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## Abstract

Occupational burnout among healthcare professionals can have severe consequences on their health, the quality of patient care, and the overall performance of the healthcare system, especially during pandemics like COVID-(19). The aim of this study was to determine the prevalence of occupational burnout syndrome among healthcare providers working at Al-Thawra and Al-Jumhuri hospitals in Taiz, Yemen, and to assess the direct impact of work reference, social relationships, workload, and lack of support on occupational burnout syndrome. Additionally, the study measured the indirect effect through the job satisfaction variable. A quantitative descriptive approach was used, and data were collected using the Maslach Burnout Inventory (MBI) to assess burnout and the Minnesota Satisfaction Questionnaire (MSQ) to evaluate job satisfaction, from a sample of 181 employees at the two hospitals. Data were analyzed using Partial Least Squares Structural Equation Modeling (SMART PLS 4). The results revealed that sources of burnout were at a high level, while the level of burnout syndrome occurrence was moderate. It was found that lack of support, work reference, and workload had direct effects on burnout syndrome, with coefficients of (0.45%), (0.17%), and 0.16%, respectively. However, social relationships did not have a statistically significant direct impact on burnout syndrome. The study also indicated that job satisfaction plays a mediating role in the relationship between social burnout sources and occupational burnout syndrome. Furthermore, demographic factors showed no statistically significant impact on the occurrence of burnout syndrome. The study recommends appropriate interventions by implementing preventive measures and necessary programs to prevent occupational burnout syndrome, along with regular screenings for early detection and treatment of burnout syndrome.

**Keywords:** Job Burnout syndrome, Job satisfaction, Sources of burnout social.

**Background**:

Primary healthcare (PHC) serves as the foundation of all health services, encompassing preventive measures, therapeutic interventions, disease management, and rehabilitation services (Moyo et al., 2023) (Dall'Ora, B, & Griffiths, 2020). It plays a unique and vital role in global health systems by working toward the goal of universal health coverage (UHC) and enhancing the overall health of communities (Chemali et al., 2019)(Wang et al., 2020). Additionally, primary healthcare workers (PHCWs) are crucial in infection control, risk management, and public health response (Konlan, Asampong, Dako-Gyeke, & Glozah, 2022). They are responsible for providing care for both chronic and acute health conditions(Lee & Cha, 2023) (Chirico, et al., 2021). Therefore, a primary healthcare system requires proficient, efficient, and motivated workers to deliver exceptional treatment(Jun, Ojemeni, Kalamani, Tong, & Crecelius, 2021). However, structural changes in healthcare systems have led to increased workloads, higher rates of employee turnover, and decreased job satisfaction(Chemali et al., 2019). These factors contribute to the development of mental health disorders among healthcare professionals. Healthcare workers face significant pressure due to demanding workloads and staff shortages, resulting in heightened stress levels and an increased risk of burnout (Konlan et al., 2022). Team conflicts, unclear role definitions, and limited time to complete professional responsibilities can exacerbate stress, leading to dissatisfaction and hindering the provision of high-quality care (Azoulay et al., 2020). Furthermore, witnessing patient suffering and mortality can be emotionally distressing and challenging for healthcare professionals (Robertson, 2022).

Over the past two decades, there has been a growing body of global research on the mental health concerns of primary healthcare workers (PHCWs) (Kakemam et al., 2024). Common conditions such as depression, anxiety, and stress have a substantial impact on the global burden of disease. Global estimates indicate that depression affects approximately (4.4%) of the population, while anxiety disorders affect around (3.6%). Primary healthcare workers are particularly vulnerable to mental health issues compared to other occupations (Akova, Hasdemir, & Kiliç, 2021). For instance, a study conducted among PHCWs in Malaysia found that (19.7%) experienced depression, (15.2%) had anxiety, and (2.8%) reported stress

(Zhen et al., 2020). A similar study in Turkey revealed that (10.9%) of PHCWs experienced depression, (14.8%) had anxiety, and (5.0%) dealt with stress (Akova et al., 2021).

Burnout syndrome is a global phenomenon, especially in the healthcare sector, and has prompted extensive research. Healthcare workers are more likely to experience burnout, which negatively affects their emotional well-being, physical health, the quality of care they provide, and their relationship with patients. Several studies, particularly in developed countries such as those by (Chirico, et al., 2021). have examined the impact of burnout from various psychological perspectives. However, few studies have focused specifically on the burnout status of healthcare professionals in developing countries, and such research is scarce in regions like Yemen, which has faced significant challenges due to wars, resource shortages, and the COVID-(19) pandemic.

The healthcare system in Yemen has been severely affected by ongoing conflicts, leading to the displacement of healthcare workers and significant deterioration in health facilities. These challenges have intensified mental health issues among healthcare providers. While mental health research on healthcare workers has been conducted in countries like Turkey, Malaysia, Brazil, Oman, India, and Australia, there is a notable lack of data regarding stress, anxiety, and depression among healthcare workers in Yemen. This study aims to address this gap in the literature by exploring the mental health status of primary healthcare workers in Yemen. While mental health issues among healthcare professionals have been studied in various countries, more context-specific research is necessary to understand the unique challenges faced by PHCWs in Yemen. Cultural factors, healthcare system structures, and societal norms may all influence the mental health experiences of this population.

Through a mixed-methods approach, this research seeks to gain a comprehensive understanding of the prevalence of depression, anxiety, and stress among Yemeni primary healthcare workers. The quantitative component will involve administering standardized questionnaires to assess the prevalence and severity of these mental health conditions. This will provide data that can be analyzed to determine the scope of the problem and identify potential risk factors. Additionally, the qualitative component will

include interviews or focus groups with primary healthcare workers to explore their experiences, perceptions, and underlying causes of mental health difficulties. The qualitative data will offer valuable insights into the unique challenges faced by Yemeni PHCWs and help identify strategies for prevention, intervention, and support. The findings of this study are expected to contribute significantly to the existing body of knowledge on the mental health of healthcare workers, particularly within the context of Yemen. They may also inform policy recommendations and interventions aimed at improving the well-being of healthcare professionals, ensuring a healthier workforce, and ultimately enhancing the quality of care provided to the population.

## Research Methodology:

This research employed a descriptive analytical approach, and the quantitative data were gathered through a structured questionnaire distributed to healthcare workers in two major public hospitals in Taiz City, Yemen. The questionnaire was divided into four sections: demographic data, sources of job burnout, job burnout syndrome (based on the Maslach Burnout Inventory), and job satisfaction (adapted from the Minnesota Satisfaction Questionnaire and Job Description Index). Data analysis was conducted using SPSS software version (26) and PLS. Statistical tools included frequencies, percentages, reliability analysis, chi-square test, Pearson's correlation, and parametric analysis (variance, Kruskal-Wallis). Additionally, Structural Equation Modeling (SEM) was used for path analysis to evaluate the theoretical model's appropriateness. The study was conducted between October (202)1 and November (2022) and focused on healthcare professionals with at least one year of experience. Participants excluded were those with chronic diseases, non-healthcare professionals, or those unavailable or unwilling to participate. This research employed a random sampling method to collect data from the target group, which consists of healthcare providers. To achieve the research objectives, a total of (230) questionnaires were distributed to a targeted population of (569) individuals across two major public hospitals in Taiz City, Yemen, in (2022). Of the distributed questionnaires, (190) were returned, and 181 were analyzed. This represents a response rate of (78.69%) of the total distributed questionnaires and (31.8%) of the total targeted population. This sample

size was deemed sufficient for multivariate analysis, as recommended by (Baruch & Holtom, 2008) & (Hair, Hult, & Ringle, 2013) The following Table (1) illustrates the response rate of the questionnaires.

**Table (1) Response Rate of the Questionnaire**

| Target | Questions distributed | | | | response rate% |
|---|---|---|---|---|---|
| | Distributed | Recipient | Rejected | used | |
| 569 | 230 | 190 | 9 | 181 | 78.69% |

**Sources of burnout social relationship, work load, lack of support and Job Burnout syndrome**

## Data Coding:

Data coding in quantitative research is described as "assigning a number to the participants' responses so they can be entered into a database" (Sekaran & Bougie, 2016). The researchers coded all questionnaire constructs items using (3) or (4) letters for easy identification in both SPSS and PLS. The first dimension (work references) was coded as WR1 -WR5 items. The second dimension (social relationship) was coded as SR1 to SR8 items. The third dimension (work-load) was coded as WL1 to WL8, items. The fourth dimension (lack of support) was coded as LS1 to LS8. For Job Burnout Syndrome as a dependent variable, the variables were coded JBOS1 to JBOS19. For the Job satisfaction as a mediator variable, were coded JS1 to JS 10. All the 181 usable questionnaires were coded and entered into the SPSS. and PLS.

## Description of the research sample:

Table (2) shows the descriptive results of Demographic variables

**Table (2) Demographic Characteristics of the Respondents.**

| | Samples Description | F | (%) |
|---|---|---|---|
| Gender | Male | 75 | 41.2 |
| | Female | 106 | 58.8 |
| Age | less than 30 years | 83 | 45.9 |
| | 30 – 40 years | 65 | 35.9 |
| | 25 – 30 years | 32 | 17.7 |
| | More than 40 years | 1 | 0.6 |
| Marital status | Single | 63 | 34.8 |
| | Married | 106 | 58.6 |
| | Divorcee | 8 | 4.4 |
| | Widow | 4 | 2.2 |

| | Samples Description | F | (%) |
|---|---|---|---|
| Experience in years | 1-less than 5 years | 79 | 43.6 |
| | 5-10 years | 34 | 18.8 |
| | More than 10 years | 68 | 37.6 |
| Education level | diploma and less than | 99 | 54.7 |
| | Bachelor | 67 | 37.0 |
| | Master | 13 | 7.2 |
| | Doctorate | 2 | 1.1 |
| Job (specialization) | Physician assistant | 47 | 26.0 |
| | Nurse | 51 | 28.2 |
| | lab technician | 35 | 19.3 |
| | radical technician | 8 | 4.4 |
| | Anesthetic | 2 | 1.1 |
| | Pharmacist | 15 | 8.3 |
| | Physician | 23 | 12.7 |
| Attribute of employment | Formal employment | 49 | 27.1 |
| | Contracted employment | 104 | 57.5 |
| | Volunteer employment | 26 | 14.4 |
| Hospital name | Al-Jomhoree hospital | 98 | 54.1 |
| | Al-Thawra hospital | 83 | 45.9 |
| Income /month By Yemen rials | less than 50 thousand rials | 106 | 58.6 |
| | from 50 to less than 100 thousand rials | 53 | 29.3 |
| | from 100 to less than 150 thousand rials | 10 | 5.5 |
| | from 150 to less than 200 thousand rials | 2 | 1.1 |
| | 200 thousand rials and more than | 10 | 5.5 |
| Working hours/week | less than 25 hour | 53 | 29.3 |
| | from 25 to less than 40 hours | 81 | 44.8 |
| | from 4 to less than 50 hours | 25 | 13.8 |
| | 50 hours and more than | 22 | 12.2 |
| Chewing Qatt | Yes | 66 | 36.5 |
| | No | 115 | 63.5 |

To identify the characteristics of the respondents, descriptive and frequency analysis are carried out. The profile of respondents includes: gender, age, marital status, experience, education level, job specialization, attribute job, hospital name, income/month, hours working/week, and Chewing Qatt, which are illustrated in Table (2). According to (Sekaran & Bougie, 2016), the purpose of conducting the descriptive and frequency analysis is to observe the number of different respondents with different values that the percentage rate can represent (Sekaran & Bougie, 2016).

Thus, in this research, there are 181 respondents (41.2%) of them are male, and (58.8%) are female respondents. Most of the respondents are less than (30) years old (45.9%), followed by the respondents from (30) to (40) years old respondents (35.9 %), followed by the respondents more than (40) years with (17.7%), and the respondents who were older than (40) old were (0.6%). Most of the respondents were married (58.6%), followed by the single respondents (34.8%), followed by the respondents who were divorced (4.4%), followed by the respondents who were widows (2.2%). Most of the respondents had experience of years (1) than (5) years (43.6%), followed by the respondents with more than (10) years' experience (37.6%), followed by the respondents with (5-10) years' experience (18.8 %). The education level of most of the respondents was a diploma and less than (54.7 %), followed by the respondents with a Bachelor (37.0%), followed by the respondents with a master (7.2%), followed by the respondents with a PhD (1.1%). Most of the respondents with Job specialization were nurses (28.2%), followed by the respondents working as doctoral assistant (26.0%), followed by the respondents working as lab technician (19.3%), followed by the respondents working as physician (12.7%), followed by the respondents working as pharmacist (8.3%), followed by the respondents working as radical technician (4.4%), followed by the respondents working as anesthetic (1.1%). Most of the respondents had their State of employment as (contracted) (57.5%), followed by the respondents with permanent positions (27.1%), followed by the respondents working as volunteers (14.4%). Most of the respondents were working in Al-Jomhoree hospital (54.1%), followed by the respondents working in Al-Thawra hospital (45.9%). Most of the respondents had a monthly income of less than (50,000) Yemeni Rials (58.6%), followed by the respondents with a monthly income ranging from (50,000) to less than 100,000 Yemeni Rials (29.3%), followed by the respondents with a monthly income ranging from (100,000) to less than 150,000 Yemeni Rials (5.5%), followed by the respondents with a monthly income of (200,000) Yemeni Rials and more (5.5 %), followed by the respondents from (150) to less than (200) thousand Yemeni rials (1.1%). Most of the respondents were of working hours/week from (25) to less than (40) hours (44.8%), followed by the respondents with less than (25) hours (29.3%), followed by the respondents with 4 to less than (50) hours (13.8%), followed by the respondents with (50) hours and more than

(12.2%). Most of the respondents answered the question of not chewing Qatt with (63.5%), followed by the respondents who answered they chewing Qatt with (36.5%).

## The reliability analysis of the research:

Reliability examines the consistency and stability of each item in measuring the established variables of the research. Cronbach's alpha is reliability coefficient that determines the extent of the questionnaire's items are correlated with each other. A closer value of Chronbach's alpha to one indicates higher internal consistency reliability. According to (Cavana, Delahaye, & Sekaran, 2001) respondents for pilot test should come from the target population or similar to the target population. Thus, in the present respondents, a pilot research was conducted to ensure that the questions are internally consistent and reliable. (30) participants were randomly selected among the sample research with (58) items of questionnaires. The results of the preliminary survey analysis indicated the reliability indicators of the latent variables that express the dimensions and axes of the research, which, in their entirety, almost exceeded the lower limits of the extent of each indicator. The Summary of the reliability analysis of the research is shown in table (3).

**Table (3) Summary of Reliability for sample**

| | Cron-Alpha | Homogeneity | AEV |
|---|---|---|---|
| **The extent of the indicator** | **More than 0.60** | **More than 0.70** | **More than 0.50** |
| **Work Reference (WR)** | **0.739** | **0.767** | **0.542** |
| **Social Relationship (SR)** | **0.700** | **0.790** | **0.534** |
| **Work Load (WL)** | **0.734** | **0.813** | **0.634** |
| **Lack of Support (LS)** | **0.750** | **0.821** | **0.656** |
| **Job Burnout Syndrome (JBOS)** | **0. 708** | **0.960** | **0.704** |
| **Job Satisfaction (JS)** | **0.710** | **0.963** | **0.765** |

Table (4-2) shows the reliability indicators of the latent variables that express the dimensions and axes of the research, which, in their entirety, almost exceeded the lower limits of the extent of each indicator. It is noted that the stability coefficient has exceeded the minimum (0.60) for all dimensions. This indicates that the research tool scale has acceptable levels of stability for the purposes of scientific research. The coefficient of

homogeneity has exceeded the minimum (0.70) and this indicates that the measured variables for each dimension are homogeneous with the latent variable that you measure and it is representative. The confidence coefficient also exceeded the minimum (0.70). This means that all the latent variables included in the research model represented the measured variables constituting them to a high degree. Finally, the average explained variance, which was within the range (>0.50) allowed for most dimensions of the research, or close to it, which indicates that the measured variables for each latent variable explain most of the variance for it.

## Results:

**Description of the levels of response to the dimensions of the research axes:**

This section reviews and describes the levels of response to the dimensions of the research axes. Dimensions of the independent variable (work references) The following table reaches the results of the first dimension of source of job burnout syndrome as:

**Table (4) descriptive statistics of work references (WR)**

| Code | Items | Weighted Mean | Relative Index | Sig | Order |
|---|---|---|---|---|---|
| $WR_1$ | The tasks are out of proportion with my capabilities and ambition | 3.70 | 0.740 | 0.00 | 1 |
| $WR_2$ | I have no authority to make decision in my work | 3.68 | 0.736 | 0.00 | 2 |
| $WR_3$ | My head ordinate does not delegate some authorities and responsibilities | 3.67 | 0.734 | 0.00 | 3 |
| $WR_4$ | I have no opportunity to share in decision making that related to the work | 3.60 | 0.720 | 0.00 | 4 |
| $WR_5$ | I can make decision making and executed without return to my heads ordinate | 3.00 | 0.680 | 0.00 | 5 |
| Total | | 3.53 | 0.706 | 0.00 | |

Table (4) presents the analysis of the results of the work references items as one of the dimensions of the sources of job burnout. The opinions of the research sample members about it were, in general, meaning that the research sample members on average showed higher levels of agreement than almost the level of neutrality on the content of those items where the relative importance of all items was higher than (70%), and it can be presented in detail as follows:

When the respondents were asked about sources of burnout work references, it was the highest in order according to the relative importance of the mean of the research tool scale that "the tasks are out of proportion with my capabilities and ambition (wr1)" with a rate of (0.740) which stands at rank (1), followed by Statement that "I have no authority to make decision in my work (wr2)" with a rate of (0.736) which stands at rank (2), followed by Statement "My head ordinate does not delegate some authorities and responsibilities (wr3)" with a rate of (0.734) which stands at rank (3), followed by Statement "I have no opportunity to share in decision making that related to the work (wr4)" with a rate of (0.720) which stands at rank (4), and Statement "I can make decision making and executed without return to my heads ordinate (wr5)" with a rate of (0.680) which stands at rank (5). It also shows the statistical significance of the (chi-square) test of a good fit, the significance of the respondents' opinions represented in the observed frequencies of the levels of agreement for each statement at the significance level of (0.05).

## Dimensions of the independent variable (social relationship):

The following table (5) shows the results of the second dimension of source of job burnout syndrome.

**Table (5) descriptive statistics of social relationship (SR)**

| Code | Items | weighted Mean | Relative Index | Sig | Order |
|---|---|---|---|---|---|
| $SR_1$ | I wouldn't return to my head ordinate when I have problem in the work | 3.315 | 0.663 | 0.00 | 8 |
| $SR_2$ | I didn't get help from my partners when needed | 3.464 | 0.693 | 0.00 | 7 |
| $SR_3$ | Formal relationship is prominent in the work's environment | 3.823 | 0.765 | 0.00 | 3 |
| $SR_4$ | Personal conflicts prevent the harmony among workers | 4.298 | 0.859 | 0.00 | 1 |
| $SR_5$ | There is no coordination and collaboration between employees in different departments the work place | 3.597 | 0.719 | 0.00 | 5 |
| $SR_6$ | There is no social relationship out of the work place | 3.569 | 0.714 | 0.00 | 6 |
| $SR_7$ | I don't feel I socially belong to my work place and partners | 3.668 | 0.734 | 0.00 | 4 |
| $SR_8$ | I don't participate in partners occasions out of the work place | 3.895 | 0.779 | 0.00 | 2 |
| | Total | 3.704 | 0.741 | 0.00 | |

Table (5) presents the analysis of the results of the social relationship items as one of the dimensions of the sources of job burnout. The opinions of the research sample members about it were, in general, meaning that the research sample members on average showed higher levels of agreement than almost the level of neutrality on the content of those items where the relative importance of all items was higher than (70%), and it can be presented in detail as follows:

When the respondents were asked about sources of burnout social relationship it was the highest in order according to the relative importance of the mean of the research tool scale that statement "Formal relationship is prominent in the work's environment ($SR_4$)" with a rate of (0.859) which stands at rank (1), followed by Statement "I don't participate in partners occasions out of the work place ($SR_8$)" with a rate of (0.779) which stands at rank (2), followed by Statement that "Formal relationship is prominent in the work's environment ($SR_3$)" with a rate of (0.769) which stands at rank (3), followed by Statement that "I don't feel I socially belong to my work place and partners ($SR_7$)" with a rate of (0.733) which stands at rank (4), followed by Statement that "There is no coordination and collaboration between employees in different departments the work place ($SR_5$)" with a rate of (0.719) which stands at rank (5), followed by Statement that "There is no social relationship out of the work place ($SR_6$)" with a rate of (0.713) which stands at rank (6), followed by Statement that "I didn't get help from my partners when needed ($SR_2$)" with a rate of (0.693) which stands at rank (7) and followed by Statement that "I didn't get help from my partners when needed ($SR_1$)" with a rate of (0.663) which stands at rank (8). It also shows the statistical significance of the (chi-square) test of a good fit, the significance of the respondents' opinions represented in the observed frequencies of the levels of agreement for each statement at the significance level of (0.05).

**Dimensions of the independent variable (work load)**:

The following table (6) shows the results of the third dimension of source of job burnout syndrome.

**Table (6) descriptive statistics of work load (WL)**

| Code | Items | weighted Mean | Relative Index | Sig | Order |
|---|---|---|---|---|---|
| $WL_1$ | I have to work late or take some work task to my home | 3.718 | 0.743 | 0.00 | 4 |
| $WL_2$ | I feel tired at the end of work | 3.641 | 0.728 | 0.00 | 6 |
| $WL_3$ | Job responsibilities interfere with family responsibilities | 3.685 | 0.737 | 0.00 | 5 |
| $WL_4$ | I can't get vacations for rest easily | 3.856 | 0.771 | 0.00 | 3 |
| $WL_5$ | I can't attend social events due to workload | 3.867 | 0.773 | 0.00 | 2 |
| $WL_6$ | I am responsible for several duties or projects that are not related to each other at the same time | 3.895 | 0.779 | 0.00 | 1 |
| $WL_7$ | Sometimes the tasks assigned to me are complicated or difficult | 2.502 | 0.500 | 0.00 | 8 |
| $WL_8$ | Crowded_and poor work place design cause some trouble | 2.550 | 0.510 | 0.00 | 7 |
| | Total | 3.464 | 0.693 | 0.00 | |

Table (6) shows the Analysis of the results of the social relationship items as one of the dimensions of the sources of job burnout. The opinions of the research sample members about it were, in general, meaning that the research sample members on average showed higher levels of agreement than almost the level of neutrality on the content of those items where the relative importance of all items was higher than (60%), and it can be presented in detail as follows:

It was the highest in order according to the relative importance of the mean of the research tool scale statement that "I am responsible for several duties or projects that are not related to each other at the same time ($WL_6$)" with a rate of (0.779)", which stands at rank (1), followed by Statement that "I can't attend social events due to workload ($WL_5$) with a rate of (0.773), which stands at rank (2). followed by Statement that "I can't get vacations for rest easily ($WL_4$)" with a rate of (0.771) which stands at rank (3), followed by Statement that "I have to work late or take some work task to my home ($WL_1$)" with a rate of (0.743) which stands at rank (4), followed by Statement that "Job responsibilities interfere with family responsibilities ($WL_3$)" with a rate of (0.737) which stands at rank, followed by Statement

that "I feel tired at the end of work ($WL_2$)" with a rate of (0.728 which stands at rank (5), followed by Statement that "Crowded-and poor work place design cause some trouble ($WL_8$)" with a rate of (0.510) which stands at rank (6), finally Statement that "Sometimes the tasks assigned to me are complicated or difficult ($WL_7$)" with a rate of (0.500). Table (6) It also shows the statistical significance of the (chi-square) test of a good fit, the significance of the respondents' opinions represented in the observed frequencies of the levels of agreement for each statement at the significance level of (0.05).

**Dimensions of the independent variable (lack of support):**

The following table (7) shows the results of the fourth dimension of source of job burnout syndrome.

**Table (7) descriptive statistics of lack of support**

| Code | Items | weighted Mean | Relative Index | Sig | Order |
|---|---|---|---|---|---|
| $LS_1$ | There are no opportunities to get moral incentives in my work | 4.121 | 0.824 | 0.00 | 1 |
| $LS_2$ | Promotion in my work neither just nor objective | 3.994 | 0.798 | 0.00 | 2 |
| $LS_3$ | My salary isn't commensurate with the amount of my performance in my work | 3.768 | 0.753 | 0.00 | 4 |
| $LS_4$ | The bonuses I get in my work don't fitting | 3.966 | 0.793 | 0.00 | 3 |
| $LS_5$ | my job doesn't give me satisfactory social status | 3.005 | 0.601 | 0.00 | 8 |
| $LS_6$ | There are no incentives at work that motivate us to innovate and be creative | 3.419 | 0.684 | 0.00 | 6 |
| $LS_7$ | There is no appreciation for my efforts and my work by supervisors and Bosses | 3.412 | 0.684 | 0.00 | 7 |
| $LS_8$ | The administration never seeks to provide us with new skills through training and development programs | 3.464 | 0.693 | 0.00 | 5 |
| Total | | 3.645 | 0.729 | 0.00 | |

Table (7) presents the Analysis of the results of the lack of support items as one of the dimensions of the sources of job burnout. The opinions of the research sample members about it were, in general, meaning that the research sample members on average showed higher levels of agreement

than almost the level of neutrality on the content of those items where the relative importance of all items was higher than (70%), and it can be presented in detail as follows:

It was the highest in Lack of Support order according to the relative importance of the mean of the research tool scale statement that "There are no opportunities to get moral incentives in my work ($LS_1$)" with a rate of (0.824 which stands at rank (1), followed by Statement that "Promotion in my work neither just nor objective ($LS_2$)" with a rate of (0.798) which stands at rank (2), followed by Statement that "The bonuses I get in my work don't fitting ($LS_4$)" with a rate of (0.793) which stands at rank (3), followed by Statement that ($LS_3$) with a rate of (0.753) which stands at rank (4), followed by Statement that "My salary isn't commensurate with the amount of my performance in my work ($LS_8$)" with a rate of (0.693) which stands at rank (5), followed by Statement that "There are no incentives at work that motivate us to innovate and be creative ($LS_6$)" with a rate of (0.684) which stands at rank (6), followed by Statement that "There is no appreciation for my efforts and my work by supervisors and Bosses ($LS_7$)" with a rate of (0.683) which stands at rank (7), finally Statement that and "My job doesn't give me satisfactory social status ($LS_5$)" with a rate of (0.601) which stands at rank (8). It also shows the statistical significance of the (chi-square) test of a good fit, the significance of the respondents' opinions represented in the observed frequencies of the levels of agreement for each statement at the significance level of (0.05).

## The dependent variable (job burnout syndrome):

The following table (8) presents the results of the job burnout syndrome as:

**Table (8): descriptive statistics of job burnout syndrome**

| Code | Items | Weighted Mean | Relative Index | Sig | Order |
|---|---|---|---|---|---|
| $JBOS_1$ | I feel emotionally drained from my work | 3.390 | 0.678 | 0.00 | 4 |
| $JBOS_2$ | I feel used up at the end of the workday | 3.011 | 0.602 | 0.00 | 19 |
| $JBOS_3$ | I feel tired facing workdays and find dealing with people exhausting | 3.020 | 0.604 | 0.00 | 18 |
| $JBOS_4$ | I feel worn out from my work | 3.066 | 0.613 | 0.00 | 15 |
| $JBOS_5$ | I feel frustrated by my job | 3.062 | 0.612 | 0.00 | 17 |

| Code | Items | Weighted Mean | Relative Index | Sig | Order |
|---|---|---|---|---|---|
| $JBOS_6$ | Working with people directly puts too much stress on me | 3.391 | 0.678 | 0.00 | 5 |
| $JBOS_7$ | I feel like I'm at the end of my rope | 3.235 | 0.647 | 0.00 | 9 |
| $JBOS_8$ | I feel don't reactive the client during introduce the health services for him | 3.289 | 0.658 | 0.00 | 8 |
| $JBOS_9$ | I've more callous toward people since I took this job | 3.459 | 0.692 | 0.00 | 2 |
| $JBOS_{10}$ | I worry that this job is hardening me emotionally | 3.517 | 0.703 | 0.00 | 1 |
| $JBOS_{11}$ | Actually, I don't care what happens to health services recipients | 3.357 | 0.671 | 0.00 | 7 |
| $JBOS_{12}$ | I feel blamed by patients for their problems due to perceived negligence. | 3.385 | 0.677 | 0.00 | 6 |
| $JBOS_{13}$ | I can't easily understand how my patient feel about services that introduce to hem | 3.229 | 0.646 | 0.00 | 10 |
| $JBOS_{14}$ | I struggle to understand my patients' feelings about the services | 3.458 | 0.692 | 0.00 | 3 |
| $JBOS_{15}$ | I feel I'm not positively influencing for patients and friends during work | 3.157 | 0.631 | 0.00 | 11 |
| $JBOS_{16}$ | I don't feel energetic while providing health services to patient | 3.073 | 0.615 | 0.00 | 13 |
| $JBOS_{17}$ | I feel exhilarated after working closely with my client | 3.063 | 0.613 | 0.00 | 16 |
| $JBOS_{18}$ | I haven't achieved anything appreciable in this work | 3.074 | 0.615 | 0.00 | 14 |
| $JBOS_{19}$ | I can't calmly deal with emotional problems related to work | 3.096 | 0.619 | 0.00 | 12 |
| Total | | 3.228 | 0.646 | 0.00 | |

Table (8) presents the descriptive statistics of the Job Burnout Syndrome (JBOS), which is an essential aspect of this research. This syndrome is assessed through several items that capture different facets of burnout experienced by healthcare providers. Each item's weighted mean, relative importance index, and statistical significance are detailed, providing insight into the participants' perceptions and experiences related to job burnout. The weighted mean for all the items of the Job Burnout Syndrome was (3.228), and the relative importance index was (0.646), indicating a moderate level

of burnout among the healthcare professionals surveyed. The significance of these results, confirmed by the chi-square test, indicates that the respondents' opinions are statistically significant at the (0.05) level. A closer look at the specific items reveals that the highest-ranked statement was "I worry that this job is hardening me emotionally" (JBOS10), with a weighted mean of (3.517) and a relative importance index of (0.703), indicating that emotional exhaustion is a significant concern for the healthcare providers in this study. This is followed by the statement "I've become more callous toward people since I took this job" (JBOS9), with a weighted mean of (3.459) and a relative importance index of (0.692), highlighting the emotional detachment often experienced by workers in high-stress environments. Other statements that received high ratings include: "I can't easily understand how my patient feels about services that are provided to them" (JBOS14) with a mean of (3.458) and an importance index of (0.692). "I feel emotionally drained from my work" (JBOS1) with a mean of (3.390) and an importance index of (0.678). These findings reflect a pervasive emotional strain among healthcare workers, suggesting that the demands of their roles may contribute to feelings of emotional exhaustion, callousness, and difficulty in connecting with patients. Interestingly, items related to feeling worn out at the end of the day or fatigued in the morning ranked lower, such as: "I feel used up at the end of the workday" (JBOS2) with a mean of (3.011) and an importance index of (0.602), ranking last. "I feel fatigued when I get up in the morning and have to face another day on the job" (JBOS3) with a mean of (3.020) and an importance index of (0.604).

These items reflect the physical toll of the job but are not as highly rated as the emotional and psychological strain described in other items. However, their presence indicates that job burnout also manifests in physical exhaustion among healthcare workers. It is noteworthy that all items exhibit statistical significance, indicating that the observed levels of agreement across various dimensions of burnout are not due to random chance. The chi-square test supports the reliability of these results, reinforcing the idea that burnout is a multifaceted phenomenon with both emotional and physical dimensions. In Short, the analysis of the JBOS items reveals a clear picture of the burnout syndrome among healthcare providers, marked by emotional exhaustion, feelings of callousness, and a reduced capacity for empathy toward patients. These results highlight the need for

interventions aimed at reducing burnout and supporting the mental and emotional well-being of healthcare workers in public hospitals.

## The Job satisfaction as mediator variable:

The following table (9) presents the results of the job satisfaction as:

**Table (9) descriptive statistics of job satisfaction**

| Code | Items | Weighted Mean | Relative Index | Sig | Order |
|---|---|---|---|---|---|
| $JS_1$ | I feel don't satisfied with the amount of money I get from my job compared to the effort. | 3.939 | 0.788 | 0.00 | 4 |
| $JS_2$ | I feel that the benefits offered by the hospital (health insurance, vacation leaves, … etc.) are inappropriate. | 4.011 | 0.802 | 0.00 | 2 |
| $JS_3$ | I feel don't satisfied with the rewards and incentives offered by the hospital. | 3.702 | 0.740 | 0.00 | 10 |
| $JS_4$ | I am not satisfied with my relationship with my immediate superior. | 4.066 | 0.813 | 0.00 | 1 |
| $JS_5$ | I feel don't satisfied with the upgrade criteria offered by the hospital. | 3.862 | 0.772 | 0.00 | 7 |
| $JS_6$ | I am not satisfied with the tasks and conditions assigned to me by the hospital. | 3.939 | 0.788 | 0.00 | 5 |
| $JS_7$ | I feel that relations between co-workers are not good. | 3.724 | 0.745 | 0.00 | 9 |
| $JS_8$ | I feel don't satisfied with the work environment and the facilities provided by the Hospital. | 3.928 | 0.786 | 0.00 | 6 |
| $JS_9$ | I feel don't satisfied with all the laws, regulations and instructions that govern work. | 3.945 | 0.789 | 0.00 | 3 |
| $JS_{10}$ | I believe that my current job will not secure my future. | 3.751 | 0.750 | 0.00 | 8 |
| | Total | 3.887 | 0.777 | 0.00 | |

Table (9) presents the descriptive statistics of job satisfaction as a mediator variable between the sources of job burnout and the job burnout syndrome. The analysis of the job satisfaction items highlights key aspects of healthcare professionals' satisfaction and dissatisfaction with various elements of their work environment, which may contribute to the

development or alleviation of burnout. The overall weighted mean for job satisfaction was (3.887), with a relative importance index of (0.777), suggesting that, on average, the healthcare professionals in this study reported a higher level of agreement with job satisfaction-related items compared to neutrality. Specifically, the relative importance of all items was above (70%), indicating that the respondents felt relatively dissatisfied with many aspects of their job.

The highest-ranked statement was "I am not satisfied with my relationship with my immediate superior" (JS4), with a weighted mean of (4.066) and a relative importance index of (0.813), which underscores the critical role that relationships with supervisors play in overall job satisfaction. This was followed by the statement "I feel that the benefits offered by the hospital (health insurance, vacation leaves, etc.) are inappropriate" (JS2), with a weighted mean of (4.011) and an importance index of (0.802), indicating dissatisfaction with the benefits provided.

**Other notable items in the top rankings include:**

"I feel dissatisfied with all the laws, regulations, and instructions that govern work" (JS9), with a weighted mean of (3.945) and an importance index of (0.789). "I feel dissatisfied with the amount of money I get from my job compared to the effort" (JS1), with a weighted mean of (3.939) and an importance index of (0.788). These results suggest that healthcare professionals feel a sense of inequity in various aspects of their work, from remuneration to the adequacy of benefits and the clarity of rules governing their roles. Additionally, the analysis revealed that dissatisfaction with the tasks and conditions assigned by the hospital ranked high. Specifically:

"I am not satisfied with the tasks and conditions assigned to me by the hospital" (JS6) ranked fifth with a weighted mean of (3.939) and an importance index of (0.788). "I feel dissatisfied with the work environment and the facilities provided by the hospital" (JS8) ranked sixth with a weighted mean of (3.928) and an importance index of (0.786). In terms of professional development, the statement "I feel dissatisfied with the upgrade criteria offered by the hospital" (JS5) ranked seventh with a weighted mean of (3.862) and an importance index of (0.772), highlighting the respondents' concerns about career progression opportunities.

**The lowest-ranked items included:**

"I believe that my current job will not secure my future" (JS10) with a weighted mean of (3.751) and an importance index of (0.750). "I feel that relations between co-workers are not good" (JS7) with a weighted mean of (3.724) and an importance index of (0.745). "I feel dissatisfied with the rewards and incentives offered by the hospital" (JS3) with a weighted mean of (3.702) and an importance index of (0.740).

These findings suggest that dissatisfaction with workplace relationships, rewards, and long-term job security also plays a crucial role in the overall job satisfaction of healthcare workers. The statistical significance of the findings, as indicated by the chi-square test, confirms the reliability of the respondents' opinions at the (0.05) significance level. This analysis suggests that job satisfaction is a crucial mediator in the relationship between job burnout sources and burnout syndrome. Addressing the areas of dissatisfaction highlighted in these results may play a key role in reducing burnout levels and improving the overall well-being of healthcare workers.

## An analysis of the dimensions and axes of the research in a whole:

The following table (10) shows the Signal test of the dimensions and axes of the research as:

**Table (10) Analysis of the dimensions and axes of the research in a completely**

| Signal test | | | | | |
|---|---|---|---|---|---|
| **Dimension / Variables** | **Group** | **Scale level** | **Frequency** | **The ratio** | **Sig** |
| **work references (WR)** | **Group A** | **Neutral and below** | **42** | **0.233** | **0.000** |
| | **Group B** | **agreement and more** | **138** | **0.767** | |
| | **Total** | | **180** | **1** | |
| **Social relationship (SR)** | **Group A** | **Neutral and below** | **53** | **0.294** | **0.000** |
| | **Group B** | **agreement and more** | **127** | **0.706** | |
| | **Total** | | **180** | **1** | |
| **work load (WL)** | **Group A** | **Neutral and below** | **57** | **0.317** | **0.000** |
| | **Group B** | **agreement and more** | **123** | **0.683** | |
| | **Total** | | **180** | **1** | |
| **lack of support (LS)** | **Group A** | **Neutral and below** | **63** | **0.350** | **0.000** |
| | **Group B** | **agreement and more** | **117** | **0.650** | |
| | **Total** | | **180** | **1** | |
| **Sources of Burnout** | **Group A** | **Neutral and below** | **67** | **0.372** | **0.000** |
| | **Group B** | **agreement and more** | **113** | **0.628** | |

| Signal test | | | | | |
|---|---|---|---|---|---|
| Dimension / Variables | Group | Scale level | Frequency | The ratio | Sig |
| -in general | Total | | 180 | 1 | |
| Job Burnout Syndrome (JBOS) | Group A | Neutral and below | 65 | 0.361 | 0.001 |
| | Group B | agreement and more | 115 | 0.639 | |
| | Total | | 180 | 1 | |
| Job Satisfaction (JS) | Group A | Neutral and below | 55 | 0.305 | 0.001 |
| | Group B | agreement and more | 125 | 0.695 | |
| | Total | | 180 | 1 | |

Table (10) shows the statistical significance of the sign test about the equality of the frequencies of the highest levels of agreement (agree-strongly agree) with the frequencies of the lowest levels of approval (neutral-disagree strongly disagree) according to the research tool scale at the overall level of each dimension, which we note that significant difference between the two groups, the lowest and the highest, the percentage exceeds (50%), which indicates that all dimensions have an agreement percentage of respondents above (50%), according to their opinions.

**Table (11) Correlation coefficients between the general averages of the research axis' approval levels**

| Variables | WR | SR | WL | LS | JBOS | JS |
|---|---|---|---|---|---|---|
| WR | 1 | 0.666** | 0.533** | 0.621** | 0.669** | 0.835** |
| SR | 0.666** | 1 | 0.743** | 0.695** | 0.728** | 0.898** |
| WL | 0.533** | 0.743** | 1 | 0.633** | 0.669** | 0.846** |
| LS | 0.621** | 0.695** | 0.633** | 1 | 0.801** | 0.853** |
| JBOS | 0.669** | 0.728** | 0.669** | 0.801** | 1 | 0.833** |
| JS | 0.835** | 0.898** | 0.846** | 0.853** | 0.833** | 1 |

**Note: JBOS =Job Burnout syndrome, JS=Job satisfaction, WR= work reference, SR= social relationship, WL = workload, LS = lack of support.**

Table (11) shows the correlation coefficients between the general averages of the scale of approval levels for the dimensions of the research axes (the dependent variable and the dimensions of the independent variable, and the mediator variable). The highest correlation between the dimensions of the independent variable and the dependent variable (0.833) and the lowest (0.603) was between mediator variable and the dependent

variable with an emphasis on the significance of all correlation coefficients at the significance level of (0.05-0.01).

## Nonparametric analysis of variance:

The following table shows the statistical significance of nonparametric variance with all deference's dimension research.

**Table (12) analysis of nonparametric variance**

| Variables | WR | SR | WL | LS | JBOS | JS |
|---|---|---|---|---|---|---|
| Gender | 0.118 | 0.744 | 0.290 | 0.295 | 0.395 | 0.296 |
| Age | 0.775 | 0.738 | 0.338 | 0.774 | 0.461 | 0.614 |
| Marital status | 0.976 | 0.488 | 0.127 | 0.138 | 0.199 | 0.888 |
| Experience/ years | 0.053 | 0.193 | 0.684 | 0.841 | 0.234 | 0.686 |
| Education level | 0.207 | 0.145 | 0.460 | 0.417 | 0.530 | 0.803 |
| Specialization | 0.360 | 0.259 | 0.710 | 0.830 | 0.533 | 0.964 |
| Attribute of employment | 0.789 | 0.130 | 0.406 | 0.170 | 0.595 | 0.220 |
| Hospital name | 0.760 | 0.306 | 0.487 | 0.100 | 0.661 | 0.559 |
| Income/Yemeni rials | 0.155 | 0.099 | 0.735 | 0.387 | 0.678 | 0.773 |
| Working Hours | 0.286 | 0.130 | 0.214 | 0.0391 | 0.0478 | 0.014 |
| Chewing Qatt | 0.065 | 0.138 | 0.264 | 0.521 | 0.065 | 0.522 |

According to the results of the nonparametric analysis of variance (Kruskal-Wallis) presented in Table (12), differences in the research dimensions were tested based on respondents' personal characteristics. The findings indicated no statistically significant differences in most dimensions, except for the "Working Hours" factor, where differences were observed in the "JS," "JBOS," and "SL" dimensions at a significance level of 0.05.

These results suggest that personal characteristics such as gender, age, marital status, experience, education level, specialization, employment type, hospital name, income, and the habit of "chewing qat" do not significantly impact levels of job satisfaction, burnout, and organizational commitment. However, it is important to note that the "Working Hours" factor may influence some of the mentioned dimensions, warranting further analysis to understand this effect more deeply.

## Results for testing of hypotheses:

This section presents evaluation of PLS. path modeling, assessment of measurement model, Hypotheses of the Main Effects and Mediation Test.

**Evaluation of PLS-SEM Results**:

In this section, the findings of PLS path modeling are shown as suggested by (Henseler & Ringle, 2009) under a two-step process. The two-step process includes the assessing of both of the measurement model and the structural model of the current (Hair et al., 2017) & (Henseler & Ringle, 2009). First, the assessment of the measurement model includes investigating the reliability of individual items and internal consistency. In addition, the assessment of the measurement model includes the investigating of two types of validity; namely, convergent and discriminant validity. Secondly, in this research the assessment of the structural model includes the assessment of the path coefficients significance, R-squared ($R^2$), the effect size ($f^2$), the construct cross-validated redundancy (i.e. the model $Q^2$) and the moderating effect.

Before conducting the analysis of PLS-SEM, the model needs to be configured in order to be clearly understood. The indicators should be clarified whether they are formative or reflective. According to (Hair, et al., 2017), it is essential to identify the model configuration because the approach for testing the reflective and formative measurement model is different. Thus, in this research, all the indicators for latent variables are reflective. Specifically, the reflective indicators mean the directions of the arrow from the construct to the indicator variable indicates that the construct causes the measurement of indicator variables (Hair, et al., 201).

**Assessment of Measurement Model**:

The first step in PLS-SEM analysis is the assessment of measurement model or outer model that represents the relationship between constructs and indicator variables. In other words, it represents how well the indicators are associated with the constructs. In the current research, the appropriateness of measurement models was assessed by the assessment of the reliability of individual items and the reliability internal consistency, also appropriateness of measurement models was assessed by investigating of two types of validity; namely, convergent and discriminant validity (Hair et al., 2017) & (Henseler & Ringle, 2009). Figure (4.1) presents the measurement model graph.

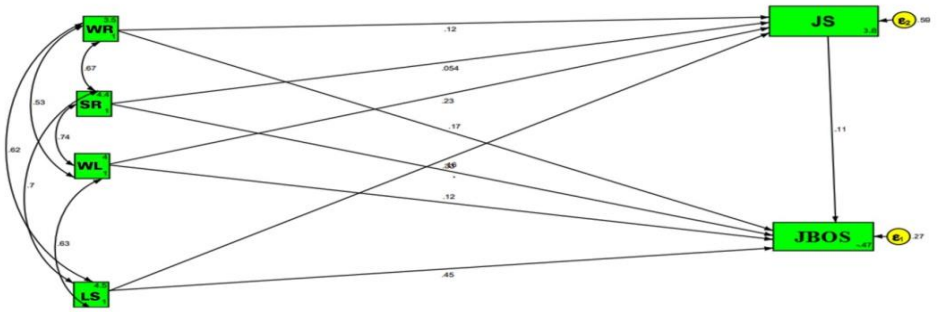


**Figure (4-1) PLS-SEM Algorithm for Measurement Model**

Note: **JBOS** =Job Burnout syndrome, **JS**=Job satisfaction**, WR**= work reference, **SR=** social relationship, **WL** = workload, **LS=** lack of support.

## Hypotheses of the Main Effects:

The following table shows the results to the second main hypothesis of the hypotheses emanating from it which are evaluated as follows:

**Table (13) Structural Model Assessment of the second hypothesis**

| Hypotheses | | Beta | S. D | T-Stat | P-V | ($R^2$) | CFI | SRMR | TLI | Decision |
|---|---|---|---|---|---|---|---|---|---|---|
| $H_{1a}$ | WR → JBOS | 0.17 | 0.080 | 2.21 | 0.027 | | 0.99 | 0.0 | 0.99 | Accepted |
| $H_{1b}$ | SR → JBOS | 0.16 | 0.049 | 3.15 | 0.002 | | 0.99 | 0.0 | 0.99 | Accepted |
| $H_{1c}$ | WL → JBOS | 0.12 | 0.077 | 2.3 | 0.022 | | 0.99 | 0.0 | 0.99 | Accepted |
| $H_{1d}$ | LS → JBOS | 0.45 | 0.060 | 1.96 | 0.05 | | 0.99 | 0.0 | 0.99 | Accepted |
| $H_{1e}$ | WR → JS | 0.115 | 0.045 | 1.44 | 0.149 | 0.363 | 0.99 | 0.0 | 0.99 | Rejected |
| $H_{1f}$ | SR→ JS | 0.054 | 0.071 | 0.53 | 0.593 | | 0.99 | 0.0 | 0.99 | Rejected |
| $H_{1g}$ | WL→ JS | 0.232 | 0.055 | 2.63 | 0.008 | | 0.99 | 0.0 | 0.99 | Accepted |
| $H_{1h}$ | LS→ JS | 0.330 | 0.057 | 3.86 | 0.000 | | 0.99 | 0.0 | 0.99 | Accepted |
| $H_{1i}$ | JS → JBOS | 0.11 | 0.091 | 10.1 | 0.000 | | 0.99 | 0.0 | 0.99 | Accepted |

**Note: JBOS =Job Burnout syndrome, JS=Job satisfaction, WR= work reference, SR= social relationship, WL = workload, LS= lack of support.**

The results indicate that work references, social relationships, workload, and lack of support have a direct impact on job burnout syndrome, with the effect coefficients being as follows: work references (β = 0.17; P = 0.027), social relationships (β = 0.16; P = 0.002), workload (β = 0.12; P = 0.022), and lack of support (β = 0.45; P = 0.05). These factors also have a positive effect on job satisfaction, with the effect coefficients being: workload (β = 0.232; P = 0.008) and lack of support (β = 0.33; P = 0.00). However, work

references (β = 0.15; P = 0.149) and social relationships (β = 0.054; P = 0.593) did not have a significant effect on job satisfaction. These findings suggest that workload and lack of support have a significant impact on both job burnout syndrome and job satisfaction, while work references and social relationships did not show the expected effects on job satisfaction. These results highlight the importance of improving the work environment by reducing workload and increasing institutional support to enhance employee well-being and the quality of healthcare provided.

## Mediation Test:

The following table (14) shows the indirect effect to job satisfaction as a mediating variable between the source of job burnout and job burnout syndrome.

**Table (14) Result of indirect effect Model**

| Hypotheses | Indirect Effects | Beta | S-D | T Stat | P- V | CI | | Decision |
|---|---|---|---|---|---|---|---|---|
| | | | | | | 2.50% | 97.5% | |
| $H_{3a}$ | WR →JS→ JBOS | 0.017 | 0.002 | 1.21 | 0.227 | 0.031 | 0.15 | Rejected |
| $H_{3b}$ | SR → JS→ JBOS | 0.067 | 0.013 | 0.52 | 0.036 | 0.053 | 0.16 | Accepted |
| $H_{3c}$ | WL →JS→ JBOS | 0.028 | 0.015 | 1.69 | 0.031 | 0.073 | 0.18 | Accepted |
| $H_{3d}$ | LS →JS → JBOS | 0.396 | 0.021 | 1.91 | 0.006 | 0.055 | 0.18 | Accepted |

This section presents the results of testing the mediating effect of job satisfaction (JS) on the relationships between sources of burnout (Work References (WR), Social Relationship (SR), Workload (WL), Lack of Support (LS)) and Job Burnout Syndrome (JBOS). The results shown in Table (14) were derived from the statistical analysis of the sample data. The hypotheses tested the mediating effect of JS in the relationships between these factors and JBOS.

Hypothesis H2a: The Mediating Effect of Job Satisfaction (JS) on the Relationship between Work References (WR) and Job Burnout Syndrome (JBOS). The results (β = 0.017; T = 1.21; P = 0.227) indicate that job satisfaction does not act as a mediator in the relationship between work references (WR) and job burnout syndrome (JBOS). Hence, the null hypothesis is accepted, meaning that job satisfaction does not have a mediating effect on this relationship. This suggests that work references do not significantly affect job burnout through job satisfaction among healthcare providers in public hospitals in Taiz city, Yemen.

Hypothesis H2b: The Mediating Effect of Job Satisfaction (JS) on the Relationship between Social Relationship (SR) and Job Burnout Syndrome (JBOS).

For social relationships (SR), the findings (β = 0.067; T = 0.52; P = 0.036) show that job satisfaction has a mediating effect on the relationship between social relationships (SR) and job burnout syndrome (JBOS). Therefore, the null hypothesis is rejected, indicating that job satisfaction positively mediates the relationship between social relationships and job burnout. This result suggests that improving social relationships may help reduce burnout through the mediating effect of job satisfaction. Hypothesis H2c: The Mediating Effect of Job Satisfaction (JS) on the Relationship between Workload (WL) and Job Burnout Syndrome (JBOS). The null hypothesis for workload (WL) was also rejected, as the results (β = 0.028; T = 0.52; P = 0.036) showed that job satisfaction acts as a mediator in the relationship between workload and job burnout syndrome. This finding confirms that workload influences burnout indirectly through job satisfaction, highlighting the importance of managing workload in healthcare settings.

Hypothesis H2d: The Mediating Effect of Job Satisfaction (JS) on the Relationship between Lack of Support (LS) and Job Burnout Syndrome (JBOS). The results for lack of support (LS) showed (β = 0.396; T = 1.91; P = 0.006), indicating that job satisfaction has a significant mediating effect on the relationship between lack of support and job burnout syndrome. Consequently, the null hypothesis is rejected, underscoring the importance of providing adequate support in the workplace to improve job satisfaction and reduce burnout among healthcare providers.

Overall Based on the results above, it is clear that job satisfaction plays a mediating role in the relationships between three of the burnout sources-social relationships (SR), workload (WL), and lack of support (LS)-with job burnout syndrome (JBOS). However, job satisfaction was not found to mediate the relationship between work references (WR) and job burnout syndrome. These findings emphasize that improving job satisfaction by enhancing social relationships, reducing workload, and providing organizational support can positively impact job burnout levels among healthcare workers.

**Discussion of the Results:**

The results of this study provide significant insights into the relationships between job burnout syndrome (JBOS) and its contributing factors among healthcare providers in public hospitals in Taiz City, Yemen. The analysis focused on the impact of various burnout sources, including work references (WR), social relationships (SR), workload (WL), and lack of support (LS), as well as the role of job satisfaction (JS) in mediating these relationships. Firstly, the study found that all burnout sources-WR, SR, WL, and LS-showed a statistically significant direct effect on JBOS, with path coefficients of (β= 0.17, 0.16, 0.12, 0.45) respectively. These findings align with previous research indicating that such factors contribute notably to the development of job burnout syndrome (Abdo, El-Sallamy, El-Sherbiny, & Kabbash, 2016) (Among these factors, the lack of support (LS) demonstrated the strongest direct effect, highlighting the importance of organizational support in mitigating burnout symptoms. Furthermore, job satisfaction (JS) was found to act as a significant mediator in the relationships between SR, WL, LS, and JBOS. The mediation analysis, conducted using bootstrapping methods, revealed that JS significantly mediates these relationships, suggesting that improving job satisfaction could reduce the impact of these burnout sources on the onset of JBOS. This result is in line with studies by (Kohlfürst, Zöggeler, Karall, & Kerbl, 2022), who emphasized the critical role of job satisfaction in mitigating burnout.

Interestingly, job satisfaction did not mediate the relationship between work references (WR) and JBOS, as indicated by the insignificant path coefficient (β= 0.017; T =1.21; P= 0.227). This suggests that while work references contribute to burnout, the impact is not significantly influenced by the level of job satisfaction, possibly due to the complexity of work-related factors that cannot be easily mediated by individual satisfaction alone.

The study also explored the potential influence of demographic variables on the responses related to burnout and job satisfaction. However, the analysis revealed no significant differences in responses based on demographic characteristics such as age, gender, or experience. This finding supports previous studies (Al-Dubai & Rampal, 2010) which indicated that burnout and job satisfaction are not significantly affected by personal or occupational demographics in similar contexts.

In conclusion, the findings of this study underscore the critical importance of organizational support and job satisfaction in managing burnout among healthcare providers. The direct effects of burnout sources on JBOS and the mediating role of job satisfaction suggest that interventions aimed at improving job satisfaction, reducing workload, and enhancing social and organizational support could significantly reduce burnout symptoms among healthcare workers in Taiz City. Future research should continue to explore the complex interplay between these factors, focusing on longitudinal studies to better understand the long-term effects of these variables on burnout and employee well-being.

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