



Muhammad Sajjad¹

Abstract

In recent years, Job burnout (JB) has been emerged as a very sombre issue which has affected the individuals performance in various professional fields especially in the health industry. This particular research shed light on the seriousness of JB in relation with Excessive Technological Dependency (ETD) and Self Coping Strategy (SCS). By using the theory of Unified Theory of Acceptance and Use of Technology (UTAUT), this study measured the direct impact of Performance Expectancy (PE), Effort Expectancy (EE), Time Pressure (TP) and Non Facilitating Conditions (NFC) on the JB. ETD mediates the relationship of PE, EE, TP, NFC and JB while SCS moderated the relationship of ETD and JB. A survey technique using questionnaire was employed to measure the direct and indirect relationships of variables under observation. Medical doctors working in Punjab, Pakistan at public sector health facilities were selected as respondents. A total of 800 questionnaires were distributed to collect the information about JB faced by medical doctors at their workplace. Only 390 usable responses were included for analysis. Analysis was done using the smart pls to measure the direct and indirect effects. Haier et al approach was to measure the effectiveness of proposed relationships. From results, it was observed that all predictors like PE, EE, TP and NNFC have direct and significant impact on JB. ETD partially moderates the relationship of predictors and JB. It was also observed that SCS effectively moderates the relationship of ETD and JB. In the extreme turbulent and tense working environment for medical doctors of public sector, SCS found to be as an arbiter to relieve them from being burnout. Based on the proposed theoretical framework, this empirical research overall enhanced the understanding about JB for non profit organizations and specifically for health sector. This study also observed that JB is a serious issue in the domain of health sector for benefactors of society, so the policy makers should take steps to mitigate the impact of JB for those who are directly contributing in this domain.

Keywords: Job Burnout, Self Coping Strategy, Excessive Job Demand, Performance Expectancy, Effort Expectancy, Time Pressure, Non Facilitating Conditions, Health Sector

1. Introduction

job burnout (JB) is an important but unidentifiable phenomenon in the occupation of health services. The analysis of JB with empirical data for health service professionals are scarce. It is considered a prolonged phenomenon which provoked the interpersonal and emotional stress while on the job (Maslach et al., 2001) . Near about in all types of service organizations individuals are facing such type of stresses but in dearth research is still missing to open all the horizons of JB, hence making it the most complex construct which is the main cause of work related stress (Bianchi et al., 2014). Among all types of service professionals, medical and para medical staff faced high level of emotional and physical exhaustion which is not only the result of excessive work but also the result of other related stresses like less time, high performance expectancy, high level of effort, peer or patients relatives pressure and above all the non facilitating environment or condition. If such high level of stresses prolonged, it leads towards job burnout (Galanis et al., 2023).

Health care is perhaps the largest sector in the world and worked in intense environment (Galletta et al., 2016). Their basic job is to provide treatment and care directly or indirectly to the patients to avoid them being burn out (Elshaer et al., 2018). But interestingly and in contrast there is no care or measures to avoid medical staff from being burn out. It is mandatory to take care of medical staff especially for medical doctors to provide them conducive environment to prevent them from being exhausted at their workplace (Renzi et al., 2005). All over the world, health awareness level of common people about the diseases are enhancing due to easy access to technology (Shih et al., 2013). So, It is becoming imperative for medical doctors to depend on technological assisted treatment as from patient point of view, access to information about the treatment is a blessing but on the other side technology dependency act like a curse for medical practitioners (Maier et al., 2015). This study uniquely addresses the job burnout problem explained through excessive technological dependency. It has been assumed that more or excessive technological dependency leads towards job burnout (Bail et al., 2023). This relationship can be moderated by the intervention of self coping strategy in the relationship between excessive technological dependency and job burnout. At the same performance, effort, time pressure, and non facilitating conditions increases the risk of job burnout (Bunjak et al., 2023).

1.1. Research Objectives

This study has been initiated by focusing on the following objectives

- To measure the impact of performance expectancy (PE) on job burnout (JB)
- To measure the impact of effort expectancy (EE) on job burnout (JB)
- To measure the impact of time pressure (TP) on job burnout (JB)
- To measure the impact of non facilitating conditions (NFC) on job burnout (JB)
- To measure the mediating effect of excessive technological dependency (ETD) on job burnout (JB)
- To measure the moderating effect of self coping strategy (SCS) on job burnout (JB)

1.2. Research Questions

Following are the research questions to know the JB status of medical doctors working in public sector hospitals of Punjab, Pakistan

1. What is the effect of performance expectancy on job burnout
2. What is the effect of effort expectancy on job burnout
3. What is the effect of time pressure on job burnout
4. What is the effect of non facilitating conditions on job burnout
5. How excessive technological dependency mediates the relationship of predictors and job burnout
6. To what extent self coping strategy will moderate the relationship of excessive technological dependency and job burnout

¹ Associate Professor, Southern Business School, Institute of Southern Punjab, Pakistan, geosajjad@gmail.com

2. Literature Review

2.1. Job Burnout

The term JB was first topped by a clinical psychologist (Freudenberger, 1974) who was familiar working on stress responses exhibited by the employees in organizations like health care centers and in drug addicts or criminal rehabilitation centers. Later studies (Santiago-Torner et al., 2023) continued to measure the intensity of burnout in their research in the service sector by focusing on physicians, nurses, lawyers, police officials, teachers, social workers and in other occupations where stress level is sufficient high and these personnel seek help to come out of this burnout situation. Despite its evolution, the burnout is a still a blistering phenomenon in the health service sector especially during the pandemic environment (Talaee et al., 2020). The JB refers to a state of “emotional exhaustion due to excessive emotional and psychological demands on persons who are serving other people. The word exhaustion refers to an important assumption and termed as burnout syndrome by the researchers and it is relevant to those service providers who job tasks are very hectic. The exhaustion presumed a state of high tension arousal for people working in strained environment like covid 19. It can be contrasted with those service renders whose job is monotonous and termed as tedium (Demerouti et al., 2002).

2.2. Theoretical Support

Technology dependency for diagnosis and treatment of patients is a crucial part of treatment. A fair use of technological input is crucial for better treatment. But its excessive use and over dependency leads towards anxiety among the medical professional which ultimately leads towards job burnout. This study adopted the unified theory of acceptance and use of technology devised by (Venkatesh et al., 2003) to explain the phenomenon of job burnout for medical practitioners by overdependency and excessive use of technology. UTAUT is the emerging theory and provide comprehensive insights about use of technology by focusing on technology and individual characteristics. This theory provides the theoretical basis for this study to better understand the phenomenon of job burnout in relation with excessive technological dependency in the domain of health sector (Venkatesh, 2022). This study partially adopted the predictors of UTAUT theory to better explain the job burnout. These predictors are performance expectancy, effort expectancy and non facilitation conditions. Time pressure is an additional predictor of job burnout and has been taken from literature (Al Shbail et al., 2018; Darawad et al., 2015; Naruse et al., 2012). Apart from predictors, excessive technological dependency and self coping strategy has been taken as mediator and moderators respectively.

2.3. Performance Expectancy

Performance expectation served as a basis for success and productivity(Gorji, 2011). In health sector, performance measurement is associated with the good health of patients after careful treatment(Gong et al., 2019) . However, if the performance expectations are not realistic, it will lead to a unsustainable situation which moves towards job burnout. The relationship between performance expectancy and job burnout is very crucial as if the performance is not considered upto the mark, it will leads automatically towards job burnout. Performance expectancy is also linked with excessive technological dependency which further worsen the job burnout process (Rahim & Cosby, 2016). By observing the crucial relationship between excessive technological dependency and job burnout following hypotheses were developed.

H1: Performance expectancy has positive and significant impact on excessive technology dependency

H2: Performance expectancy has positive and significant impact on job burnout

2.4. Effort Expectancy

Effort expectancy refers to perceived level of effort and energy utilized to fulfill the work related achievements (Dyrbye et al., 2021). Usually, the effort expectations are linked with culture, job or task environment, individual competences or on leadership style. In addition, effort expectancy are also linked with intensity of task, time commitment, physical exertion and last but not least with emotions of the performer (Bakker et al., 2000). Problem arises when these efforts are not appreciated and abused by excessive dependency on technology, it will leads toward burnout. Based on the linkage of effort expectancy with burnout and technological dependency, following hypotheses have been developed

H3: Effort expectancy has positive and significant impact on excessive technology dependency

H4: Effort expectancy has positive and significant impact on job burnout

2.5. Time Pressure

Time pressure is crucial as well as pervasive in all fields of life. It exist in many forms starting from covering or meeting the deadlines, effectively resource utilization, distribution of workload and demands of multitasking (Al Shbail et al., 2018). In health sector, time pressure is more crucial as it is directly linked with human health and in emergency cases linked with human life. In case of emergencies, it is easily possible for any health practitioner to physically and mentally exhaust. Such exhaustion may require the treatment of that practitioner himself/herself (Naruse et al., 2012). To avoid such type of burnouts organization culture played a vital role. Along with culture, norms, technological advancement and external factor help to mitigate the job burnout. However, undue time pressure and overdependency on technology may worsen the situation. By observing the importance of time pressure with burnout and excessive technological dependency, following hypotheses have been developed

H5: Time Pressure has positive and significant impact on excessive technology dependency

H6: Time Pressure has positive and significant impact on job burnout

2.6. Non Facilitating Condition

Non facilitating conditions in health sector workplace have detrimental impact on the well being of medical practitioner and foster towards low morale and burn out (Califf & Brooks, 2020). The contributors of non facilitating conditions includes the inadequate resources, lack of leadership support, insecure job, unfriendly working environment, lack of control, inequitable treatment, lack of control of technology, imbalance in work-life and improper workload (Finney et al., 2013). Such non facilitating conditions increased the stress level and leads to burnout. Based on the literature, following hypotheses were developed

H7: Non facilitating condition has positive and significant impact on excessive technology dependency

H8: Non facilitating condition has positive and significant impact on job burnout

2.7. Excessive Technological Dependency

With numerous benefits, excessive technological dependency poses a threat organizational as well as individual dynamics (Salanova & Schaufeli, 2000). Excessive technological dependency created a chronic workplace with information overload and

constant connectivity which leads toward burnout. From such type of burnouts, health organizations have to face long term consequences. To avoid from excessive technological dependency, health professionals require proper training as they are not tech genius in principle (Wright et al., 2014). Along with mental exhaustion, medical practitioners also faced physical exhaustion in the form of radiation from the use of medical equipments. So, the burnout process will not be better explained in this era without considering the excessive technological dependency. It is a bitter truth that without the support of technological interventions, medical field was unable to achieve the tremendous advancement. But with the passage of time, technological perils are also playing their part. By focusing on the importance excessive technological dependency on burnout, following hypothesis have been developed as in this technological era, the burnout cannot be explained without it. Here the excessive technological dependency have been considered as the mediator variable among predictors and burnout.

- H9:** Excessive technology dependency has positive and significant impact on job burnout
- H10:** Excessive technology dependency mediates the relationship of performance expectancy and job burnout
- H11:** Excessive technology dependency mediates the relationship of effort expectancy and job burnout
- H12:** Excessive technology dependency mediates the relationship of time pressure and job burnout
- H13:** Excessive technology dependency mediates the relationship of non facilitating conditions and job burnout

2.8. Self Coping Strategy

It's a strategy which is helpful at the time of difficult situations. It's the individual's own ability and approach to cope with the undesirable circumstances (Li et al., 2014). Here the self coping strategy worked as a moderator in the relationship between excessive technological dependency and burnout. It has been assumed that it will moderate the aforementioned relationship. Hypotheses are as follows:

- H14:** Self coping strategy has positive and significant impact on job burnout
- H15:** Self coping strategy moderates the relationship of excessive technology dependency and job burnout

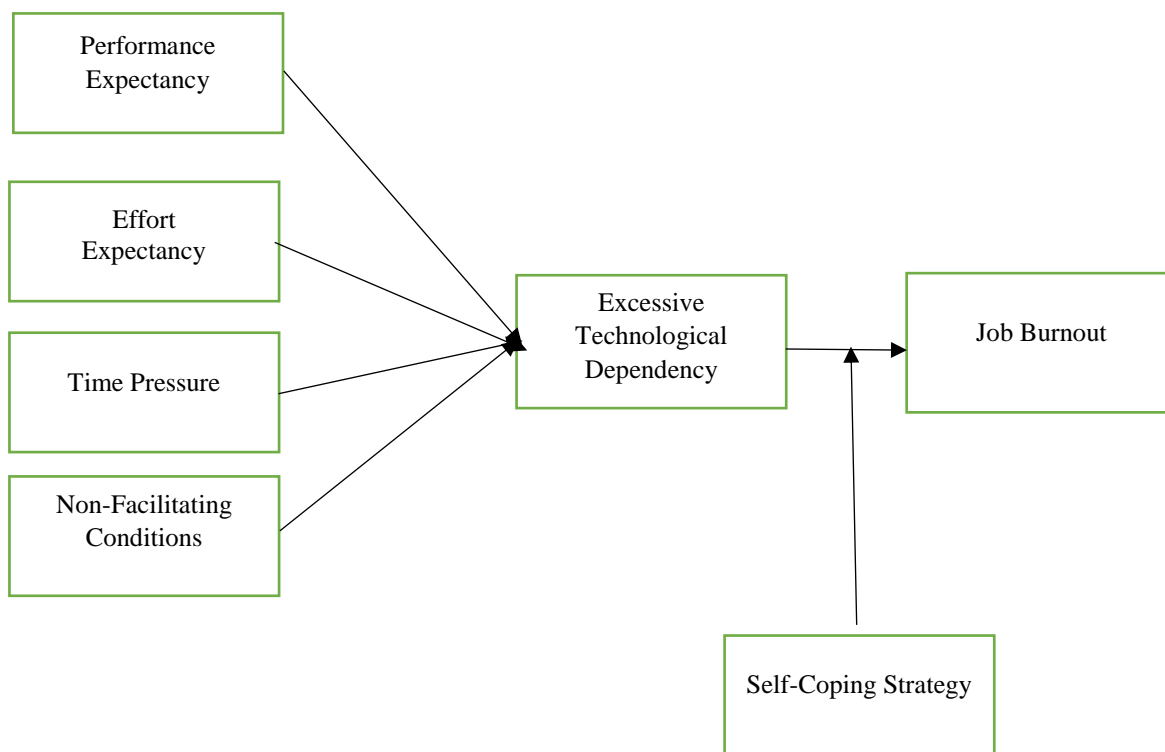


Figure 1: Proposed Model of the Study

3. Methodology

Data has been collected through questionnaire from medical doctors working at public health sector centres in Punjab, Pakistan. There are around 3000 public sector health centres in Punjab, Pakistan. As per statistics of 2020, there are 220,829 registered medical doctors in the province of Punjab. Along with these 220, 829 doctors, there are also 22,595 registered dentists and 108,474 registered nurses. The target population of this study was registered medical doctors out of the total population of doctors in Punjab i-e, 220,829. In Punjab, the public health care centres are categorized into five different types which are called Rural health centres, BHU's, Tehsil headquarters, District Headquarter hospitals (DHQ) and teaching hospitals. Data in this study has been collected only from DHQ hospitals and teaching hospitals from the major cities of Punjab. Tehsil headquarters, BHUs and Rural health centres have been skipped due to hard accessibility and contact issues to the medical doctors. Initially, 500 questionnaires were distributed to the physicians working in the public sector hospitals of major cities of Punjab, Pakistan. Only two hundred and fifty four useable questionnaires were returned back. In the second wave, 300 more questionnaires were floated to increase the sample size. At the end 390 responses were used for data analysis with response rate of 48 percent. For sample size determination Morgan table (Krejcie & Morgan, 1970) was used. All items of the questionnaires have been adapted from well established and validated scales.

4. Analysis and Results

Smart pls was used for analysis. Initially the responses were coded and directly recorded into SPSS.

Table 1: Reliability of the Constructs

Variables	Cronbach's Alpha	Composite Reliability	AVE
PE	0.889	0.915	0.644
EE	0.857	0.893	0.682
TP	0.861	0.909	0.789
NFC	0.737	0.800	0.615
ETD	0.801	0.835	0.675
SCS	0.841	0.883	0.682
JB	0.788	0.834	0.689

Although all constructs of the study have been adapted from well authenticated scales from the literature and there was no need of further authentication. But for improved authenticity of constructs in local context of medical doctors working in public health units of Punjab, reliability of all constructs was recalculated. From table 1, it is clear that all the values of Cronbach's alpha, composite reliability and average variance extracted meet the minimum threshold and permit for further analysis.

Table 2: Model Summary

Variables	R Square	Adjusted R Square
JB	0.632	0.627
ETD	0.577	0.570

Model summary in table 2 clearly showed that the model is fit where the predictors have explained the job burnout and excessive technological dependency as 62 percent and 57 percent respectively.

Table 3: Path Coefficients

Variables	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (O/STDEV)	P Values
Relationship				
PE -> ETD	0.294	0.078	3.911	0.000
EE -> ETD	0.269	0.056	4.701	0.000
TP -> ETD	0.256	0.050	5.077	0.000
NFC -> ETD	0.283	0.051	3.312	0.000
ETD -> JB	0.220	0.032	3.468	0.000
SCS -> JB	0.240	0.042	4.468	0.000

Path coefficients in table 3 showed the direct and significant relationship between performance expectancy, effort expectancy, time pressure and non facilitating condition with excessive technological dependency. In addition, excessive technological dependency and self coping strategy also found to have significant relationship with job burnout

Table 4: Total Direct Effects

Variables	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (O/STDEV)	P Values
Relationship				
PE -> ETD	0.294	0.078	3.911	0.000
PE -> JB	0.213	0.061	3.572	0.000
EE -> ETD	0.269	0.056	4.701	0.000
EE -> JB	0.293	0.041	4.576	0.000
TP -> ETD	0.306	0.043	3.938	0.000
TP -> JB	0.351	0.097	5.884	0.000
NFC -> ETD	0.283	0.051	3.312	0.000
NFC -> JB	0.359	0.037	3.312	0.000
ETD -> JB	0.320	0.032	3.468	0.000
SCS->JB	0.374	0.128	3.055	0.000

In table 4, the total direct effects showed the direct relationship of all proposed hypotheses. From p values which are less than 0.005, it is clear that all the IVs of proposed research model significantly affect the excessive technological dependency and job burnout.

Total indirect effects are perhaps the most important relationship in the structural equation modelling. In this study, there were four mediation hypotheses and one moderator hypothesis. The statistic showed in table 5 that all indirect relationships are significant. It can be safely said that theory of UTAUT worked for job burnout and this phenomenon is explained through excessive technological dependency. Moreover, self coping strategy also moderated the relationship of excessive technological dependency and job burnout. It is evident that self coping strategy effectively managed to reduce the burnout and limits the exposure to stressors.

Table 5: Total Indirect Effects

Variables Relationship	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (O/STDEV)	P Values
PE -> ETD -> JB	0.213	0.061	3.572	0.000
EE -> ETD -> JB	0.193	0.041	4.576	0.000
TP -> ETD -> JB	0.184	0.035	5.154	0.000
NFC -> ETD -> JB	0.259	0.037	3.312	0.000
SCS*ETD->JB	0.287	0.052	3.219	0.000

Table 6: Hypotheses Summary

Hypothesis	Statement	Status
H1	Performance expectancy has positive and significant impact on excessive technology dependency	Supported
H2	Performance expectancy has positive and significant impact on job burnout	Supported
H3	Effort expectancy has positive and significant impact on excessive technology dependency	Supported
H4	Effort expectancy has positive and significant impact on job burnout	Supported
H5	Time pressure has positive and significant impact on excessive technology dependency	Supported
H6	Time pressure has positive and significant impact on job burnout	Supported
H7	Non facilitating conditions has positive and significant impact on excessive technology dependency	Supported
H8	Non facilitating conditions has positive and significant impact on job burnout	Supported
H9	Excessive technology dependency has positive and significant impact on job burnout	Supported
H10	Excessive technology dependency mediates the relationship of performance expectancy and job burnout	Supported
H11	Excessive technology dependency mediates the relationship of effort expectancy and job burnout	Supported
H12	Excessive technology dependency mediates the relationship of time pressure and job burnout	Supported
H13	Excessive technology dependency mediates the relationship of non facilitating conditions and job burnout	Supported
H14	Self coping strategy has positive and significant impact on job burnout	Supported
H15	Self coping strategy moderates the relationship of excessive technology dependency and job burnout	Supported

5. Conclusions

The study found that medical doctors working in public sector hospitals are suffering high level of job burnout and very low level of job satisfaction. The study was initiated to measure the impact of predictors on job burnout. All the predictors of JB were taken from unified theory of acceptance and use of technology (UTAUT) and their impact was measured separately (Bambe, 2019). For this purpose, 15 hypotheses were developed and tested through structural equation modelling. Out of these 15 hypotheses, 10 hypotheses were directly measured while 05 hypotheses were indirectly measured. Smart pls software was used to measure the unobserved constructs. To measure the structural model (Hair et al., 2012; Hair Jr et al., 2020) approach was used. The aim of this study was to measure the exhaustion level or burn out level of medical doctors and practitioners working in public hospitals of Punjab, Pakistan. In Punjab, Pakistan, the available number of hospitals and doctors per population are very few in numbers. That's why medical doctors of these hospitals have to engaged automatically. Second, private treatment is expensive which cannot be afforded by majority of the people so, the burden on medical doctors working in public hospitals doubled. Most of the times, these medical practitioners have to work in more than one shifts simultaneously which also increases their stress level or burnout (Arif et al., 2021). It has been recommended that health care public hospitals can mitigate the burnout level of its qualified doctors by promoting the facilitating conditions, giving them more control, appreciating them for their efforts, developing strategies to lessen the impact of time pressure and promoting appreciating mechanism to appreciate their performance (Bazmi et al., 2019). Training to promote the self coping strategy is best tool to knock down the perils of burnout. The technology although very beneficial in diagnostics and treatment but the continuous interaction with technology is also the cause of burnout. For this nap from technology is mandatory. In a nut shell, job burn out proved to be a very serious issue for medical doctors working at public sector hospitals by posing them into a negative, irrational and stressed environment. Only the cognitive restructuring and effective policies can help these practitioners to bounce back the negative impacts of burnout while keep working in the hectic environment.

6. Limitations and Future Recommendations

This study gathered the data only from major cities of Punjab and did not include the rural area health practitioners as respondents in the study. The reason is access issue and non availability of qualified practitioners at rural health centres. In future, these rural areas can be included if sufficient resources are available. Second, this study only focused on qualified and gazetted medical doctors and ignored the para medical staff. The burnout level of para medical staff may differ as compared to qualified medical doctors so, in future, a dedicated or comparative study may be carried out by including the para medical staff.

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