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UNDERSTANDING MIDWIFERY BURNOUT IN MECCA PROVINCE HOSPITALS: A DESCRIPTIVE REVIEW OF RECENT STUDIES

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ABSTRACT

Burnout among midwives is a significant global concern, but the situation is less well-studied in Mecca Province. This literature review examines twenty-two recent studies from Saudi Arabia, the Middle East, and other global contexts, to explore levels, antecedents, and implications of midwifery burnout. The most often included burnout antecedents are high workload, irregular shift times, limited autonomy, and workplace support, and dignity. Studies in Oman, Jordan, and Ethiopia show alarming levels of stress and emotional exhaustion. Typically Saudi Arabian focused studies contributed burnout from evening shifts, workload/human resources, and workplace culture and civility - this is particularly relevant in Mecca where many of the maternity hospitals are among the busiest. This review also identified several research gaps such as little data specific to Mecca, virtually no longitudinal studies, and limited work on the use of cultural or spiritual coping strategies. The review also promoted implementation of local solutions such as resilience training and programs for workplace empowerment, structural and leadership support, along with proactive policies to improve the work environment, and proposals for the role of midwives that align with programs for workforce retention including Saudi Vision 2030 reform initiatives that promote midwives' mental wellness.

Index Terms- Burnout, Mecca Province, Midwifery, Occupational Stress, Professional Empowerment.

I. INTRODUCTION

Burnout is an empirically confirmed occupational syndrome, more and more recognized worldwide as a serious health threat for healthcare systems.[1,2,3] Burnout was initially described by Freudenberger in the 1970s and later measured by Maslach and Jackson. Burnout is a chronic occupational stress reaction that has not been alleviated better and is a psychological syndrome. It consists of three main dimensions: emotional exhaustion, depersonalization (affective disconnection or cynicism at work with patients), and decreased personal accomplishment.[4,5,6] Burnout was classified by the World Health Organization (WHO) in the ICD-11 as an occupational phenomenon, highlighting its importance in the high-demand professions, i.e., the health profession. Among all the healthcare professionals, midwives are at highest risk of burnout because the nature of their work is affectively demanding, physically demanding, and socially devalued. Burnout among midwives affects the professionals and the quality of patient care, maternal health status, and institutional retention.[7,8]

Midwives' burnout has a unique set of challenges. Unlike other health professions, the working conditions of

midwives are generally emotionally challenging—walking the woman through labor, delivery, and postpartum complications—where the outcomes vary from euphoria to catastrophe.[9,10] Ongoing exposure to intense emotional labor, low patient-to-nurse ratio, unpredictable shifts, and, at times, diminished autonomy puts the midwives at risk of exhaustion and emotional strain. Studies have quantified that midwives' burnout results in higher absenteeism, errors in the delivery of care, emotional disengagement from patients, and even planning to leave the profession of one's choice. Such adverse effects are of serious importance, particularly in the health context of Mecca Province of the Kingdom of Saudi Arabia, where maternal and neonatal care is regionally high in demand.[11,12]

Saudi Arabia's fast-changing healthcare system, ongoing through the Vision 2030 strategy, still sees major workforce issues, specifically through maternal and neonatal care. The biggest population province, the holy city of Mecca, which receives millions of pilgrims each year, contains a specific health issue.[13,14] Mecca hospital delivery suites and ante-natal clinics are regularly full or operating at more than capacity, especially during the seasons of the times of Hajj and Umrah when the population surge creates increased demand on health services. Midwives working across the area frequently find themselves having to handle heavy workloads, deal with cultural nuances, and provide quality care with no downtime and little protection mechanisms. Systemic stressors are a contributing cause of a work environment fertile for the development of burnout when not properly prevented.[15,16,17]

Besides, cultural aspects in Saudi Arabia may influence how burnout happens and gets reported among midwives. Historical perceptions regarding caregiving work, societal expectations regarding the female health worker, and stigma regarding mental illness may all lead to symptoms of burnout going unremarked or unreported.[18,19] Moreover, the femininity of the practice of midwifery in Saudi, where most midwives are women, intersects with the societal expectations regarding family role, which widens work-life imbalance further. Context-based and local data are the need of the hour, all the more so, considering the nation's goals to advance women's health services and retain the health worker force under the aegis of the Vision 2030.[20,21]

In the context of widening recognition of burnout among health providers globally, case studies of the middle-eastern experience of midwifery—much less Mecca Province's—remain scarce. While studies of burnout among Saudi family practitioners and nurses have been plentiful, comparatively few specifically address midwives.[22,23] Even fewer have examined midwives' experience of the phenomenon of burnout within the specific context of the hospital environment of Mecca, where religious tourist practice, population density, and culture-based factors may generate unique stressors among maternal care providers. Without such a void within the academic literature itself, effective intervention, support infrastructure, and targeted policy among area midwives are stalled.[24]

As midwives are the sole guarantee of the safe delivery of pregnant women, knowing the antecedents and consequences of burnout among them is a must. As a response to the identified gap, the current review summarizes the literature about the burnout of midwives, with particular interest focused on studies generalizable to Saudi Arabia and the Middle East as a whole. By conducting the current review, we intend to define common antecedents of burnout (e.g., workload, emotional demands, lack of autonomy, and weak organizational support) as well as consequences for the midwives and the maternal endpoints, and areas of concern, which need the immediate attention of the country's policy markers and the hospital administrators.[25,26]

The objectives of this review of the literature are three: (1) to synthesize the current evidence on the prevalence, causes, and consequences of midwifery burnout, with specific application to hospital work, such as work in Mecca Province; (2) to describe the ways in which measurement, recognition, and management of burnout vary across different health systems; and (3) to define meaningful gaps identified in a contemporary literature search, which prevent determination of context-specific responses for Mecca's workforces comprised of midwives. Using local, as well as global, studies, the current review attempts towards a general understanding of midwifery burnout, which can inform subsequent studies, education modules, as well as policy for health settings in Saudi Arabia. Finally, the finding of the current scoping review seeks to guide work environment optimization for midwifery practice in Mecca, enhance the retention of the midwives, and promote the safety of the patients through the decrease of emotional and physical stress of providers of maternal services. With a population-centred health system put under pressure by population growth, urbanization, and seasonality related to religious tourist flow, Mecca Province critically requires to address care for providers of frontline maternal health care. Burned-out midwifery is as much an occupational health issue as a matter of strategy for work environment optimization of maternal care as a tool for achieving national health reform targets in the Kingdom of Saudi Arabia.

II. METHODOLOGY

In order to investigate the issue of midwifery personnel burnout in the Mecca Province health facilities in depth, the study utilized the descriptive literature study method, which entailed the identification, analysis, and synthesis of international and domestic studies, and hence the determination of the size and extent of causative factors of the midwife burnout, the effect of such a burnout, as well as the likely intervening factors that can be achieved

within the context of maternal health in Mecca. Selection of literature entailed a controlled and focused process utilizing the set search strategies, inclusion, and quality criteria, such that literature utilized was relevant as well as valid.

Database Searching Procedure

The first activity was conducting a thorough peer-reviewed journal article search in various scholarly databases. Based on the usefulness of such electronic databases to the extent of the coverage of the topic, the following electronic databases were chosen:

PubMed
ScienceDirect
Scopus

CINAHL (Cumulative Index to the Nurses and Assisting Health Literature)

Google Scholar

They were selected as they encompass a thorough search of the international medical and health-related literature, with particular use of Scopus and PubMed for clinical literature and systematised reviews, and of CINAHL for the existence of nurse- and midwifery-focused studies. Additionally, grey literature relevant to the question, such as health policy statements and WHO meta-analyses, were searched to add to peer-reviewed information wherever relevant.

Search Terms and Keywords

A general search with key words and Boolean operators was employed in searching for appropriate studies. The search was conducted employing the following key words.

“Burnout of the midwife" or "Midwife
"Emotional exhaustion" AND "maternity care"
“Stress în îngrijirea maternală a copilului cu defic”
"Saudi Arabia" AND "burnout"
"Mecca Province" OR "Mecca" AND "
“Burn-out en enfermería.” Y “
"Resilence" AND "stress at work
“Job satisfaction” AND “midwife retention”

To narrow down the findings, filters were used to include just studies that were peer-reviewed and published over a five-year window (2020–2025) to keep the review up-to-date with current issues, notably post-COVID-19, which had affected the dynamics of the healthcare workforce internationally. Both quantitative and qualitative studies were included, and the reference lists of key papers were hand-searched to pick up other studies that were relevant but might have been missed through database search.

Inclusion and Exclusion Criteria

Tight inclusion and exclusion parameters were used at the screening level to ensure the maximum pertinence and quality of the literature selected.

Inclusion Criteria Articles from January 2020 through March 2025.

Articles in English language
Thus,
Studies on midwives with burnout, stress, emotional exhaustion, work environment, or work satisfaction as a central theme.
Studies carried out in the context of hospital/maternity care.
Saudi Arabian, Gulf Co-operation Council (GCC) nations, or similar international health systems' study research works
Peer-reviewed original research articles, systematic reviews, and meta-analyses.
Research with reliable measures (e.g., Maslach Burnout Inventory, Copenhagen Burnout Inventory, DASS-21.

Exclusion Criteria.
Studies specifically among physicians, administrative personnel, or non-midwifery health workers
Articles that are not in full-text
Other publications except English languages
Pre-2020 work, and books released after March 2025
Opinion columns, letters, and editorials that are not the product of new research

Selection Procedure

At the first search, about 140 studies were found. Title and abstract screened, 63 of the papers were selected for full text analysis. By employing the defined pre-determined inclusion criteria and their self-evident suitability to hospital-based midwifery burnout, 22 studies were finally selected.

All the studies critically appraised and tested for.
Systematic quality
Consistency of burnout definitions and instruments of measurement
Relevance to the midwifery profession
Geographic and situational transferability to Saudi Arabia or other comparable contexts
The recruitment process also aimed at a mix of method approaches to facilitate the literature review in the incorporation of both measurable data and rich experiential accounts.

Sources of Type Included

In order to ensure a general comprehension of the phenomenon, the 22 selected studies had varied approaches, which were classified as follows.
Quantitative research (n=10): Cross-sectional surveys, scale measures of the burn-out (CBI, DASS-21, MBI) and regression analysis to investigate the antecedents of burn-out in middle-life adults.

Phenomenological interviewing and thematic analysis were utilized by the qualitative studies (n=6) to examine lived experiences of burnout, coping, empowerment, and professional challenges. Mixed-methods studies (n=3):

These combined questionnaires with interviews or observational data to examine numerical trends as well as individual narratives. Systematic reviews and meta-analyses (n=3): these have synthesized recent evidence regarding workloads, work environments, and burnout among midwives globally and in a Middle Eastern context. This multi-method methodology provided statistical reliability as well as contextual richness, offering in-depth information on midwives' burnout, which could be used in Mecca Province hospitals.

III. Thematic Literature Review

1. Prevalence and Predictors in the Middle East

Midwifery burnout across the Middle East shows consistent patterns of emotional strain, stress, and inadequate workplace support. **Alsaraireh et al. (2024)** conducted a cross-sectional study among 200 Omani midwives and maternity nurses using the DASS-21 scale, reporting that 33.5% experienced anxiety, 32% reported stress, and 27% had symptoms of mild-to-moderate depression. Key predictors included poor sleep, high caseloads, and dissatisfaction with job roles—conditions that closely resemble the working environment in Mecca's high-volume maternity wards. The study's implication is clear: without early interventions, psychological strain could escalate in similarly intense contexts.[27]

Al-Otaibi et al. (2025) added qualitative depth by exploring resilience and empowerment among Saudi OB/GYN nurses and midwives through phenomenological interviews. They uncovered five critical dimensions—psychological, professional, organizational, financial, and physical empowerment—that strongly influence burnout and job retention. Their findings align with the Kingdom's Vision 2030 objective to enhance healthcare workforce satisfaction. In Mecca Province, these factors are especially important, as midwives often operate in high-demand settings where institutional support is frequently limited.[28]

Similarly, **Almahaireh et al. (2025)** studied 476 Jordanian nurses and found significant correlations between occupational stress and poor self-care and psychological flow. Their findings emphasized that fostering resilience and offering workplace counseling could reduce stress—suggesting practical, transferable strategies for Mecca hospitals.[29]

Together, these studies indicate that burnout is prevalent in the Middle East and driven by modifiable workplace and psychological factors. The evidence reinforces the need for Mecca's healthcare administrators to proactively introduce stress management interventions and empowerment frameworks tailored to their midwifery workforce.

2. Saudi-Specific Burnout and Workload Studies

Understanding the Saudi context is critical to addressing midwifery burnout in Mecca. **Alanazy and Aljohani (2025)** used the Copenhagen Burnout Inventory to assess 284 Saudi midwives and found high levels of burnout (mean score = 2.55 ± 0.955). Burnout was significantly associated with evening shifts, years of experience, and age. This empirical evidence suggests that burnout is not evenly distributed and that interventions should be targeted at high-risk demographic groups, particularly in secondary and tertiary maternity hospitals in Mecca.[30]

Alanizi et al. (2024) conducted a qualitative study involving 24 healthcare workers, including midwives, and reported that long shifts, insufficient staff, and high patient acuity led to emotional fatigue and low morale. These factors mirror the operational conditions of many maternity hospitals in Mecca, particularly during peak pilgrimage seasons, when healthcare demand spikes dramatically.[31]

Perhaps most directly relevant, **Mohammed (2025)** presented a mixed-methods study focused on hospitals in Mecca. Using the Safety Attitudes Questionnaire (SAQ) and in-depth interviews, he identified moderate levels of patient safety culture. Key weaknesses included teamwork climate and work conditions—two organizational factors strongly tied to burnout. This study provides a rare Mecca-specific dataset and highlights the urgent need to strengthen interprofessional collaboration and improve working conditions in maternity care.[32]

These findings collectively reveal the structural and institutional contributors to burnout in Saudi Arabia and affirm that Mecca's maternity units must adopt systemic changes—including better shift planning, staff retention programs, and psychological support—to reduce midwifery burnout.

3. Job Satisfaction and Retention Drivers

Job satisfaction plays a crucial role in buffering midwifery burnout and enhancing retention. **Alkhateeb et al. (2025)** conducted a systematic review of 73 studies across the Gulf Cooperation Council (GCC) countries and identified 14 key drivers of job satisfaction, such as autonomy, workload, recognition, professional development, and interpersonal relationships. By expanding on Spector's Job Satisfaction Model, the study provided a comprehensive framework highly relevant to improving conditions for Mecca's midwives.[33]

In a different context, **Ntjikelane et al. (2025)** studied differentiated service delivery (DSD) models in HIV care across Africa and found that reduced workloads led to higher job satisfaction. Providers with adjusted caseloads were significantly more satisfied (aOR = 4.56), suggesting that decongested care pathways may be an effective model for Mecca's overcrowded maternity wards.[34]

Pérez-Castejón et al. (2024) conducted a meta-analysis of labor ward job satisfaction studies, highlighting a paradox—although satisfaction levels were reportedly high, the tools used lacked contextual sensitivity. The review emphasized that the increasing medicalization of childbirth reduces midwives' autonomy, leading to emotional detachment and dissatisfaction. Given that medicalized labor is common in Saudi hospitals, this concern is directly applicable to Mecca's midwifery landscape.[35]

Hynes et al. (2025) explored how the COVID-19 pandemic affected midwife retention, finding that institutional support, leadership communication, and adequate staffing were vital in promoting job satisfaction. With Mecca's hospitals having faced pandemic-related surges, this evidence underscores the need to strengthen administrative responsiveness and support mechanisms to retain midwives during future healthcare crises.[36]

4. Psychological and Organizational Factors

Psychological stressors and organizational culture heavily shape the burnout experience. **Sharif et al. (2025)** studied 382 Saudi nurses and found a strong correlation between high levels of grief—particularly following maternal or neonatal deaths—and avoidant coping mechanisms ($p<0.001$). The study called for culturally grounded grief support systems, a recommendation that Mecca hospitals should heed given the emotional burden associated with high-risk maternity cases.[37]

LaPlante et al. (2025) provided a systematic review of psychological safety and identified five foundational elements for effective healthcare teams: trust, communication, openness, leadership support, and mistake tolerance. These organizational components are currently underdeveloped in many Saudi hospitals, as noted in Mohammed's Mecca-based findings, where low teamwork climate scores were linked to burnout.[38]

In an analysis of 36 burnout-related studies, **Andina-Díaz et al. (2024)** argued that lack of autonomy and recognition—rather than sheer workload—are the primary burnout drivers. This insight aligns with the cultural dynamics in Mecca, where hierarchical structures and gendered roles may limit midwives' agency and recognition.[39]

Recchia (2024) used a grounded theory approach to explore midwife resilience in the UK and identified "feeling valued" and achieving "work-life balance" as decisive factors for career sustainability. These findings suggest that Mecca's hospitals should develop workplace cultures that foster appreciation, flexibility, and emotional resilience to curb attrition rates.[40]

5. Global Workload and Burnout Syntheses

Global evidence on midwifery burnout offers valuable perspectives that can guide policy reform in Mecca. **Carvajal et al. (2024)** conducted a rapid review and concluded that burnout is exacerbated in environments lacking safety, respect, and adequate resources. They called for "respectful organizations"—a concept Mecca hospitals can adopt to improve midwifery well-being.[41]

Argaheni et al. (2024) reviewed 15 studies on healthcare workload and found that staffing shortages, administrative burdens, and unpredictable shifts were the top stressors. Their recommendation for national policy reforms to regulate workload distribution is especially relevant to Mecca's densely populated and understaffed hospitals.[42]

In a bibliometric analysis of burnout literature from 2015 to 2024, **Çankaya (2024)** found that key research terms included "job satisfaction," "stress," and "emotional exhaustion," with Australia and the EU leading in publication volume. This analysis underscores the underrepresentation of Saudi Arabia in burnout literature and highlights the opportunity for increased research investment in Mecca's healthcare workforce.[43]

Alemu et al. (2024) and **Mengistie et al. (2024)** reported alarmingly high burnout rates (47.1% and 55.3%, respectively) among Ethiopian midwives. Predictors included working more than 40 hours per week, job dissatisfaction, exposure to violence, and lack of institutional support. Their recommendations—shorter shifts, mental health programs, and management training—could be adapted for the Saudi context.[44,45]

Alsaraireh et al. (2025) offered additional qualitative insights from Jordan, identifying undervaluation and lack of autonomy as major stressors. These themes resonate in Mecca, where professional respect and empowerment remain concerns for the midwifery community.[46]

6. Patient Outcomes and Systemic Interventions

The relationship between healthcare worker burnout and patient outcomes is increasingly evident. **Li et al. (2024)** meta-analyzed 85 studies and concluded that burnout leads to poorer safety climates (SMD = −0.68), increased clinical errors (SMD = −0.30), and lower patient satisfaction (SMD = −0.51). These findings make a strong case for Mecca's hospital administrators to prioritize anti-burnout strategies not only for workforce sustainability but also for maternal and neonatal safety.[47]

Al-Harbi et al. (2024) explored midwifery's evolving role in the face of increasing medicalization, noting that the erosion of autonomy undermines both job satisfaction and care quality. Their call for policy advocacy and professional reinvigoration aligns with the needs of Mecca's midwives, who often function within rigid hospital hierarchies with limited agency.[48]

These studies collectively highlight that addressing burnout is not merely an internal workforce concern but a broader patient safety and healthcare quality issue. For Mecca, where maternal care is vital and public scrutiny is high, strategic interventions at both organizational and policy levels are urgently needed.

Author (Year)	Key Focus	Methodology	Main Findings	Relevance to Mecca
Alsaraireh et al. (2024)	Predictors of stress in Omani midwives	Cross-sectional (n=200)	27–33.5% mild-moderate depression/anxiety/stress; linked to sleep, job satisfaction, caseload	Highlights regional predictors (e.g., workload) applicable to Mecca
Al-Otaibi et al. (2025)	Empowerment & retention in Saudi OB/GYN	Qualitative (n=18)	Structural empowerment (resources, leadership) and resilience drive intent to stay	Directly applicable; identifies retention strategies
Almahaireh et al. (2025)	Self-care vs. occupational stress	Quantitative (n=476)	Low self-care/flow predicts high stress; suggests counseling interventions	Supports psychological interventions for Mecca midwives
Mohammed (2025)	Patient safety culture in Mecca/Madinah	Mixed-methods	Moderate safety culture; weak teamwork/work conditions; needs better reporting	**Critical**: Mecca-specific baseline data for improvement
Alkhateeb et al. (2025)	GCC job satisfaction determinants	Systematic review (73 studies)	14 determinants (e.g., autonomy, recognition, workload); expands Spector's model	Framework for assessing Mecca job satisfaction
Ntjikelane et al. (2025)	DSD models & job satisfaction	Mixed-methods (3 countries)	Workload reduction improved satisfaction; motivated by patient interaction	Supports workload management models for Mecca
Alanazy & Aljohani (2025)	Burnout in Saudi midwives	Cross-sectional (n=284)	High burnout (mean 2.55); linked to age, experience, shift work	**Direct evidence**: Saudi burnout prevalence
Alanizi et al. (2024)	Workload & burnout in Saudi HCWs	Qualitative (n=24)	Workload (staffing, hours) causes burnout; reduces job satisfaction, patient care	Confirms workload as key Mecca challenge
Al-Harbi et al. (2024)	Midwifery role challenges	Review	Medicalization erodes autonomy; advocates policy changes for recognition	Context for autonomy deficits in institutional settings
Recchia (2024)	Resilience & career decisions	Grounded theory (n=36)	Resilience fluctuates with support/control; affects retention	Supports empowerment interventions in Mecca
Andina-Díaz et al. (2024)	Burnout factors in midwives	Mixed-methods review	Autonomy deficits and lack of recognition are primary burnout drivers	Core theme: Addresses systemic causes in Mecca
Sharif et al. (2025)	Grief coping in Saudi nurses	Cross-sectional (n=382)	High grief linked to avoidant coping; needs structured support	Relevant for trauma management in high-stress settings
LaPlante et al. (2025)	Psychological safety in HC teams	Systematic review	5 elements (e.g., trust, communication) improve team outcomes	Guides Mecca team culture interventions
Carvajal et al. (2024)	Global midwifery work conditions	Rapid review	Unsafe conditions → burnout; requires staffing, resources, respect	Reinforces need for systemic change in Mecca
Alemu et al. (2024)	Ethiopian midwife burnout	Cross-sectional (n=467)	47.1% burnout; linked to job dissatisfaction, conflict, long hours	Parallels Saudi workload/staffing issues
Alsaraireh et al. (2025)	Jordanian midwife burnout	Qualitative (n=10)	Burnout from emotional strain, undervaluation, autonomy limits	Regional evidence of intrinsic stressors
Argaheni et al. (2024)	Midwife workload scoping review	Scoping review	Workload ↑ from acuity, staffing gaps; causes burnout, attrition	Context for Mecca's workload challenges
Çankaya (2024)	Burnout research trends	Bibliometric analysis	Australia leads research; "job satisfaction," "stress," "COVID-19" top themes	Identifies gaps (e.g., Mecca-specific studies needed)
Mengistie et	Ethiopian burnout	Cross-sectional	55.3% burnout; violence, low	Confirms

al. (2024)	predictors	(n=640)	support, job rotation ↑ risk	organizational risks relevant to Mecca
Pérez-Castejón et al. (2024)	Labor-ward job satisfaction	Systematic review	High satisfaction but instruments lack specificity; autonomy erosion noted	Contextualizes Mecca job satisfaction challenges
Hynes et al. (2025)	Nurse/midwife retention in COVID	Scoping review	Staffing, leadership, resources key to retention during crises	Informs crisis management for Mecca
Li et al. (2024)	Nurse burnout & patient outcomes	Meta-analysis (85 studies)	Burnout ↓ safety, satisfaction, care quality; consistent globally	**Critical**: Evidence for Mecca policy urgency

IV. GAPS IN THE LITERATURE

While there is an increasing amount of literature relating to midwifery burnout at both the regional and global levels, many important gaps still exist, especially regarding Mecca Province. Although the current literature identifies individuals or groups factors associated with burnout (prevalence, predictors, and outcomes), there are still some complex, critically under-studied and unresolved gaps that can be identified. Identifying gaps will be important in shaping future research strategies and directing the development of interventions that are specific to the context of maternity care in Saudi Arabia.

1. Limited Mecca-Specific Research

As identified, the most significant gap in the literature is research conducted in the hospitals of Mecca Province. Of the 22 reviewed studies, only one (Mohammed, 2025) directly investigated burnout related factors in a Mecca-based health care setting. Considering that healthcare within Mecca Province has unique healthcare demands in relation to it being both a global religious destination and population epicenter at the time of performing Hajj and Umrah, undertaking research only within Mecca Province adds to the concern of insufficient localized evidence. For example, maternity care units experience a sudden surge of activity, immense stress and pressure as a result of the seasonal influx of pilgrims. The operational realities of Meccan maternity care units are not well represented within the existing literature. Consequently, if there is no quality, Mecca-specific evidence, whether quantitative or qualitative, in an otherwise generic field such as midwifery burnout, attempts to address burnout or mitigate its effects in the Mecca Province will be generic at best and unlikely to work in practice.

2. Absence of Intervention and Longitudinal Studies

One of the most important gaps in the literature is the lack of emphasis on intervention and longitudinal studies. The majority of studies are descriptive and cross-sectional, with few assessing the effectiveness of interventions designed to help reduce burnout among midwives. Most studies identify risk factors, such as high workload, emotional exhaustion, and lack of organizational support, yet they rarely test or examine practical solutions like resilience training, redistribution of workload, or mental health counseling. In addition, very few longitudinal studies were identified that were designed to track burnout over time, or detect the long-term effects of changes made by institutions. Longitudinal studies are important because they help us understand how burnout progresses and the degree to which we can sustain any strategies / solutions that are implemented to help address burnout, especially in environments like the hospitals in Mecca, where midwives are constantly interacting with complex systems and facing challenges in the workplace.

3. Cultural and religious coping strategies were underrepresented

Several studies mention emotional distress and coping strategies, but few have problematized how cultural, religious, or spiritual beliefs shape the burnout experience, or recovery from burnout as midwives in Islamic contexts. In Saudi Arabia, and in particular Mecca, the role of religious values is central to forming individual behavior, workplace relationships, and attitudes to stress. Coping strategies that stem from an individual's faith, prayer, or community values may be protective against burnout, yet these elements were almost universally excluded in the literature. Addressing this gap is essential for developing culturally relevant interventions that resonate with the local workforce.

4. Reduced Attention to Autonomy, Leadership, and Recognition

A consistent finding across studies, is the lack of autonomy and limited recognition experienced by midwives. However, few studies have comprehensively investigated midwifery leadership, decision-making autonomy, or involvement in the development of hospital policy. Typically, midwives in Mecca function within hierarchical structures in which physicians are the dominant voice in clinical decision-making. This model diminishes professional autonomy of midwives and leads to discontent in work. While a lack of autonomy is a known contributor to professional exhaustion, there is little discourse in the literature about how authorization midwives as leaders or independent care providers could relieve stress and improve retention for this profession in Mecca.

5. Poorly validated use of regional-specific measurement tools

Lastly, many of the studies reviewed here utilized burnout measures, which were developed in the West, such as the Maslach Burnout Inventory and Copenhagen

Burnout Inventory, demonstrating little to no validation in the Middle Eastern or Islamic context. Cultural considerations such as collectivism, gender roles and emotional disclosure acceptance can influence how burnout is interpreted and understood. Therefore, it is concerning that measurement instruments are not contextually validated as the existing evidence may not be an accurate representation of the healthcare context in Mecca.

V. CONCLUSION

Burnout has become a widespread and important topic that directly relates to quality of care, safety of midwives and clients, and the sustainability of the workforce. The literature indicates that burnout is a complex condition attributable to multiple factors but primarily resulting from excessive workload, emotional and psychological distress, and a general lack of recognition and professional autonomy. These lead to emotional exhaustion, depersonalization, and decreased personal accomplishment (the three-dimensional model for burnout). The effects of burnout extend beyond the individual midwife to include outcomes in the care of birthing women and for the maternity care system itself (such as efficiency) as well as the wider health care system resilience when faced with a crisis (low, moderate, or high risk).

Applying the literature findings to the hospitals in Mecca Province, the available evidence suggests that midwives face many of the same risk factors globally and at the regional level. Midwives, who typically have large caseloads and work long and irregular schedules, are further challenged in Mecca by the operational stressors during seasonal pilgrimages. The particular working conditions in Mecca may limit organisational supports that enhance teamwork culture, leadership engagement in supportive ways, professional development, and empowerment (non-punitive working conditions). All of these factors leave Mecca-based midwives particularly susceptible to burnout, which has implications for maternal and neonatal safety.

In order to reduce midwifery burnout in Mecca, we need systemic, holistic approaches to change that target more than just individual resilience. The literature declares strongly for staffing increases to share the workload so midwives are not perpetually overwhelmed. Healthcare organizations also must support leaders and supervisory strategies that encourage psychological safety and open communication and acknowledge midwives vital role. Training for midwives on stress management, emotional coping, and professional development may help midwives become better equipped with skills to respond to workplace challenges. In addition, increasing midwives' autonomy and involvement in decision-making is vital to health and professional satisfaction, and reducing experience as disenfranchised.

Furthermore, at the policy level, strategies in the Vision 2030 framework in Saudi Arabia can be developed. Vision 2030 embodies several collective goals including transformation of healthcare, empowerment of healthcare workforce, and quality services—which align vastly with the needs in the review. Therefore, policies that support recruitment, retention, and/or growth for midwives including mental health supports and organizational communication strategies will be important. Top-down engagement will allow for improved and sustainable improvements of the work environment of midwives which will further support Saudi Arabia's maternal healthcare system in Mecca.

This review also emphasizes a major demand for Mecca specific research to further our knowledge on the nuances of this phenomenon and its many facets within this distinct socio-cultural and health care landscape. The current limitations in knowledge arise from the lack of context-specific literature, which can directly limit not only the validity in our responses to the issue of burnout but also hinder the development of policies. Our call for future research should also focus on longitudinal perspectives to record the burnout journey over time and identify targeted interventions. Qualitative efforts to understand midwives' lived experiences such as culture and religion and survey their coping will only add to this context and understanding.

The recruitment of validated culturally appropriate burnout measures is also important. The widely used measure such as the Copenhagen Burnout Inventory (CBI) and Maslach Burnout Inventory (MBI) will help set the foundations to have reliable international frameworks for capturing burnout dimensions of internationally accepted measures of professional burnout in midwifery. However, it is critical that they also are tested, and evaluated within the Saudi and Middle Eastern context to very particular socio cultural norms regarding emotional expression, gender, and workplace interactions for example. Measurement of professional burnout is foundational for establishing baseline prevalence, measuring intervention effect, and good use elsewhere in comparative studies of professional burnout.

In summary, midwifery burnout at hospitals in Mecca Province exemplifies larger systemic issues that are common in high-risk perinatal contexts, but is also impacted by specific context-dependent factors. Addressing this phenomenon in Mecca requires the collaboration of healthcare organizations, policy-makers, and researchers working in partnership, with frequently cited priority areas concerning workload oversight, leadership, professionalism, and contextually-appropriate research. A sustainable midwifery workforce in Mecca will contribute to safer maternity care and will function better in-line with the goals of the health-care reform agenda in Saudi Arabia's Vision 2030.

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