation, and limited prospects for career growth (Alkhraish et al., 2023; Gedik et al., 2018).

Figure 4 illustrates the JD-R causal chain, which serves as the foundation for this study's conceptual model. Table 2 below also summarizes these elements.

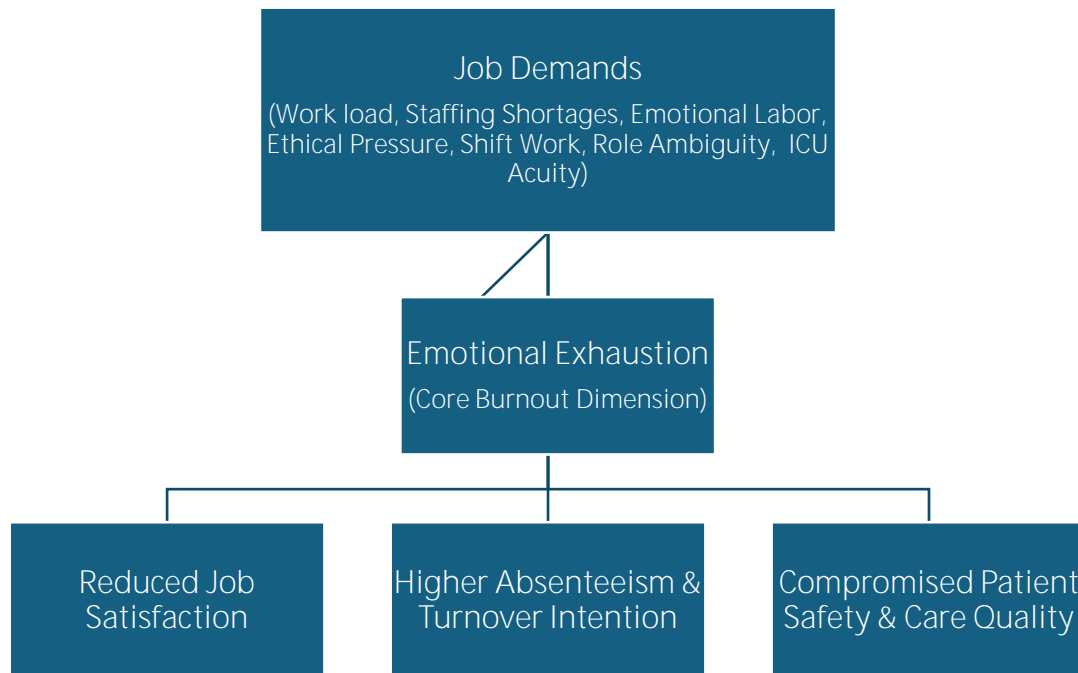


Figure 4: The Causal Chain of Job Demands-Resources (JD-R): From Workplace Stress to Organizational Outcomes

Note: The Job Demands-Resources framework, as used by Jefferson et al. (2024), Pirrotta et al. (2025), Romero-Carazas et al. (2024), and Sorina et al. (2025), was modified.

Table 1: Important Factors Affecting Emotional Exhaustion in Abu Dhabi Public Hospital Nurses

S. No.	Determinant Category	Specific Factor	Effect on EE	Supporting Citations
1	Workload & Staffing	Elevated patient volumes, prolonged shifts, and understaffing	Increases EE significantly	Alkhraish et al. (2023); Li et al. (2024); Paulo et al. (2019); Pirrotta et al. (2025)
2	Shift Work & Work-Life Balance	Unpredictable schedules, long shifts, and limited recovery time	Hinders recuperation, heightens EE	Mudallal et al. (2017); Ozdoba et al. (2022)
3	Leadership & Organizational Support	Weak leadership, lack of recognition, and low participation in decisions	Increases EE; empowering leadership reduces it	Kohnen et al. (2021); Sorina et al. (2025)
4	Emotional Labor & Patient Demands	High patient acuity, ICU roles, moral challenges, and ethical distress	Intensifies EE through emotional depletion	Jefferson et al. (2024); Li et al. (2024); Sorina et al. (2025)
5	Role & Career Factors	Role ambiguity, job insecurity, poor pay, and limited career advancement	Erodes professional purpose, intensifies burnout	Alkhraish et al. (2023); Gedik et al. (2018)

Effect on Organizational Outcomes and Job Satisfaction

EE reduces JS, compromising patient care and leading to decreased involvement, increased absenteeism, and turnover (Sorina et al., 2025). These risks are heightened in Abu Dhabi due to reliance on foreign labour and knowledge gaps, as the nursing profession, which is predominantly made up of expatriates, is especially vulnerable to early attrition when emotional fatigue is ignored (Paulo et al., 2019). However, patient outcomes, teamwork, and retention are improved by supportive leadership, ethically conducive work cultures, and efficient task management. Table 1 in the Appendix, which summarizes the organizational themes most pertinent to the Abu Dhabi public hospital environment, provides a thorough description of the main conclusions, strategic implications, and evidence-based suggestions derived from the examined literature.

Strategies, Best Practices and Policy Implications

Organizational Interventions

The literature has found a few evidence-based organizational initiatives that are successful in lowering emotional weariness and raising job satisfaction among nurses. According to the evaluated studies, one of the most consistently endorsed techniques for leadership enhancement is empowerment, mentorship, and acknowledgment (Kohnen et al., 2021; Mudallal et al., 2017; Sorina et al., 2025). In addition, workload management, staffing optimization, flexible shift scheduling, and stress-reduction initiatives have shown quantifiable increases in nurse retention and well-being (Alkhraish et al., 2023; Jefferson et al., 2024; Li et al., 2024). It has also been demonstrated that the creation of Nurse Residency Programs (NRPs) for recent graduates, along with organized transitional support and structured mentorship, boosts professional confidence, lowers early-career burnout, and increases first-year retention rates (Mohamed & Al-Hmaimat,

2024). Furthermore, the use of ethical management practices and digital health solutions presents promising additional mechanisms for lowering administrative load and promoting psychologically safe work environments (Ozdoba et al., 2022; Paulo et al., 2019).

Policy Initiatives

The alignment of workforce strategies with UAE Vision 2031, especially its focus on career advancement, long-term retention, and employee well-being, provides a crucial national framework at the policy level that allows hospital-level interventions to be positioned and maintained (Paulo et al., 2019). Among the most practical policy directions for lowering burnout and raising job satisfaction in Abu Dhabi's public hospital sector are the implementation of structured mental health support initiatives, the promotion of autonomy in clinical decision-making, and staffing models based on empirical evidence (Alkhraish et al., 2023). In addition to being in line with global best practices, these policy recommendations also directly address the distinctive workforce makeup of the United Arab Emirates, which is typified by a large percentage of foreign nurses working under organizational and cultural circumstances.

Global Case Analyses and Contextual Implications

International case studies support the effectiveness of the above-mentioned organizational and policy reforms. According to Li et al. (2024) and Ozdoba et al. (2022), magnet hospitals and NHS wellness initiatives show that collaborative governance, structured support networks, and empowering leadership regularly improve job satisfaction and reduce emotional tiredness among nursing staff. These models are very useful since they incorporate resource augmentation and job demand reduction at the same time, which is exactly the dual-pathway logic that supports the JD-R paradigm used in this study. The need for interventions that are not only evidence-based but also contextually appropriate and tailored to the operational realities of Abu Dhabi's public hospitals is highlighted by the paucity of evidence particular to the UAE healthcare system. This disparity highlights the necessity for longitudinal studies tailored to the UAE to assess the long-term efficacy and transferability of these globally proven tactics.

Discussion

Emotional exhaustion (EE) is a key factor influencing job satisfaction (JS), nurse retention, and the overall quality of patient care in public hospitals in Abu Dhabi. Nurses often face heavy workloads, staff shortages, intense emotional demands, limited leadership support, and ethical challenges. Together, these issues lead to burnout, decreased engagement, and reduced standard of care. Therefore, addressing emotional exhaustion is crucial not only for the well-being of healthcare workers but also for ensuring safe and effective healthcare delivery.

From an organizational standpoint, implementing targeted measures such as promoting empowering leadership, encouraging participative decision-making, balancing workload distribution, and enhancing the ethical work environment can significantly reduce emotional exhaustion and boost job satisfaction. In this regard, Nurse Residency Programs (NRPs) for newly graduated nurses serve as structured, practical interventions that help prevent early-career burnout, build professional confidence, and improve retention during the critical transition into clinical roles. Additionally, the Job Demands–Resources (JD-R) model offers a valuable theoretical framework to understand how the interplay between job demands and available resources affects emotional exhaustion, job satisfaction, and patient safety outcomes (Jefferson, Andiola, & Hurley, 2024; Pirrotta, Cantarelli, & Belle, 2025; Romero-Carazas et al., 2024; Sorina et al., 2025).

Conclusion

Emotional exhaustion is a key factor influencing nurse job satisfaction, retention, and organizational outcomes in public hospitals in Abu Dhabi. Factors such as heavy workloads, staff shortages, emotional demands, leadership deficits, and challenges of the ethical climate exacerbate burnout and lower job satisfaction. This study advances understanding of these dynamics by synthesizing international and UAE-specific evidence within the Job Demands-Resources (JD-R) framework, demonstrating that emotional exhaustion functions as the critical psychological mechanism through which workplace pressures translate into reduced job satisfaction, higher turnover intention, and compromised patient care quality (Jefferson et al., 2024; Pirrotta et al., 2025; Sorina et al., 2025).

However, the study's reliance on secondary data and the absence of longitudinal studies specific to the UAE healthcare environment represent important limitations. Differences in study contexts and healthcare systems also limit the direct applicability of findings to Abu Dhabi's public hospitals, and the predominantly cross-sectional nature of the reviewed evidence constrains causal inference. These gaps underscore the need for primary research tailored to the local workforce and organizational conditions. Future studies should focus on longitudinal and mixed-methods research assessing the effectiveness of Nurse Residency Programs adapted to the UAE context. Monitoring emotional exhaustion, job satisfaction, and retention across various career stages would provide a deeper understanding of workforce development over time. Furthermore, evaluating the long-term sustainability and cost-effectiveness of such workforce initiatives is vital to guide evidence-based policymaking and ensure the efficient use of healthcare resources. Evidence-based strategies — including empowering leadership, encouraging participatory governance, optimizing workloads, implementing Nurse Residency Programs, and fostering supportive ethical climates — can effectively reduce emotional exhaustion and enhance job satisfaction, and policymakers and hospital administrators are encouraged to leverage these insights in alignment with UAE Vision 2031.

Recommendations

Contribution to Theory

This study extends the use of the Job Demands-Resources (JD-R) paradigm beyond its mostly Western healthcare roots by situating it within the framework of UAE public hospitals. Jefferson et al. (2024), Romero-Carazas et al. (2024), and Sorina et al. (2025) claim that the main mediating mechanism linking high job demands, such as workload pressure, staff shortages, and ethical strain, to decreased job satisfaction and negative organizational outcomes is emotional exhaustion. By approaching staffing adequacy as a structural job requirement rather than just a background factor, further study should improve this mediating mechanism. It should also represent moral harm and emotional tiredness as separate but related processes that affect nurses' well-being (Sorina et al., 2025). Additionally, researchers are urged to create and evaluate conceptual models that consider the distinct workforce dynamics of Gulf healthcare systems, such as the significance of expatriate status, multicultural team environments, and the quick expansion of the health system, all of which are not well covered by mainstream burnout theory (Gedik et al., 2018; Paulo et al., 2019).

Contribution to Practice

Reducing the emotional exhaustion of hospital administrators in Abu Dhabi necessitates a dual strategy: filling nursing resource deficiencies and investing in empowering leadership. In

particular, financing programs that emphasize acknowledgment and cooperative decision-making are crucial for reducing burnout and raising job satisfaction (Kohnen et al., 2021; Mudallal et al., 2017; Sorina et al., 2025). Adequate nurse-to-patient staffing ratios, flexible scheduling systems, and workload management tools should be considered organizational priorities rather than optional upgrades (Alkhraish et al., 2023; Li et al., 2024; Pirrotta et al., 2025). As a structured, evidence-based intervention for recently graduated nurses, Nurse Residency Programs (NRPs) should receive special attention. Research has demonstrated that NRPs, when designed with committed mentorship, peer support, and phased clinical exposure, can significantly increase first-year retention rates, lower early-career burnout, and boost professional confidence (Mohamed & Al-Hmairat, 2024). To prevent emotional exhaustion, hospitals should also foster ethical workplace cultures that provide nurses with psychological security, moral support, and professional respect (Ozdoba et al., 2022; Sorina et al., 2025). In conclusion, nurses can concentrate on direct patient care and eliminate a major source of professional stress by using digital health solutions that simplify paperwork (Paulo et al., 2019).

Contribution to Policy

The study's findings align with the goals of UAE Vision 2031 and the Ministry of Health and Prevention's (MOHAP) overarching duty to create a superior, long-term healthcare workforce at the policy level. To treat burnout as a quantifiable policy outcome rather than an imperceptible occupational hazard, policymakers are urged to incorporate nurse well-being indicators, such as emotional exhaustion rates, job satisfaction scores, and turnover data, into national health workforce monitoring systems. Evidence-based staffing guidelines that consider patient acuity, specialist needs, and unit-level workload variation should be formally incorporated into public hospital workforce planning frameworks. This will go beyond simple numerical ratios and provide local nurses a more complex grasp of what adequate staffing entails (Alkhraish et al., 2023; Pirrotta et al., 2025). A significant economic policy investment in long-term retention would be the national implementation and accreditation of nurse residency programs throughout Abu Dhabi's public hospitals. These programs would be based on globally validated frameworks, such as those of the American Nurses Credentialing Centre (ANCC), but tailored to the country's diverse nursing workforce (Mohamed & Al-Hmairat, 2024). Policymakers should prioritize financing for nurse mental health services, ethical consultation resources, and structured recovery programs as a primary concern, given the high incidence of emotional exhaustion in ICUs and emergency rooms (Jefferson et al., 2024; Li et al., 2024). In the end, the well-being, contentment, and retention of the nurses who provide care daily are just as important to sustained healthcare quality in Abu Dhabi as infrastructure and technology.

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Appendix**Table 2: Summary of Key Findings, Implications, and Strategic Recommendations on Job Satisfaction and Turnover among Nurses in the UAE**

Main Theme	Key Findings	Implications and Strategic Recommendations
Emotional Exhaustion (EE)	Nurses experience high emotional exhaustion due to long shifts, workload pressures, and emotional labor demands (Mohamed and Al-Hmairat, 2024).	Implement structured workload management, provide psychological support programs, and encourage rest breaks to prevent burnout.
Job Satisfaction (JS)	Declines in job satisfaction are linked to increased turnover intentions and reduced organizational commitment (Aljawarneh et al., 2025).	Strengthen recognition systems, provide career growth opportunities, and ensure fair compensation to enhance satisfaction and retention.
Leadership and Organizational Support	Transformational and supportive leadership styles reduce burnout and foster engagement and retention (Mohamed and Al-Hmairat, 2024).	Develop leadership training focused on emotional intelligence, participative management, and continuous feedback mechanisms.
Workload and Staffing Levels	Nurse-to-patient ratios significantly affect EE and JS; high ratios lead to fatigue and disengagement (Aljawarneh et al., 2025).	Optimize staffing models, use flexible scheduling, and introduce digital tools to balance workloads efficiently.
Work Environment and Ethical Climate	Unclear policies and poor communication increase stress and ethical strain, particularly in high-demand units.	Establish transparent ethical guidelines, improve interdisciplinary communication, and foster a culture of psychological safety.
Patient Demands and Emotional Labor	High-intensity care settings (ICU, emergency) heighten emotional labor, increasing turnover risks.	Provide access to counselling, peer-support systems, and post-incident debriefings to maintain emotional resilience.
National and Policy Context (UAE)	The UAE Vision 2031 and MOHAP emphasize workforce well-being and retention as part of national health goals.	Align organizational well-being initiatives with Vision 2031, focusing on retention, mental health, and productivity outcomes.
Global Best Practices	International evidence (e.g., Magnet hospitals, NHS workforce well-being programs) shows that empowerment and culture reforms improve JS and reduce turnover.	Benchmark against successful models; adopt evidence-based frameworks such as the Job Demands-Resources (JD-R) model to guide HR and policy interventions.