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THE ROLE OF TRANSFORMATIONAL LEADERSHIP IN REDUCING WORKPLACE BURNOUT: A LITERATURE REVIEW

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Abstract

Workplace burnout, a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment, has become one of the most pressing occupational health problems in healthcare, with recent meta-analyses estimating that roughly one in three nurses worldwide experiences moderate to high burnout. Burnout harms clinicians' psychological health and is consistently associated with lower patient safety, lower patient satisfaction, and poorer quality of care. Because the causes of burnout lie largely in the work environment, leadership has emerged as a modifiable organizational lever. This literature review synthesizes recent evidence, published mainly between 2020 and 2026, on the role of transformational leadership in reducing workplace burnout, with particular attention to nursing and to the Saudi Arabian context. Evidence was drawn from systematic reviews, meta-analyses, cross-sectional and mixed-methods studies, and intervention trials identified through electronic databases. The reviewed literature shows a consistent negative association between transformational leadership and burnout, with meta-analytic effects of moderate size. Transformational leadership appears to operate mainly indirectly, by increasing job resources such as psychological and structural empowerment, organizational justice, a supportive climate, and quality of work life, and by reducing excessive job demands, consistent with the Job Demands–Resources model. Saudi studies point in the same direction but remain few and mostly cross-sectional. The review concludes that transformational leadership development should be embedded in organizational burnout-prevention strategies alongside structural measures such as adequate staffing, and it identifies a need for longitudinal and interventional research in Gulf healthcare settings.

Index Terms: *Burnout, Emotional Exhaustion, Healthcare Workers, Job Demands–Resources Model, Leadership Development, Nurse Managers, Nursing, Psychological Empowerment, Saudi Arabia, Transformational Leadership, Work Engagement, Workplace Mental Health.*

1. INTRODUCTION

Burnout is a work-related syndrome that develops when chronic workplace stress is not successfully managed. The World Health Organization classified it as an occupational phenomenon in the eleventh revision of the International Classification of Diseases, recognizing it as a serious health issue rather

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than a personal weakness [1]. Burnout is typically described in three dimensions: emotional exhaustion, depersonalization (or cynicism), and a reduced sense of personal accomplishment. Among healthcare professionals, nurses are known to struggle with burnout symptoms the most, with serious consequences for patients, colleagues, and healthcare organizations [1]. The scale of the problem is substantial. A meta-analysis of 94 studies covering more than 30 countries estimated the global prevalence of nursing burnout at 30.0% between 2012 and 2022 and found an increasing trend over time [2]. An umbrella review of 14 systematic reviews and meta-analyses reported pooled prevalence rates of 33.45% for emotional exhaustion, 25.0% for depersonalization, and 33.49% for low personal accomplishment [3]. The COVID-19 pandemic intensified these pressures; an updated meta-analysis covering studies from 2020 to 2024 reported pooled prevalence rates of 36.1% for emotional exhaustion, 32.4% for depersonalization, and 33.3% for reduced personal accomplishment among nurses [4]. Burnout is not only a threat to clinicians' mental health; it is also a patient safety issue. A large meta-analysis of 85 studies involving 288,581 nurses from 32 countries found that nurse burnout was associated with a lower safety climate, more nosocomial infections, patient falls, medication errors, and adverse events, lower patient satisfaction, and lower nurse-assessed quality of care [5]. The authors concluded that systems-level interventions for nurse burnout may improve patient outcomes [5]. In Saudi Arabia, where healthcare is being transformed under Vision 2030 and a large share of the nursing workforce is expatriate, critical care nurses have been found to experience moderate to high levels of burnout alongside only moderate job satisfaction [6].

Because the main drivers of burnout are rooted in the work environment, attention has shifted from individual coping toward organizational determinants, and leadership is among the most important of these. Leadership styles shape workload, autonomy, recognition, communication, and the overall climate of a unit. Of the many leadership models, transformational leadership has been studied most frequently in relation to burnout, and a recent systematic review grounded in the Job Demands–Resources (JD-R) model found that it was consistently associated with lower burnout and higher work engagement among nurses [7].

Despite this growing body of work, the evidence is spread across different professions, countries, designs, and theoretical frameworks, and the mechanisms linking transformational leadership to burnout are not always clearly articulated. In addition, evidence from Saudi Arabia and the Gulf region has not been widely synthesized. The aim of this review is therefore to synthesize recent literature on the role of transformational leadership in reducing workplace burnout. The specific objectives are:

1) To summarize current evidence on the prevalence and consequences of burnout among healthcare workers, particularly nurses.
2) To examine the direction and strength of the association between transformational leadership and burnout.
3) To identify the mediating mechanisms through which transformational leadership influences burnout.
4) To review the evidence from the Saudi Arabian context and derive implications for practice, policy, and future research.

2. METHODOLOGY

2.1 Review Design

A narrative (traditional) literature review design was adopted. This design is suitable for integrating evidence from heterogeneous sources, including systematic reviews, meta-analyses, observational studies, mixed-methods studies, and intervention trials, and for developing a conceptual

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understanding of how leadership relates to burnout. The review was informed by the general principles of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) for transparency of searching and selection, although it does not claim to be a systematic review.

2.2 Search Strategy

Electronic databases including PubMed/MEDLINE, CINAHL, Scopus, Web of Science, and Google Scholar, together with the Saudi Digital Library, were searched. Search terms were combined with Boolean operators and included: ("transformational leadership" OR "leadership style" OR "nurse manager leadership" OR "head nurse leadership") AND ("burnout" OR "emotional exhaustion" OR "occupational stress" OR "well-being") AND ("nurses" OR "healthcare workers" OR "employees"). Reference lists of key reviews were also hand-searched.

2.3 Eligibility Criteria

Studies were included if they: 1) were published in English in peer-reviewed journals; 2) were published mainly between 2020 and 2026; 3) examined transformational leadership, or closely related positive leadership styles, in relation to burnout, its dimensions, or closely linked well-being outcomes; or 4) provided recent epidemiological evidence on burnout prevalence and consequences that contextualizes the leadership evidence. Editorials, opinion pieces, and studies without an identifiable leadership or burnout measure were excluded. Priority was given to systematic reviews and meta-analyses, followed by large primary studies and studies conducted in Saudi Arabia.

2.4 Data Extraction and Synthesis

For each included study, the authors, year, country, design, sample, and main findings were extracted. Findings were then synthesized thematically into four themes: the burden of burnout, the direct association between transformational leadership and burnout, mediating mechanisms, and evidence from the Saudi context. Table 1 summarizes the key studies that informed the synthesis.

3. CONCEPTUAL BACKGROUND

3.1 Workplace Burnout

Burnout is most commonly measured with the Maslach Burnout Inventory (MBI), which captures emotional exhaustion, depersonalization, and personal accomplishment; the MBI and the Utrecht Work Engagement Scale were the instruments most frequently used in studies of leadership, burnout, and engagement among nurses [7]. The choice of instrument matters: one meta-analysis reported an overall pooled burnout symptom prevalence of only 11.23% among 45,539 nurses in 49 countries, but found significant differences according to region, specialty, and the type of burnout measurement used [1]. This variation helps explain why estimates differ markedly across reviews [1], [2], [3].

3.2 Transformational Leadership

Transformational leadership, rooted in the Full Range Leadership model of Bass, describes leaders who inspire followers toward a shared vision and develop them beyond self-interest. It is composed of four key components: idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration [8]. Transformational leadership is the most widely researched leadership concept, and meta-analytic evidence shows that few other leadership models add explanatory value beyond it for employee outcomes [9]. In nursing, transformational leadership has been linked to empowerment, teamwork, a better quality of nursing work environment, and safer patient outcomes [8].

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3.3 The Job Demands–Resources Model

The JD-R model provides the most widely used theoretical lens for linking leadership to burnout. It proposes two processes: a health-impairment process, in which excessive job demands lead to strain and burnout, and a motivational process, in which job resources foster work engagement [7], [10]. Leadership has been conceptualized in different ways within this framework: as a job resource, as a job demand, or as a higher-order factor that shapes the demands and resources employees experience [11]. An integrative review of reviews identified transformational leadership, supervisor support, and fair and authentic management among the key job resources of nursing staff, alongside work overload and work–life interference as key demands [12]. This framework underpins much of the evidence synthesized below.

4. FINDINGS OF THE REVIEW

4.1 Direct Association between Transformational Leadership and Burnout

Across reviews, the most consistent finding is a negative association between transformational leadership and burnout. Montenegro Méndez et al. [7] conducted a PRISMA-guided systematic review across six databases and found that transformational, authentic, and servant leadership had protective effects against burnout and promoted engagement, whereas abusive leadership was linked to increased burnout. Transformational leadership was the most frequently studied style and was consistently associated with lower burnout [7]. Roshida et al. [13] similarly concluded that leadership styles affect nurse burnout both directly and indirectly, with some styles increasing and others lowering burnout.

Quantitative synthesis supports the size of this association. A meta-analysis of 19 studies on leadership styles and employee burnout found a moderate, significant negative relationship ($g = -0.35$; 95% CI −0.42 to −0.28), although it also reported relatively high heterogeneity and possible publication bias [14]. Outside healthcare, a study using the Burnout Assessment Tool and the Global Transformational Leadership scale likewise found that employees led by transformational managers reported lower burnout [15], suggesting that the relationship is not specific to one profession.

The association has also been observed in academic nursing. In a survey of 645 nursing faculty members in Canada during the COVID-19 pandemic, the transformational leadership of deans and directors had a strong direct effect on workplace culture and job satisfaction and an inverse direct effect on faculty burnout [16]. This suggests that the protective role of transformational leadership extends to periods of crisis and uncertainty.

4.2 Mediating Mechanisms

A second consistent finding is that transformational leadership reduces burnout largely indirectly, by reshaping the work environment. The most comprehensive evidence comes from Teetzen et al. [9], whose three-level meta-analytic structural equation models of 243 samples showed that all examined job resources and demands mediated the relationship between transformational leadership and well-being. Organizational resources were the strongest mediators, and job demands had a strong mediating effect on the link between transformational leadership and negative well-being such as strain [9]. Five groups of mechanisms emerge from the reviewed literature.

Job demands and job resources. In a study of 579 clinical nurses, head nurse leadership was negatively related to burnout; it weakened burnout through job resources and contributed to burnout through job demands, supporting a parallel-mediation model [17]. Similarly, a survey of 1,117 nurses in 13 Belgian hospitals found that engaging leadership was linked to lower burnout and higher engagement through nurses' perceptions of job resources and intrinsic motivation [10]. Together, these studies

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show that leaders influence burnout by adjusting the balance between what the job demands and what it provides.

Empowerment. Empowerment is one of the most frequently reported mediators. A systematic review of 23 studies found that transformational leadership affects the nursing work environment directly and indirectly through structural empowerment, organizational commitment, and job satisfaction [8]. In a Saudi study of 305 registered nurses, transformational leadership was strongly associated with psychological empowerment ($r = 0.507$), which in turn partially mediated its effect on organizational citizenship behaviors [18].

Organizational justice and quality of work life. In a mixed-methods study of 580 nurses across five Saudi hospitals, transformational leadership enhanced nurse well-being both directly and indirectly through improved organizational justice and quality of work life [19]. This finding is important because perceived fairness in workload allocation, scheduling, and recognition is a recognized protective factor against burnout.

Workplace culture and climate. Supportive culture and climate are another pathway. Workplace culture mediated the effect of transformational leadership on both job satisfaction and burnout among nursing faculty [16], and organizational climate mediated the relationship between transformational leadership and work engagement among 359 intensive care nurses [20].

Work engagement. Within the JD-R framework, engagement is the positive counterpart of burnout. Transformational leadership was the style most consistently associated with higher engagement in nursing [7], and engagement-related pathways have been demonstrated in both European and Asian hospital samples [10], [20].

4.3 Evidence From Saudi Arabia

Saudi Arabia presents a distinctive context: rapid health-system transformation under Vision 2030, a multicultural workforce in which expatriate nurses constitute a large share of staff, and documented moderate to high burnout in critical care units [6]. A scoping review of Saudi critical care nursing concluded that burnout was moderate to high while job satisfaction was only moderate, and it called for organizational burnout-management strategies [6].

Local leadership studies are encouraging but limited. Alruwaili [19] showed that transformational nurse leaders improve well-being through justice and quality of work life, and Ibrahim et al. [18] showed that they empower nursing staff. Alluhaybi et al. [21] surveyed 278 nurses in Saudi public hospitals and found that clinical nurse managers' leadership styles were linked to work engagement, with significant differences in perceived leadership and engagement between Saudi and non-Saudi nurses. This cultural dimension implies that transformational behaviors such as individualized consideration may need to be adapted to a diverse workforce. Notably, nearly all Saudi studies are cross-sectional, and none of the reviewed local studies evaluated a leadership intervention with burnout as the primary outcome.

4.4 Leadership-Focused Interventions

Evidence on interventions remains thinner than observational evidence. Reviews consistently recommend investment in leadership development programs to reduce burnout and enhance engagement [7], [8]. Leaders themselves are also vulnerable to burnout, which may limit their capacity to lead transformationally. In a randomized controlled trial with 77 unit-based nurse leaders, a psychoeducational group program built on resilience, insight, self-compassion, and empowerment improved psychological empowerment and reduced perceived stress and burnout [22]. Meta-analytic work has also examined organizational-level interventions for occupational burnout with a specific

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focus on exhaustion [23]. Together with the meta-analytic evidence that nurse burnout is linked to patient harm [5], these findings support combining leadership development with structural, organization-wide measures rather than relying on individual resilience training alone.

Table 1: Summary of Key Studies on Transformational Leadership and Burnout

Study	Design / Setting	Sample	Key Findings
Montenegro Méndez et al., 2025 [7]	Systematic review (JD-R framework)	Quantitative studies of nurses	TL most studied style; consistently linked to lower burnout and higher engagement; abusive leadership linked to higher burnout.
Ystaas et al., 2023 [8]	Systematic review	23 studies	TL improves work environment via structural empowerment, commitment and satisfaction; leadership training recommended.
Farahani & Navabi, 2024 [14]	Systematic review and meta-analysis	19 studies	Moderate negative relationship between leadership styles and burnout (g = −0.35).
Teetzen et al., 2022 [9]	Meta-analytic SEM	243 samples	Job resources and demands mediate TL–well-being; organizational resources strongest mediators.
Boamah, 2022 [16]	Cross-sectional, Canada	645 nursing faculty	TL had an inverse direct effect on burnout; workplace culture mediated the effect.
Kohnen et al., 2024 [10]	Cross-sectional, Belgium	1,117 nurses, 13 hospitals	Engaging leadership linked to lower burnout via job resources and intrinsic motivation.
Jiaqing et al., 2025 [17]	Cross-sectional, China	579 nurses	Head nurse leadership reduced burnout via job resources and increased it via job demands.
Zhang et al., 2025 [20]	Cross-sectional, China	359 ICU nurses	Organizational climate mediated TL and work engagement.
Alruwaili, 2025 [19]	Mixed methods, Saudi Arabia	580 nurses, 5 hospitals	TL enhanced well-being through organizational justice and quality of work life.
Ibrahim et al., 2024 [18]	Cross-sectional, Saudi Arabia	305 nurses	TL strongly associated with psychological empowerment (r = 0.507).
Alluhaybi et al., 2024 [21]	Cross-sectional, Saudi Arabia	278 nurses	Leadership styles linked to engagement; Saudi and non-Saudi nurses differed.
Sawyer et al., 2023 [22]	Randomized controlled trial, USA	77 nurse leaders	Psychoeducational program reduced leaders' stress and burnout and improved empowerment.

TL = transformational leadership; JD-R = Job Demands–Resources; SEM = structural equation modeling; ICU = intensive care unit.

5. DISCUSSION

This review indicates that transformational leadership is consistently and negatively associated with workplace burnout, with an effect that is moderate in size [7], [14]. The convergence of findings across healthcare and non-healthcare settings, across countries, and across clinical and academic environments strengthens confidence in the direction of this relationship [16], [15]. At the same time, the evidence suggests that transformational leadership is not a stand-alone remedy. Its influence works mainly through the work environment: leaders who articulate a shared vision, show individualized consideration, and stimulate staff intellectually increase the resources available to employees and protect them from excessive demands [9], [17].

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5.1 Implications for Practice and Policy

Several practical implications follow for nursing administrators and policymakers, including those in Saudi Arabia.

1) Embed transformational leadership competencies in the selection, onboarding, and continuing education of charge nurses, head nurses, and nurse managers, as recommended across reviews [7], [8].
2) Use leadership to build job resources such as empowerment, participation in decisions, recognition, and fair scheduling, which are the main pathways linking leadership to lower burnout [9], [19], [18].
3) Combine leadership development with structural actions on staffing and workload, since leadership cannot fully offset excessive job demands [5], [17].
4) Support the well-being of leaders themselves through evidence-based programs, because burned-out leaders are less able to lead transformationally [22].
5) Adapt leadership approaches to multicultural teams, given documented differences in how Saudi and non-Saudi nurses perceive leadership and engagement [21].
6) Monitor burnout and leadership routinely with validated tools such as the MBI and the Multifactor Leadership Questionnaire, so that units at risk can be identified early [7].

5.2 Limitations of the Current Evidence

The evidence base has important limitations. Most primary studies are cross-sectional, which prevents causal conclusions and makes mediation analyses vulnerable to bias; reviews have explicitly called for longitudinal designs [7]. Burnout prevalence varies widely with the measurement tool and cut-off used [1], which complicates comparison across studies. Meta-analytic evidence shows considerable heterogeneity and possible publication bias [14]. Leadership and burnout are usually both self-reported by the same respondents, raising concerns about common-method variance. Finally, randomized evaluations of transformational leadership training with staff burnout as the primary outcome remain scarce, particularly in the Gulf region.

This review itself has limitations. As a narrative review, it did not include a formal risk-of-bias assessment or a new meta-analysis, and it was restricted to English-language publications. However, it prioritized recent systematic reviews and meta-analyses and large primary studies to strengthen the reliability of its conclusions.

5.3 Directions for Future Research

Future research should: 1) use longitudinal and multilevel designs that link unit-level leadership to individual burnout over time; 2) test transformational leadership development programs in randomized or quasi-experimental trials with burnout, turnover, and patient safety outcomes; 3) examine cultural moderators within the multinational Saudi workforce; and 4) investigate the role of newer constructs, such as engaging and secure-base leadership, alongside transformational leadership [7], [10].

6. CONCLUSION

Burnout affects roughly one-third of nurses worldwide and threatens both workforce sustainability and patient safety. The literature reviewed here shows that transformational leadership is one of the most consistent organizational protective factors against burnout. Its effect is moderate and largely indirect: transformational leaders reduce burnout by empowering staff, promoting fairness and a supportive climate, strengthening engagement, and helping to balance job demands with adequate

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resources. For healthcare organizations in Saudi Arabia and beyond, developing transformational leadership capability among nurse managers, while simultaneously addressing staffing and workload, represents a practical and evidence-informed strategy for protecting the mental health of the workforce. Rigorous longitudinal and interventional studies, particularly in Gulf healthcare settings, are now needed to confirm causality and guide implementation.

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