

**JOB DEMAND-RESOURCES AND PERFORMANCE
AMONG PHYSICIANS IN THE JORDAN PUBLIC
HOSPITAL**

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**JOB DEMAND-RESOURCES AND
PERFORMANCE AMONG PHYSICIANS IN THE
JORDAN PUBLIC HOSPITAL**

by

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LIST OF ABBREVIATIONS

JDR	Job demands-Resources
SPSS	Statistical Package for Social Sciences
PLS	Partial Least Square
SEM	Smart Partial Least Square
VIF	The Variance Inflation Factor
CMB	Common Method Bias
AVE	Average Variance Extracted
CR	Composite Reliability
HTMT	Heterotrait-Monotrait Ratio

**TUNTUTAN SUMBER PEKERJAAN DAN PRESTASI PAKAR
PERUBATAN DALAM HOSPITAL AWAM DI JORDAN**

ABSTRAK

Doktor memainkan peranan yang penting dalam sistem penjagaan kesihatan. Prestasi kerja mereka memberi kesan secara langsung terhadap pesakit dan kualiti penjagaan kesihatan keseluruhannya. Kajian ini mengkaji hubungan secara langsung di antara tuntutan pekerjaan, sumber pekerjaan, kelesuan dan kepuasan kerja di kalangan doktor di hospital awam di Jordan. Selanjutnya, kajian ini menyiasat mengkaji hubungan di antara kepuasan kerja dan prestasi kerja di kalangan doktor di hospital awam di Jordan. Di samping itu, kajian ini turut mengkaji peranan kepuasan kerja sebagai pengantara di antara hubungan tuntutan pekerjaan dan sumber pekerjaan, dan prestasi kerja. Seterusnya, kajian ini mengkaji kesan penyederhana-pengantara pemeraksanaan kepimpinan dan iklim keselamatan dalam hubungan di antara tuntutan pekerjaan, sumber pekerjaan, dan prestasi kerja melalui kepuasan kerja. Teori permintaan Tuntutan Sumber Pekerjaan berfungsi sebagai tonggak kajian ini. Sebanyak 375 data telah dikumpulkan dari kalangan doktor dari hospital awam di Jordan dengan menggunakan kaedah persampelan kluster. Smart PLS Versi 3.3.3 dan SPSS versi 26.0 digunakan untuk menganalisa data yang telah dikumpul. Hasil kajian mendapati bahawa pelbagai kemahiran, autonomi, identiti tugas, maklum balas pekerjaan, dan Keselamatan Pekerjaan mempunyai hubungan positif yang signifikan dengan kepuasan kerja, walaupun terdapat hubungan yang tidak signifikan di antara kepentingan pekerjaan dengan kepuasan kerja. Di samping itu, tuntutan emosi, dan tuntutan kuantitatif mempunyai hubungan negatif dan signifikan dengan kepuasan

kerja. Selain dari itu, kepuasan kerja mempunyai hubungan positif yang signifikan dengan prestasi kerja. Walau bagaimanapun, kelesuan mempunyai hubungan negatif yang signifikan dengan prestasi kerja. Penemuan ini menyokong hipotesis bahawa kepuasan kerja memainkan peranan pengantara di antara hubungan tuntutan-sumber pekerjaan, kepuasan kerja, dan prestasi kerja. Hasil kajian turut mendapati bahawa iklim keselamatan dan pemeraksanaan kepimpinan tidak memainkan peranan sebagai penyerdehana di antara hubungan tuntutan pekerjaan, sumber pekerjaan, kepuasan kerja, dan prestasi kerja. Sumbangan teori kajian ini berpunca daripada pendekatan barunya terhadap teori tuntutan-sumber pekerjaan. Ia melampaui kajian terdahulu dengan menyiasat secara eksperimen kedua-dua kesan moderasi dan mediasi, yang tidak pernah diterokai sebelumnya. Penemuan ini mempunyai akibat praktikal untuk organisasi penjagaan kesihatan, pembuat kebijakan, dan pengurus. Mereka boleh menggunakan penemuan untuk meningkatkan kepuasan kerja doktor dengan menumpukan pada sumber pekerjaan tertentu dan menangani bidang pekerjaan doktor yang sukar. Kajian penyelidikan masa depan boleh dijalankan di pelbagai sektor dan wilayah, menjalankan kajian longitudinal, dan memeriksa moderator tambahan seperti kepimpinan transaksi untuk memajukan lagi pemahaman dalam bidang ini.

JOB DEMAND-RESOURCES AND PERFORMANCE AMONG PHYSICIANS IN THE JORDAN PUBLIC HOSPITAL

ABSTRACT

Physicians play an important role in healthcare systems, and their work performance has a direct impact on patient outcomes and overall care quality. This research explored the direct association between job demands, job resources, burnout, and job satisfaction among Jordanian physicians. Furthermore, this examination investigated the relationship between job satisfaction and job performance. This study evaluated the mediating role of job satisfaction on the relationship between job demands-resources and job performance. This study examined the moderated mediation effect of empowering leadership and safety climate on the relationship between job demands, resources, and job performance via job satisfaction. The job demands-resources theory served as the foundation for this study. In this research, a total of 375 physicians from public hospitals in Jordan were employed as the sample of this study using the cluster sampling technique. Smart PLS version 3.3.3 and SPSS version 26.0 were used to examine the data. The findings reveal that skill variety, autonomy, task identity, job feedback, and job security have a significant positive connection with job satisfaction, while there is an insignificant link between job significance with job satisfaction. In addition, emotional demands, and quantitative demands have a negative and significant association with job satisfaction. Job satisfaction has a significant positive association with job performance. Burnout has a significant negative association with job satisfaction. The findings support the hypothesis that job satisfaction plays a mediating role between job demands-resources

and job performance. Results showed that the safety climate and empowering leadership does not moderate the association among job demand, job resource, job satisfaction, and job performance. The theoretical contribution of this study stems from its new approach to the job demands-resources theory. It goes beyond past studies by experimentally investigating both moderation and mediation effects, which had not previously been explored. These findings have practical consequences for healthcare organizations, policymakers, and managers. They may utilize the findings to improve physician job satisfaction by concentrating on specific job resources and addressing difficult areas of physicians' jobs. Future research study may be conducted in different sectors and regions, conduct longitudinal studies, and examine additional moderators such as transactional leadership to further advance understanding in this field.

CHAPTER 1

INTRODUCTION

1.1 Introduction

This chapter provides an overview of the study, including its background, research problem, objectives, and questions. It also discusses the relevance of the study as well as the definition of important terms used in the context of the study.

1.2 Background of the study

The notion of job performance is a crucial pillar that defines the success of both individuals and organizations in the dynamic and complicated environment of the modern workplace. The healthcare industry faces various challenges, including resource allocation issues, workforce shortages and adjusting to fresh technological advancements. To survive and grow in an ever-changing global environment, employee performance management is one of the concerns the health sector plan must address. Campbell et al. (1990) defined job performance as observable actions individuals take and behaviours that are important to the company's goals. Job performance comprises behavioural, evaluative, and multidimensional constructs (Motowildo et al., 1997), such as contextual, adaptive, task, and counter-productive behaviour at work (Koopmans et al., 2011). Job performance deterioration leads to decreased production, profitability, and effectiveness (Jayaweera, 2015). Organizations must address these challenges by prioritizing the improvement of employee job performance. Job performance has garnered significant attention in management studies and human resources due to its impact on both organizational and individual levels. This focus stems from the overlapping factors influencing diversity

and performance. Scholars and practitioners have dedicated considerable effort to understanding the factors that affect job performance, developing performance measurement techniques, and evaluating the effectiveness of different strategies for improving performance (Kroker, 1989).

According to Nielsen et al. (2017), organisations have grown increasingly aware of the critical role that workers participate in gaining and retaining a strategic advantage. Job performance is important in all sectors, such as the private, industrial, and health sectors. In the healthcare context, Greenslade and Jimmieson (2007) listed four task performance subdimensions: support provision, information provision, technical support, and coordination of care. They also listed four sub-dimensions of contextual performance: interpersonal assistance, volunteering for more responsibilities, compliance, and job-task support. These sub-dimensions serve as markers to evaluate job performance for those in the healthcare sector (Greenslade and Jimmieson, 2007).

The healthcare industry is recognized as a highly stressful workplace. The intense pressure often leads to instances of abusive behavior, including aggression, violence, bullying, deviant actions, tyranny, harassment, discrimination, and conflicts among the staff (Lewis, 2023). Inadequate understanding regarding how effectively healthcare providers perform hinders efforts toward improving healthcare affordability and quality (Miller et al., 2009). Physicians have a critical role in defining healthcare effectiveness and quality. It is becoming increasingly important for policymakers and hospital human resource management to devise measures that increase physicians' work satisfaction, job performance, and improve their patient care (Alwali et al., 2021; Han et al., 2022).

Physician is “a health care professional (such as a dermatologist, internist, pediatrician, or urologist) who has earned a medical degree, is clinically experienced, and is licensed to practice medicine as usually distinguished from surgery” (Physician - Merriam-Webster, 2022). Interprofessional incivility negatively affects medical performance, patient care, and service. It results in reduced teamwork, decreased decision making, vigilance and communication, leading to safety issues, patient dissatisfaction, complications, and even mortality, misdiagnosis, substandard treatment, and medication errors (Lewis, 2023). Physicians must fulfill fundamental duties like patient diagnosis, medical treatment, disease prevention, clinical practice improvement, patient recovery promotion, contribution to education and training, and research to advance medical services in order to improve hospital performance (Mangkunegara & Agustine, 2016).

Globally, several studies from different countries have investigated various dimensions affecting physicians' work. For instance, educational interventions have the potential to improve physician performance and, to a lesser extent, medical results. Training and continuous education, for example, increase physicians' knowledge and abilities. This can lead to better patient care and more informed decision-making (Davis et al., 1995). In study conducted by Mijakoski et al. (2015) found that when health professionals encounter high work demands, they tend to undertake additional compensatory efforts to maintain their performance level, according to the job demands-resource model. In other words, as their workload or job demands grow, health professionals make extra attempts to manage and maintain their performance. Dyrbye et al. (2013) found that fresh physicians had the lowest job satisfaction with work-home conflicts and depersonalization compared to physicians in mid-career with high job demands. They had the lowest satisfaction with their work-life balance and

speciality choice and the highest emotional exhaustion and burnout rates. In addition, mid-career physicians were more likely to depart their jobs. Scheepers et al. (2020) examined patient-related burnout among 465 physicians, including 385 specialists and 80 residents. The authors reported that patient-related burnout was significantly linked to job resources and job demands. The physicians with heavy workloads and few developmental opportunities showed higher rates of patient-related burnout.

Scheepers et al. (2020) discovered in a systematic review that mindfulness-based interventions improved physicians' well-being and performance. Lee et al. (2010) found in their study involving 310 Canadian physicians that communication skills and emotional labor played significant roles in the job demands outlined in the job demands-resources model, including work-life conflict and workload, as well as in the job resources such as predictability, autonomy, and understanding.

Public healthcare spending in the Middle East ranks among the lowest in the world. The ongoing turmoil of refugees in different regions complicates matters even further (Yazbeck et al., 2017). For instance, in Jordan, the public healthcare system is striving to meet, in total, over one million new refugees' medical needs and long-term care, which leads to high job demands with low resources. Also, issues with health policies, financing, health spending, the health insurance system, and human health cadres are accelerating low citizens' trust in the efficiency and quality of health services offered in the health sector (Al-Shayyab, 2019). Jordan's healthcare industry has grown significantly in recent years, also it remains smaller and less developed in comparison to other countries (Irtameh et al., 2016). Due to its limited natural resources, Jordan places a significant emphasis on its highly educated human capital. The worldwide rivalry has made it harder to recruit and keep talented workers in the health care sector (Irtameh et al., 2016).

The significant contribution of hospitals to the Jordanian economy is the reason why the public health sector was chosen for this study. The healthcare sector plays a fundamental role in capital development. Healthcare expenditure amounted for 8% of gross domestic product (GDP) in 2017, with the public sector accounting for more than 60% of total spending. Citizens' out-of-pocket costs accounted for around 25% of overall healthcare spending (Basheti et al., 2020). Nurses make up the majority of healthcare employees in Jordan, accounting for 44% of the total. Physicians come in at 25%, pharmacists at 16%, and dentists at 15% (Nazer & Tuffaha, 2017).

Physicians in hospitals provide a variety of services to patients. Management must adopt rules that improve job performance and help to retain skilled staff. Poor work performance in the public health sector can have a detrimental impact on doctor-patient interactions, patient satisfaction, and service standards (Umrani et al., 2019). There are multiple factors which lead towards poor performance among the physicians in public health sector in Jordan such high job demands (Maswadi et al., 2019), low resources (Khatatbeh et al., 2015), dissatisfaction (Inuwa, 2016), high workplace violence which leads to hostile safety climate (Al-Shiyab & Ababneh, 2018; Alquisi, 2016).

Physicians in Jordan are dissatisfied with regulatory considerations connected to their employment (Khatatbeh et al., 2015), and variables such as low resources and high job demands contribute to the low performance of healthcare workers (Ahmed, 2012). Further, high job demands and burnout negatively affect job performance and patient care, resulting in clinical errors, patient dissatisfaction, suboptimal care, and medication errors (Maswadi et al., 2019; Mumtaz et al., 2010; West et al., 2011).

Medication errors were found to be most common among nurses in Jordan, at 48.4%, followed by physicians at 31.7% and pharmacists at 11.1%. The primary

reasons of these medication errors were linked to severe workload (41.4% of instances) and new employees (20.6% of cases) (Al-Shara, 2011). According to Jordan's National Center for Human Rights, medical errors are generally caused by several issues. These issues include the poor efficiency and shortage of medical personnel, the lack of strict sanctions for those who commit errors, insufficient administrative oversight by government agencies and healthcare institutions, a lack of human resources, and poor infrastructure in hospitals and health facilities (<https://www.nchr.org.jo>). In a study by Abdel-Qader et al. (2020) involving 1,330 patients and 3,470 medication orders, it was found that almost 1 in 5 patients experienced prescribing errors. The overall incidence of prescribing errors was 12.5%. This is a high percentage compared to most international studies, where the percentage of medication prescribing errors in emergency departments ranged from 3.2% - 9.9%. Analgesics were the most commonly involved medications, and the most frequent errors were prescribing the wrong drug and wrong dose. The majority of errors were clinically significant. Physicians often rejected pharmacist interventions, and poor skills in the electronic prescribing system were identified as the main cause of errors. Predictors of errors included drugs with multiple dosage forms and prescriptions with polypharmacy (Abdel-Qader et al., 2020).

In Jordan, there has been a considerable increase in workplace violence against health care workers in recent years (Al-Shiyab & Ababneh, 2018). Al-Rawash (2011) asserted that violence in the workplace in Jordan significantly influences physicians' and patients' relationships, doctors' work performance, and physicians' families. The study conducted by Alhamad et al. (2021) discovered a greater prevalence of physician violence in the government sector compare another health sectors and emphasized the negative effects of abuse on physician' performance. Furthermore, it was discovered

that male physicians had a greater prevalence of workplace abuse than female physicians.

Violent behaviour against healthcare employees has major concerns for physicians, nurses, and overall healthcare workers (Berlanda et al., 2019). Between 2016 and 2019, 111 physical assaults on physicians were registered (www.jma.org.jo). Previous studies have shown that violence against health workers in the workplace has increased (Al-Shiyab & Ababneh, 2018; Alquisi, 2016; Oweis & Diabat, 2005), affecting health workers' job performance and satisfaction (Darawad et al., 2015). For instance, the research by Darawad et al. (2015) gathered information from 174 emergency departments in Jordan. Most of the participants (91.4 %) reported having been subjected to violence (physical 23.3 % versus verbal 95.3 %). According to Al-Shiyab and Ababneh (2018), the most common effects of workplace violence are harming the identity and reputation of the workers, an increasing sense of apathy, patient fear, aggressive conduct, an unwillingness to serve patients, job insecurity, and failure to hold professionals accountable. All these issues will definitely be jeopardising the physician's performance in the hospitals.

In the context of physicians, the high of workplace violence leads to hostile safety climate (Aiken et al., 2001). Understanding the safety climate is crucial for ensuring patient safety and promoting a positive work environment for healthcare professionals (Kosydar-Bochenek et al., 2022; Paltved et al., 2017). Studies have explored the influence of safety climate on various outcomes, including medical errors (Valentin et al., 2013), patient satisfaction (Jacobs et al., 2020), healthcare quality, and well-being (Huang et al., 2016). The safety climate is widely regarded as an unquestionably significant technique for improving hospital safety (Gurková et al., 2020). The safety climate of the hospital has a significant impact on patient safety,

personnel well-being, teamwork, safety performance and attempts to enhance overall quality of care (Abualrub et al., 2012; Singer et al., 2009). On this basis, the safety climate among physicians should be examined and highlights the potential benefits that it can bring to patient care and the healthcare system as a whole.

Leadership within the healthcare setting, particularly among physicians, plays a significant role in shaping the culture, climate, wellbeing, and overall effectiveness of healthcare organizations (Lee et al., 2019; Montgomery, 2016). Studying empowering leadership among physicians is essential to understand the impact of their leadership style on various aspects of patient care, healthcare outcomes (Dahleez, Aboramadan, & Abu sharikh, 2022), and the well-being of healthcare professionals (Montgomery, 2016). By recognizing and supporting empowering leadership characteristics among physicians, healthcare institutions may develop a culture of cooperation, continuous improvement, and patient-centeredness. In the end, this leads to improved patient outcomes, increased job satisfaction, heightened work engagement among healthcare workers, and the cultivation of effective leadership within the healthcare sector (Bobbio & Muraro, 2007; Khan et al., 2022). This justification highlights the importance of studying empowering leadership among physicians and the potential benefits it can bring to healthcare organizations and patient outcomes.

Another factor that can contribute to physicians' reduced work satisfaction is burnout (Panagioti et al., 2017). Physicians globally face a significant jeopardy to their well-being, as evidenced by high burnout rates among them. This is concerning because burned-out physicians are more likely to exhibit less professionalism and provide substandard patient care (Scheepers et al., 2020). Burnout affects turnover, patient safety, physicians' performance, quality of care, and patient satisfaction

(Shanafelt & Noseworthy, 2017). Burnout among physicians and nurses can lead to a negative impact on the health care industry, such as higher absenteeism, poorer patient satisfaction, and lower quality of service. As a result, burnout can be viewed as a work-related sickness that impacts the well-being and productivity of healthcare workers (Alrawashdeh et al., 2021).

Burnout poses a dual risk to healthcare professionals, jeopardizing both their personal health and well-being, as well as being linked to elevated medical errors and subpar quality of care (Chou et al., 2014). Physicians who work long hours and have little opportunities for advancement are more likely to become burned-out while providing treatment to patients (Scheepers et al., 2020). Burnout influences job performance, job satisfaction, interpersonal relationships, and vulnerability to illnesses (Chemali et al., 2019).

1.3 Problem Statement

One of the challenges in healthcare is job performance. Poor job performance leads to decreased profitability, effectiveness, and productivity (Jayaweera, 2015). To meet this challenge, organisations should focus on improving employee job performance because the organisation's stability and efficiency are related to the stability and efficacy of employees' job performance (Isse et al., 2018). Job performance in organisational research is the most practically and theoretically important topic (Staw, 1984; Viswesvaran, 2000) because it affects the group, the organisation, and the individual (Pandey, 2018).

Despite the substantial number of research on different work performance levels, the vast majority of studies have been conducted in various disciplines, such as

education (Adeyemi, 2010; Annierah Maulana Usop et al., 2013; Asad khan et al., 2019) and marketing (Chia & Kee, 2018; Dugan et al., 2019; Kwak et al., 2019; Peasley et al., 2020). Some have also been conducted in the health sector (Al-Hamdan et al., 2017; Alshahrani et al., 2017; Bakker, 2018; Bjaalid et al., 2019; Choon Hee et al., 2016; Deng et al., 2019; Gandi et al., 2011; Johari et al., 2018). In health care sector studies, there is not much consideration given to the issues of job performance among physicians at hospitals, even though physicians' underperformance carries a danger to patient health (Price et al., 2018). The number of studies on physicians' performance is relatively low. Specifically, there is still a limited number of empirical studies that have investigated the effect of job demands-resources on physicians' performance (Wingerden, Bakker, & Derks, 2016).

The job performance of physicians is an area of concern that requires attention due to the significant impact it has on patient outcomes, healthcare quality, and the overall effectiveness of healthcare systems. However, there are challenges and issues associated with measuring and contribute to physicians' poor performance, including limited resources and high job demands (Al-Shayyab, 2019), workplace violence (Al-Shiyab & Ababneh, 2018; Darawad et al., 2015), lack of wellbeing (Scheepers et al., 2020), and burnout (Maswadi et al., 2019; Sibeoni et al., 2019). High job demands and burnout can harm job performance and patient care (Maswadi et al., 2019; Mumtaz et al., 2010; West et al., 2011).

From a practical point of view, the poor performance of a medical doctor was linked to patient safety (Umrani et al., 2019). Medical errors, misdiagnosis, delayed diagnosis, unnecessary treatments, tests and procedures, drug errors, missing warning signs, and mistakes in the operating room are some of the most common errors that occur in hospitals (Khalifeh, 2021). The growing occurrence of medical errors in

healthcare facilities in Jordan has raised concerns, as stated by the National Centre for Human Rights (NCHR). The NCHR expresses worry regarding this issue, highlighting the need for attention and action to address the problem. This implies that there is a significant and alarming trend of mistakes being made in the healthcare system, which can have detrimental effects on patient safety (Hoff et al., 2004), poor well-being, burnout and trust in the healthcare system (Tawfik et al., 2018). According to Al-Shara, (2011) a considerable proportion of medication errors are made by physicians at the ordering stage, accounting for 31.7% of all errors. This shows that mistakes may occur when physicians prescribe medications, which might result in patients receiving wrong or unsuitable medications. Medical mistake causes considerable emotional suffering in healthcare providers (nurses and physicians), including worry, guilt, sadness, and fear. These emotional consequences might endure for a long time, resulting in a decrease in job satisfaction and perhaps affecting their performance (Gallagher, 2008). Some patients have claimed that physicians are to blame for their hostile behavior toward them. This hostility is said to be the result of medical errors, physician carelessness, and insufficient treatment, which is exacerbated by the physician's narcissistic traits, lack of empathy, poor verbal communication, and lack of sympathy in critical situations (Alsawalqa, 2020). The Jordanian health sector workforce needs to improve their performance (Saif et al., 2013).

The existing literature on job performance among physicians in Jordan lacks comprehensive studies that explore the specific factors influencing performance and the effectiveness of interventions aimed at improving job performance. While there is recognition of the importance of job performance in the healthcare sector (Ferit et al., 2021; Krijgsheld et al., 2022), there is a practical gap in terms of in-depth research and

evidence-based strategies that can be implemented to enhance the performance of physicians in Jordan (Alfuqaha & Alshra'ah, 2018).

From an empirical point of view, Qadire and Alkhalaileh (2017) showed that most of the Jordanian participants in their study (58.8%) were dissatisfied with the healthcare services in Jordan. Participants were mostly dissatisfied with the following: “meeting and consideration of their health status, information about possible side effects, information provision including family in the direct-patient care process, communication with administrative workers, and the time that was given to them by the physicians” (p. 5). While according to the study by Khoury and Mawajdeh, (2004) found that physicians spent 48.7% of their time doing "down time" (waiting, breaks, and non-work-related activities), 29.1% on clinical activities, and 22.1% on non-clinical work-related tasks. When compared to nurses and midwives, physicians had longer clinical and down times, with waiting for patients accounting for half of the down time. These issues are under the multi-dimensions of individual work performance, for example, task and contextual performance.

The job demands-resources model (JD-R) is a theoretical model that defines job performance while considering wellbeing. According to the JD-R model, employees' well-being and health result from maintaining a balance between positive resources and negative job demands. Therefore, any demand or resource may impact an worker's well-being and health (Schaufeli & Taris, 2014). Moreover, the model with performance specificity might lead to accurate forecasts and useful insights into certain scenarios, such as job resource patterns that promote wellbeing and enable successful performance (Bakker & Demerouti, 2017).

The demanding nature of the medical profession creates tremendous strain on physicians, forcing them to manage and distribute numerous resources efficiently to

satisfy their job demands (Chênevert et al., 2021). The JD-R model is a useful framework to recognize the dynamic link between the demands placed on health care worker and the resources required to carry out their duties (Montgomery et al., 2015). This theory recognizes that the healthcare sector, namely the role of physicians, entails a complex interaction of job demands and resources that may have a significant influence on both organizational outcomes and individual well-being (Mazzetti et al., 2016; Tanner et al., 2015).

Jordanian physicians are faced with numerous job demands, such as long working hours, heavy workloads, time pressure, administrative duties, work-life balance issues, and emotional exhaustion (Ahmed, 2012; Azzam et al., 2023). These demands can lead to heightened stress, burnout, and reduced job satisfaction among physicians, ultimately affecting their performance (Chemali et al., 2019; Chou et al., 2014; Scheepers et al., 2020).

In the health sector, dissatisfaction among physicians can affect the relationships between physicians and patients and undermine the standard of care. Low job satisfaction levels can result in lower efficiency, thus impacting the organisation's overall performance (Inuwa, 2016). Physicians' job satisfaction correlates positively with their job performance. Satisfaction with their work motivates physicians, enhances their engagement, and results in heightened effectiveness and productivity (Dousin et al., 2019). Physicians who are satisfied with their jobs are more likely to connect effectively with their patients, deliver better treatment, and achieve excellent clinical results (Umrani et al. 2019). Job satisfaction also protects against turnover (Zhang et al., 2016), burnout (Dyrbye et al., 2013), and encouraging continuity of care and job longevity (Chew et al., 2013). In Jordan, there is a shortage of physicians, which affects both medical service providers (hospitals

and clinics) and patients and visitors seeking healthcare. Some specialists end up serving about 80 patients each day, greatly surpassing the universal medical protocol's recommended number of patients per physician per day of 20 patients. This high patient load result in physicians' dissatisfaction and burnout in Jordan, ultimately prompting them to seek better prospects and working conditions outside the nation (Fadilat, 2022). The study conducted by Azzam et al., (2023) the detrimental effect of work-life conflict on people's lives, and it emphasizes the higher chance of physicians encountering this conflict. It also highlights the lack of statistics on work-life balance and job satisfaction among Jordanian and Middle Eastern physicians. Understanding and managing job satisfaction among physicians is critical, and more study in this area is needed to promote their well-being (Azzam et al., 2023).

Job satisfaction can serve as a coping technique for employees who face high job demands or lack of resources (Huang et al., 2022). Satisfied employees demonstrate enhanced capabilities in handling job stress, effectively managing job demands, and innovatively addressing resource shortages, leading to improved job performance (Bakker & Demerouti, 2017; Dousin et al., 2019). It is essential to incorporate work satisfaction in a physician's setting to assess job performance since it is critical to understand the extent to which it mediates the link between job demands, resources, and performance. Thus, the current study seeks to address this gap in accordance with JD-R theoretical assertions and the suggestions of earlier studies. Although past research may have improved our understanding of the relationships between job resources and job demands and their influence on performance, the role of work satisfaction as a mediator in these interactions is little known (Schaufeli, 2015). Likewise, few studies have examined the direct correlation

between relationships: whether job resources and job demands impact physicians' job satisfaction, eventually leading to job performance.

In the JD-R theory, leadership affects the work environment of the employee and indirectly affects their well-being and performance (Bakker & Demerouti, 2017). There have been a few attempts to include leadership within the JD-R model (Schaufeli, 2015). For example, transformational leadership helped to lower job demand while increasing job resources, resulting in more work-related attitudes and higher employee performance (Fernet et al., 2015). Job resources increased job engagement and performance by demonstrating transformative leadership that resulted in increased elements of work resources such as job feedback and autonomy (Breevaart et al., 2014). These literatures indicate that leadership style has a substantial influence on the well-being and functional performance of employees.

Few studies have examined the relationship of leadership with well-being, such as authentic leadership, ethical and charismatic leadership (Schaufeli, 2015; Tims et al., 2011; Tuckey et al., 2013). Some others have not investigate servant leadership, empowering leadership, and transactional leadership (Bakker & Demerouti, 2017). Empowering leadership urges followers to develop self-control and encourages them to participate in decision-making and take independent action (Yin et al., 2004). Elnaga and Imran (2011) summarized some of the advantages of empowering leadership. For example, empowering leadership increases job satisfaction and employee participation, reduces turnover, and ensures better productivity and profitability. Empowerment will give workers a sense of commitment and motivation, as well as attachment and belonging to their organisations (Albrecht & Andreetta, 2011).

In any field, effective leadership has a substantial impact on job performance and overall success. In the context of healthcare, the performance of physicians has a significant impact on the quality and cost of healthcare services provided to patients (Schwartz & Pogge, 2000). Empowering leadership is critical in influencing physician performance and satisfaction (Chen et al., 2021; Mechanic, 2003). Empowering leadership improves job performance among physicians by providing a supportive and inclusive environment, resulting in better patient care, more engagement, and professional progress (Al Otaibi et al., 2022; Angood & Birk, 2014; Mohamed & Saeed, 2022). Empowering leadership involves delegating responsibility, granting employees autonomy, and supporting them in decision-making processes. These elements significantly influence employees' perceptions and responses to workplace demands and resources (Nong, Ye, & Hong, 2022). It is anticipated that empowered leadership will have a moderating influence on the link between job demands, resources, job satisfaction, and job performance. Leaders who empower their subordinates provide them with support, autonomy, and opportunities for growth and development. This style of leadership behavior has the capacity to influence how employees perceive and manage workplace responsibilities, as well as how they utilize and benefit from job resources (Tuckey, Bakker, & Dollard, 2012).

Empowering leadership can reduce the negative consequences of job demands while amplifying the positive consequences of job resources. Employees who perceive empowered leadership have higher job satisfaction, better job performance, and better well-being (Chen et al., 2021; Choi et al., 2016; Lee et al., 2018; Tuckey et al., 2013b). To better understand how empowering leadership practices influence and enhance physician performance in healthcare settings, it is necessary to investigate the

moderating effects of empowering leadership on physician performance, specifically through the mechanism of job satisfaction.

Empirically, empowering leadership strongly relates to job attitudes (Kim et al., 2018). Also, empowering leadership positively influences job satisfaction (Amundsen & Martinsen, 2014d; Choi et al., 2016; Orgambidez-Ramos & Borrego-Alés, 2014; Tsai et al., 2010), task performance, organisational citizenship behaviour (Lee et al., 2018), and attitude towards knowledge sharing (Eze et al., 2013). Job resources is increased by improving employed conditions due to empowering leadership (Tuckey et al., 2013b). Furthermore, a meta-analysis by Kim et al. (2018) found an association between empowering leadership, satisfaction, commitment, and engagement. However, in healthcare, few studies have focused on empowering leadership issues among physicians. There is scarce research on empowering leadership as a moderator among the work demands-resources model (Bakker & Demerouti, 2017; Sharma & Kirkman, 2015).

The decision to use leadership empowering as a moderator is reasonable, and many organisations are adopting leadership methods to offer workers authority, autonomy, and responsibility in an effort to encourage and equip them to become more adaptable and responsive to their work environment (Ahearne et al., 2005; Cheong et al., 2019; Ghani et al., 2018; Hao et al., 2018; Muchiri et al., 2019; Srivastava et al., 2006). As mentioned above, empowering leadership decrease job demands, and increase job resources or job satisfaction (Albrecht & Andreetta, 2011; Choi et al., 2016; Tuckey et al., 2013b). Empowering leadership showed a significant positive influence on job well-being (Nong, Ye, & Hong, 2022) Consequently, since empowering leadership is not a moderator that has been researched in the link between job demand-resources and performance via satisfaction, the research aimed to

objectively demonstrate its roles and presents several theoretical and practical approaches to empowering leadership.

A report by the World Bank Group stated that the Jordanian health sector continues to be affected by several important challenges concerning its fragmentation, quality disparities, and funding. Moreover, the Syrian refugee crisis further provides the impetus, leading to a significant difference in the quality and cost of service delivery (World Bank, 2016). With the challenges as above, there is the phenomenon of abuse is increasing in Jordan's health sector. The study by Alhamad et al. (2021) discovered that Jordan has greater levels of exposure to violence when compared to other Middle Eastern studies. Al-Shiyab and Ababneh (2018) found that the detrimental impact of workplace violence on physicians and nurses. The occurrence of workplace violence depicts these healthcare workers as indifferent, incapable of adapting or introducing improvements in medical services, and without regard for norms and regulations. It also means that they look unconcerned about their patients. Although the violence is mostly verbal, it has a huge impact on their working environment. It reduces job satisfaction, reduces morale, and creating a hostile safety climate among the healthcare workers (Aiken et al., 2001).

A hospital's safety climate is dictated by the values and beliefs of its staff (Singer et al., 2009). Previous studies found that physicians have higher workplace risks than other healthcare workers inside hospitals (Kirkegaard et al., 2018; Wagner et al., 2019). The safety climate of a company or work unit serves as a key indicator of its underlying safety culture, influencing the safety practices and outcomes of both healthcare workers and patients (Bosak et al., 2013). A lower workplace safety climate and high job demands were more likely to suffer violent threats (Wu et al., 2015), excessive services, situations of high stress, and an overload of physicians in daily

practice. These could lead to poor quality of medical care and performance, leading to dissatisfied patients (Wu et al., 2015).

The relationship between safety climate and physician performance is an important subject of study in healthcare. A positive safety climate in the workplace promotes not only effective teamwork and communication, as shown by Erestam et al. (2017), but also a reduction in error reporting, as observed in the research by Lee (2016). Furthermore, this conducive safety climate is associated with increased job satisfaction and enhanced well-being among physicians, as evidenced by Akbolat et al. (2022) and Kosydar-Bochenek et al. (2022). Enhancing patient safety, achieving better results, and enhancing physician performance may all be achieved through comprehending and fostering the safety climate inside the healthcare sector (Kosydar-Bochenek et al., 2022; Paltved et al., 2017). As a result, efforts should be made to develop a positive safety climate and to build an environment that supports and appreciates healthcare workers' well-being.

The demands of one's employment might have an effect on one's general well-being. One example is when people are exposed to hazardous working conditions, which increases their risks of being harmed, becoming unwell, or even losing their lives (Schwatka et al., 2022). Workers' personal resources may be depleted as a result of the physical and mental demands imposed on them, thus impacting their health. Factors such as unpleasant relationships with coworkers or severe time pressure, for example, can contribute to prolonged work-related stress, resulting in detrimental reactions that can impair long-term health results (Cohen, Janicki-Deverts, & Miller, 2007; Schwatka et al., 2022). A good safety climate may offer employees with a sense of security and support, allowing them to cope with high job demands and successfully utilize workplace resources (Khoshakhlagh, 2021; Oah, Na, & Moon, 2018). A poor

safety climate may undercut the good impacts of resources while exacerbating the negative consequences of demands, resulting in lower work satisfaction and performance (Nuti, Vainieri, Giacomelli, & Bellè, 2019; Pearce, 2012).

In JD-R model, employees have a greater ability to handle the job demands when there is a positive safety climate. It serves as a significant resource, improving their capacity to deal with work-related issues and stress (Bronkhorst, 2015). The safety climate has a significant impact on the motivating process. It serves as a critical aspect in strengthening the self-protective activities that employees conduct by employing their abilities and resources. A positive safety climate, in essence, increases workers' motivation to prioritize safety and take required measures at work (Bronkhorst, 2015). Hence, because the safety climate has not been investigated like a moderator in the link between job demands-resources and performance via satisfaction at the individual level, this research aimed to objectively demonstrate its roles and gives several theoretical and practical perspectives on safety climate.

Academics have recently focused on the origins and effects of burnout syndrome. Physicians in the public sector who work fewer shifts and have fewer yearly breaks are at risk of burnout (Ozyurt et al., 2006). Physician burnout is on the rise and has major consequences for individual physicians, patients, and healthcare organisations (Bradley & Chahar, 2020). In Jordan, the study conducted by Alrawashdeh et al., (2021) found that burnout was prevalent among physicians (57.7%). A systematic literature review by Chemali et al., (2019) found that burnout is common among Middle Eastern healthcare providers. Physicians' burnout is more likely to result in medical errors and higher work dissatisfaction, which are linked to decreased patient satisfaction with medical treatment (Dyrbye & Shanafelt, 2011).

Burnout and work satisfaction have also been proven to be related and have negative health consequences (Khamisa et al., 2015). Job resources and job demands can affect employees' work, performance, motivation, turnover, and job satisfaction via their mental state at work (Xian, Zhai, Xiong, & Han, 2020). The higher the job demands, the stronger the burnout faced by the employees (Hu, Schaufeli, & Taris, 2017). There are few examinations concentrating on burnout in developing and non-western nations, particularly the Middle East (Chemali et al., 2019). This study aims to investigate the mechanisms through which job demands lead to burnout, considering factors such as increased stress levels, decreased job satisfaction. By examining this link, the research intends to examine the direct relationships between job demands and burnout and the direct relationship between burnout and job satisfaction among physicians in Jordan.

The present study is an attempt to investigate the influence of several factors on physician performance. Thus, the present study aims to explore the effect of job demands, job resources, the mediating role of job satisfaction and the moderation mediation effect of empowering leadership and safety climate among the physicians of Jordan. The current investigation will examine the second order for moderation mediation effect of empowering leadership and the first order of safety climate on the association among job demands-resources and job performance mediating by job satisfaction among physicians in the Jordanian health sector.

1.4 Research Questions

This study attempts to address the following research questions, which are in accordance with the study's objectives, by building on the arguments given in the preceding section.

1. What is the relationship between job demand variables (quantitative and emotional demands) on job satisfaction among physicians in Jordan public hospital?
2. What is the relationship of between job resources variables (autonomy, task identity, skill variety, autonomy, task significance, and performance feedback) on job satisfaction among physicians in Jordan public hospital?
3. Does job satisfaction have a significant relationship on job performance among physicians in Jordan?
4. Does job satisfaction mediates the relationship between the job demands and job performance among physicians in Jordan public hospital?
5. Does job satisfaction mediates the relationship between job resources and job performance among physicians in Jordan public hospital?
6. Is there a direct relationship between job demands and burnout among physicians in Jordan public hospital?
7. Is there a direct relationship between burnout and job satisfaction among physicians in Jordan public hospital?
8. Does empowering leadership moderated mediated the relationship between job demands-resources and job performance via job satisfaction among physicians in Jordan public hospital?
9. Does safety climate moderated mediated the association between job demands-resources and job performance via job satisfaction among physicians in Jordan public hospital?

1.5 Research Objectives

The study focused on the following objectives:

1. To examine the association between job demands (quantitative and emotional demands) and job satisfaction among physicians in Jordan public hospital.
2. To examine the association between job resources (task identity, task significance, skill variety, autonomy, and performance feedback) and job satisfaction among physicians in Jordan public hospital.
3. To examine the relationship between job satisfaction and job performance among physicians in Jordan public hospital.
4. To evaluate the relationship between job demands and burnout among physicians in Jordan public hospital.
5. To examine the relationship between burnout and job satisfaction among physicians in Jordan public hospital.
6. To analyse the mediating role of job satisfaction in the relationship between job demands and job performance among physicians in Jordan public hospital.
7. To analyse the mediating role of job satisfaction in the relationship between job resources and job performance among physicians in Jordan public hospital.
8. To evaluate empowering leadership as moderated mediated on the relationship between job demands-resources and job performance via job satisfaction among physicians in Jordan public hospital.
9. To evaluate safety climate as moderated mediated on the relationship between job demands-resources and job performance via job satisfaction among physicians in Jordan public hospital.

1.6 Significance of the Study

1.6.1 Theoretical

This research aims to determine how job resources and job demands impact physicians' performance due to mediating job satisfaction. It also aims to study moderate mediation empowering leadership and safety climate in the relationship between job resources and job demands effect on physicians' performance via job satisfaction.

This research provides some new theoretical contributions:

First, this study adds to theoretical body of knowledge by thoroughly investigating the elements impacting hospital physician performance from an individual level, as well as exploring their relationships within the framework of the job demands-resources theory. The current study is one of the few studies that investigate the impact of job resources and job demands on hospital physician performance.

Second, this research is based on the Job Demand-Resources Theory (JDR), which explains the relationship between job demands/resources and job satisfaction. The JD-R theory is a versatile framework applicable to a wide range of work environments and fields of study. This theory encompasses two crucial processes: the strain process and the motivational process. The strain process explores the negative aspects of work, such as burnout, highlighting how excessive job demands can lead to stress and exhaustion among employees. On the other hand, the motivational process examines the positive factors, such as work engagement, revealing that when individuals have access to sufficient job resources, they are more likely to feel