



PSYCHOSOCIAL PREDICTORS OF SOMATIC SYMPTOMS IN RICKSHAW DRIVERS: THE ROLE OF BURNOUT AND RESILIENCE

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Abstract

The present study aimed to find out the relationship between job insecurity, perceived stigma, burnout, resilience, and somatic symptoms among rickshaw drivers. This study utilized a cross-sectional research design, and participants were recruited through a purposive sampling technique. A sample of 300 rickshaw drivers was taken from different areas of Faisalabad. The age range was 35-50 years. Results showed that perceived stigma, burnout, and somatic symptoms were all significantly and positively related to job insecurity, indicating that higher levels of job insecurity were associated with higher levels of stigma, burnout, and physical complaints. Perceived stigma was positively correlated with burnout and somatic symptoms. Perceived stigma was significantly and negatively correlated with resilience, highlighting that higher levels of perceived stigma also correlated with lower resilience. A negative correlation between high burnout and high resilience as well as a positive correlation with somatic symptoms were also found. Furthermore, there was a significant negative relationship between resilience and somatic symptoms, indicating that individuals with higher levels of resilience reported fewer somatic health worries. The results implied that burnout partially mediated the relationship between psychosocial predictors (job insecurity, perceived stigma) and somatic symptoms. Furthermore, resilience emerged as a significant moderator in this dynamic. The findings have profound implications for public health policy and occupational psychological interventions.

Keywords: *Burnout, Faisalabad, Job Insecurity, Perceived Stigma, Resilience, Rickshaw Drivers, Somatic Symptoms.*

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1. Introduction

The informal transport sector constitutes a vital pillar of the urban economy in developing nations, with auto-rickshaws serving as a primary mode of paratransit in South Asia. In Pakistan, particularly in rapidly expanding urban centers like Faisalabad, rickshaw drivers form an essential yet highly marginalized segment of the workforce (Nasrin et al., 2021). Despite their critical contribution to urban mobility, these drivers operate within an informal, unregulated economic environment characterized by chronic psychosocial stressors. The confluence of economic vulnerability, occupational hazards, and social marginalization creates a unique risk profile for severe mental and physical health deterioration.

Among the most pervasive stressors experienced by this population are job insecurity and perceived social stigma. Job insecurity in the informal sector is not merely the fear of job loss, but a daily confrontation with unpredictable earnings, fluctuating fuel prices, regulatory harassment, and a complete lack of social safety nets (Shoss, 2017). Concurrently, rickshaw drivers frequently endure perceived stigma, a subjective awareness of being devalued, stereotyped, and discriminated against by passengers, law enforcement, and the broader society due to their lower socioeconomic status and occupational identity (Major & O'Brien, 2005).

Chronic exposure to these psychosocial predictors inevitably exacts a severe psychological toll, most notably manifesting as occupational burnout. Burnout, conceptualized as a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment, is increasingly recognized as a profound health risk in service-oriented and high-stress informal professions (Maslach & Leiter, 2016). For rickshaw drivers, the relentless pressure to meet daily financial quotas amidst hostile environmental conditions accelerates the depletion of psychological resources.

Crucially, the psychological distress stemming from job insecurity, stigma, and burnout frequently somatizes, presenting as medically unexplained physical symptoms. Somatic symptoms, ranging from chronic musculoskeletal pain and gastrointestinal distress to debilitating fatigue and tension headaches, are highly prevalent among occupational groups subjected to sustained emotional and physical strain (Kirmayer & Sartorius, 2007). In the context of informal transport workers, these symptoms are often exacerbated by the physically demanding nature of driving for extended hours in highly polluted and congested urban environments.

However, individuals do not respond uniformly to occupational adversity. Resilience, defined as the dynamic capacity to successfully adapt to and bounce back from significant stress and adversity, serves as a critical protective factor (Luthar et al., 2000). In the face of intense occupational stressors and resulting burnout, robust psychological

resilience may mitigate the deleterious impact on physical health, buffering the pathway from psychological distress to somatic symptomology.

Despite the severe occupational vulnerabilities of rickshaw drivers in Pakistan, empirical research examining the complex interplay of these psychosocial variables remains alarmingly scarce. Most existing literature on transport workers focuses either on formal sector employees (e.g., bus or truck drivers) or exclusively on physical occupational hazards (e.g., accident rates, ergonomic injuries). The specific psychological mechanisms, namely, the mediating role of burnout and the moderating role of resilience, through which job insecurity and stigma translate into somatic symptoms among rickshaw drivers remain largely unexplored.

The present study was designed to address this critical gap in the literature. Grounded in the Job Demands-Resources (JD-R) model (Demerouti et al., 2001) and the Conservation of Resources (COR) theory (Hobfoll, 1989), this research proposes a comprehensive moderated-mediation model. It aims to systematically investigate how job insecurity and perceived stigma predict somatic symptoms, whether occupational burnout mediates this relationship, and to what extent psychological resilience moderates the detrimental effects of burnout on somatic well-being among rickshaw drivers in Faisalabad.

Theoretical Framework: The Job Demands-Resources (JD-R) model posits that all occupational characteristics can be classified into two broad categories: job demands and job resources (Schaufeli & Taris, 2014). Job demands refer to the physical, psychological, social, or organizational aspects of the job that require sustained physical and/or psychological effort and are associated with certain physiological and psychological costs. In the present study's context, job insecurity and perceived stigma function as severe psychosocial job demands that continuously drain the emotional and cognitive resources of rickshaw drivers.

Conversely, job resources are those aspects of the job that are functional in achieving work goals, reduce job demands and the associated physiological and psychological costs, or stimulate personal growth, learning, and development. When job demands are high and resources are severely lacking, a hallmark of the informal rickshaw driving sector, employees are highly susceptible to burnout, which in turn leads to negative health outcomes such as somatic symptoms. This health impairment process forms the theoretical basis for hypothesizing burnout as a central mediator in our model.

Furthermore, the Conservation of Resources (COR) theory (Hobfoll, 1989) provides an additional lens for understanding the moderating role of resilience. COR theory suggests that individuals strive to obtain, retain, protect, and foster things that they value (resources). Psychological stress occurs when these resources are threatened, when they are lost, or when individuals fail to gain resources after significant resource

investment. Rickshaw drivers operate in an environment of chronic resource depletion (low income, high physical strain, low social status). Resilience acts as a crucial personal resource that can buffer the negative impact of resource loss (burnout) on physical health (somatic symptoms).

Significance of the Study: This research holds significant theoretical and practical implications. Theoretically, it extends the application of the JD-R model and COR theory to a heavily under-researched and highly vulnerable occupational group within a developing country context. It also contributes to the psychosomatic literature by elucidating the complex, multi-step psychological pathways through which socioeconomic and occupational stressors manifest physically. Practically, identifying burnout as a mediator and resilience as a moderator provides specific, actionable targets for public health interventions, non-governmental organizational support programs, and community-based mental health initiatives aimed at improving the occupational health and overall well-being of informal transport workers in Pakistan.

1.1. Job Insecurity and Somatic Symptoms

Job insecurity is widely recognized as a potent occupational stressor with severe consequences for both psychological and physical health. Meta-analytic evidence consistently demonstrates that chronic job insecurity is associated with elevated levels of psychological distress, anxiety, and depression, which frequently co-occur with or precipitate somatic complaints (Sverke et al., 2002). For informal sector workers like rickshaw drivers, job insecurity is inextricably linked to daily survival. The constant apprehension regarding the ability to secure sufficient daily wages to meet basic familial needs triggers chronic activation of the physiological stress response system. Prolonged allostatic load resulting from this chronic stress inevitably manifests in somatic symptoms such as hypertension, chronic fatigue, and generalized pain (McEwen, 1998).

1.2. Perceived Stigma and Occupational Health

The impact of perceived stigma on health outcomes has been extensively documented across various marginalized populations, though less frequently in the context of specific low-status occupations in developing nations. Stigma involves the internal realization of societal devaluation and the anticipation of discriminatory treatment. Research indicates that perceived occupational stigma acts as a chronic psychosocial stressor that depletes cognitive and emotional resources, leading to emotional exhaustion and burnout (Pinel, 1999). Furthermore, the internalized stress of stigma has been directly linked to increased somatic complaints, as the psychological burden of social devaluation translates into physiological distress and somatic symptom reporting.

1.3. The Mediating Role of Burnout

Burnout represents the critical psychological link between chronic occupational stressors and subsequent physical health deterioration. Emotional exhaustion, the core

component of burnout, occurs when an individual's emotional resources are entirely depleted by chronic job demands (Maslach et al., 2001). In the current model, job insecurity and perceived stigma represent overwhelming demands that precipitate burnout. Once burnout sets in, the individual's capacity to cope with both occupational and personal challenges is severely compromised. Extensive psychosomatic research demonstrates that burnout is a significant predictor of somatic symptoms, serving as the mechanism through which psychological distress becomes physically embodied.

1.4. The Moderating Role of Resilience

While the pathway from occupational stress to burnout and subsequent somatic symptoms is robust, it is not deterministic. Resilience, the ability to maintain psychological and physical functioning despite significant adversity, plays a crucial moderating role. Highly resilient individuals possess superior emotion regulation strategies, more adaptive coping mechanisms, and a greater capacity to reframe negative experiences (Tugade & Fredrickson, 2004). Consequently, it is hypothesized that high levels of resilience will buffer the detrimental impact of burnout on somatic symptoms. Specifically, among rickshaw drivers experiencing high levels of burnout, those with robust resilience will report significantly fewer somatic symptoms compared to those with lower resilience.

1.5. Objectives of the Study

1. To examine the relationship between job insecurity, perceived stigma, burnout, resilience, and somatic symptoms among rickshaw drivers.
2. To investigate whether burnout mediates the relationship between job insecurity and somatic symptoms.
3. To investigate whether burnout mediates the relationship between perceived stigma and somatic symptoms.
4. To determine whether resilience moderates the relationship between burnout and somatic symptoms.

1.6. Hypotheses

Hypothesis 1 (H1): There will be a significant positive relationship between job insecurity, perceived stigma, burnout, and somatic symptoms.

Hypothesis 2 (H2): There will be a significant negative relationship between resilience and somatic symptoms.

Hypothesis 3 (H3): Burnout will significantly mediate the relationship between job insecurity and somatic symptoms.

Hypothesis 4 (H4): Burnout will significantly mediate the relationship between perceived stigma and somatic symptoms.

Hypothesis 5 (H5): Resilience will significantly moderate the relationship between burnout and somatic symptoms.

2. Method

2.1. Research Design

The present study utilized a quantitative, cross-sectional, correlational research design to examine the proposed moderated-mediation model among rickshaw drivers. This design is appropriate for establishing the magnitude and direction of associations among variables at a specific point in time within the target population.

2.2. Participants and Sampling

A sample of 300 male rickshaw drivers was recruited from various commercial and residential zones across Faisalabad, Pakistan. Due to the informal and unregistered nature of this occupation, a purposive sampling technique was employed. Inclusion criteria required participants to be full-time rickshaw drivers operating within Faisalabad, aged between 35 and 50 years, and possessing a minimum driving experience of three years. This specific age cohort was selected as it typically represents the primary breadwinning demographic carrying maximal financial and familial responsibilities, thus potentially experiencing peak levels of occupational and psychosocial stress. Individuals with pre-existing diagnosed severe psychiatric disorders or chronic, terminal physical illnesses were excluded from the study to control for confounding variables.

2.3. Measures

Data were collected using a structured demographic sheet and four standardized, psychometrically sound self-report instruments. All scales were translated and adapted into Urdu to ensure complete comprehension by the participants.

Job Insecurity Scale (JIS): Job insecurity was measured using a standardized 4-item scale assessing the subjective fear of job loss and financial instability. Responses were recorded on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Higher scores indicate greater perceived job insecurity.

Perceived Occupational Stigma Scale: Perceived stigma was assessed using an adapted 8-item scale measuring the extent to which participants felt devalued or discriminated against due to their profession. Items were scored on a 5-point Likert scale.

Maslach Burnout Inventory - General Survey (MBI-GS): Burnout was evaluated using the 16-item MBI-GS, which captures three dimensions

Brief Resilience Scale (BRS): Psychological resilience was measured using the 6-item BRS, designed to assess an individual's ability to bounce back or recover from stress. Items were scored on a 5-point Likert scale, with higher scores reflecting greater resilience.

Somatic Symptom Scale-8 (SSS-8): Somatic symptoms were assessed using the SSS-8, a reliable and valid brief measure of somatic symptom burden. Participants rated the extent to which they were bothered by various physical complaints (e.g., stomach or bowel problems, back pain, headaches) over the past 7 days on a 5-point Likert scale ranging from 0 (not at all) to 4 (very much).

2.4. Procedure

Formal ethical approval was obtained from the Departmental Ethics Review Committee of The Superior University, Lahore. Prior to data collection, the researchers visited various rickshaw stands across Faisalabad to establish rapport with potential participants. The purpose, procedures, and potential benefits of the study were explained in colloquial language. Written and verbal informed consent was obtained from all willing participants. They were assured of complete anonymity and the strict confidentiality of their responses. Given the varying literacy levels among the sample, the researcher verbally administered the questionnaires to participants requiring assistance, ensuring neutral and standardized item presentation. The entire data collection process took approximately 20-30 minutes per participant.

3. Data Analysis Plan

Data were analyzed using IBM SPSS Statistics (Version 26). Preliminary analyses included data screening, normality testing, and reliability analyses (Cronbach's alpha) for all scales. Descriptive statistics were computed for demographic variables. To test H1 and H2, Pearson Product-Moment Correlation analyses were conducted to establish the bivariate relationships among all study variables. To test the mediation hypotheses (H3 and H4) and the moderation hypothesis (H5), the PROCESS macro for SPSS (Hayes, 2017) was utilized. Specifically, PROCESS Model 4 was used to test the mediation effects of burnout, and PROCESS Model 14 was used to test the moderated-mediation model, assessing whether resilience moderated the indirect effect of the predictors on somatic symptoms via burnout. Statistical significance was set at $p < .05$, and 5000 bootstrap samples were used to generate 95% confidence intervals for indirect effects.

4. Results

Initial data screening confirmed the absence of significant missing values and outliers. All study variables met the assumptions of normality. Table 1 presents the descriptive statistics and zero-order Pearson correlations for all key variables. The internal consistency for all scales was acceptable, with Cronbach's alpha values ranging from .72 to .88.

4.1. Testing Hypotheses 1 and 2: Correlation Analysis

Consistent with H1, Pearson correlation analyses revealed significant positive associations among the risk factors and the outcome variable. Job insecurity was significantly and positively correlated with perceived stigma ($r = .45, p < .01$), burnout ($r = .52, p < .01$), and somatic symptoms ($r = .48, p < .01$). Furthermore, perceived stigma demonstrated a strong positive correlation with burnout ($r = .56, p < .01$) and somatic symptoms ($r = .51, p < .01$). Burnout exhibited a robust positive correlation with somatic symptoms ($r = .62, p < .01$). Conversely, supporting H2, resilience was significantly and negatively correlated with job insecurity ($r = -.38, p < .01$), perceived stigma ($r = -.42, p$

< .01), burnout ($r = -.55, p < .01$), and somatic symptoms ($r = -.58, p < .01$). These findings provide initial support for the proposed theoretical model.

Table 1: Descriptive Statistics and Pearson Correlations (N=300)

Variables	M	SD	1	2	3	4	5
1. Job Insecurity	14.2	3.1	-				
2. Perceived Stigma	26.5	5.4	.45**	-			
3. Burnout	45.1	8.2	.52**	.56**	-		
4. Resilience	18.4	4.1	-.38**	-.42**	-.55**	-	
5. Somatic Symptoms	12.3	4.5	.48**	.51**	.62**	-.58**	-

Note. ** $p < .01$.

4.2. Testing Hypotheses 3 and 4: Mediation Analysis

To test H3 and H4, mediation analyses were conducted using Hayes' PROCESS macro (Model 4). The first model examined burnout as a mediator between job insecurity and somatic symptoms. The results indicated that job insecurity significantly predicted burnout ($B = .54, p < .001$), which in turn significantly predicted somatic symptoms ($B = .48, p < .001$). The direct effect of job insecurity on somatic symptoms remained significant ($B = .22, p < .01$), and the indirect effect via burnout was also significant (Effect = .26, 95% CI [.18, .35]). This indicates that burnout partially mediates the relationship between job insecurity and somatic symptoms, supporting H3.

The second model examined burnout as a mediator between perceived stigma and somatic symptoms. Perceived stigma significantly predicted burnout ($B = .58, p < .001$), which significantly predicted somatic symptoms ($B = .45, p < .001$). The direct effect of stigma on somatic symptoms remained significant ($B = .25, p < .01$), alongside a significant indirect effect via burnout (Effect = .26, 95% CI [.19, .34]). Thus, burnout also partially mediates the relationship between perceived stigma and somatic symptoms, supporting H4. These results are detailed in Table 2.

Table 2: Mediation Effects of Burnout (PROCESS Model 4)

Path	Effect	SE	LLCI	ULCI
Job Insecurity -> Burnout -> Somatic Symptoms	.26	.04	.18	.35
Perceived Stigma -> Burnout -> Somatic Symptoms	.26	.03	.19	.34
Direct Effect (Insecurity -> Somatic Symptoms)	.22	.05	.12	.32

Note. LLCI = Lower Limit Confidence Interval, ULCI = Upper Limit Confidence Interval. 5000 bootstrap samples.

4.3. Testing Hypothesis 5: Moderated Mediation Analysis

To test H5, a moderated mediation analysis was performed (PROCESS Model 14) to determine if resilience moderated the path from burnout to somatic symptoms. The overall moderated mediation model was significant. Specifically, the interaction between burnout and resilience was a significant negative predictor of somatic symptoms ($B = -.18, p < .01, 95\% \text{ CI } [-.29, -.07]$). Simple slopes analysis revealed that the positive

relationship between burnout and somatic symptoms was significantly stronger for individuals with low resilience ($-1\ SD$; $B = .55$, $p < .001$) compared to those with high resilience ($+1\ SD$; $B = .20$, $p < .05$). The index of moderated mediation was significant for both the job insecurity model (Index = $-.09$, 95% CI $[-.16, -.03]$) and the perceived stigma model (Index = $-.10$, 95% CI $[-.18, -.04]$). This conclusively supports H5, demonstrating that resilience effectively buffers the detrimental impact of burnout on somatic symptoms among rickshaw drivers (see Table 3).

Table 3: Moderated Mediation Index (PROCESS Model 14)

Path	Effect	SE	LLCI	ULCI
Job Insecurity Model (Index of Mod. Med.)	-.09	.03	-.16	-.03
Perceived Stigma Model (Index of Mod. Med.)	-.10	.03	-.18	-.04

5. Discussion

The primary objective of the present study was to systematically investigate the complex interplay between psychosocial occupational stressors (job insecurity and perceived stigma), psychological distress (burnout), protective factors (resilience), and physical health outcomes (somatic symptoms) among a highly vulnerable and under-researched population: rickshaw drivers in Faisalabad, Pakistan. The empirical findings provide robust support for the proposed moderated-mediation model, offering critical insights into the psychosomatic health dynamics of informal transport workers.

The correlational findings strongly supported H1 and H2. As hypothesized, job insecurity and perceived occupational stigma were significantly and positively associated with both burnout and somatic symptoms. These results align seamlessly with the foundational premises of the Job Demands-Resources (JD-R) model. For rickshaw drivers, the daily unpredictability of income, persistent fear of regulatory harassment, and the internalization of societal devaluation function as chronic, high-intensity job demands. The continuous exposure to these severe stressors, in the near-total absence of formal organizational resources or social safety nets, triggers a chronic state of psychological hyperarousal and emotional depletion, directly leading to burnout (Schaufeli & Taris, 2014). The strong positive correlation between burnout and somatic symptoms further corroborates extensive literature documenting the physical embodiment of chronic psychological distress, where sustained emotional exhaustion manifests physically through somatic complaints such as chronic pain and fatigue (Kirmayer & Sartorius, 2007).

Crucially, the mediation analyses (H3 and H4) provided nuanced mechanistic insight into this process. The findings demonstrated that burnout partially mediated the relationship between both predictors (job insecurity and perceived stigma) and somatic symptoms. This suggests a sequential deterioration pathway: the severe structural and social stressors inherent to informal rickshaw driving (insecurity and stigma) first deplete

the individual's psychological and emotional reserves, resulting in occupational burnout. It is this state of profound psychological exhaustion that then heavily contributes to the onset and exacerbation of somatic physical symptoms. The partial nature of the mediation also indicates that while burnout is a central mechanism, the raw stress of job insecurity and societal stigma also exerts a direct, independent toll on physical health.

Perhaps the most clinically significant finding of the study pertains to H5, the moderating role of resilience. Consistent with the Conservation of Resources (COR) theory (Hobfoll, 1989), psychological resilience emerged as a potent protective resource. The moderated mediation analysis conclusively demonstrated that resilience significantly buffers the detrimental impact of burnout on somatic symptoms. Specifically, among rickshaw drivers experiencing high levels of burnout due to their harsh occupational realities, those who possessed high levels of psychological resilience reported significantly fewer somatic health worries compared to their low-resilience counterparts. Resilient individuals likely employ more adaptive cognitive reappraisal strategies, maintain a stronger sense of self-efficacy in the face of adversity, and utilize effective emotion regulation techniques that prevent the physiological cascade leading from psychological burnout to physical somatic distress (Tugade & Fredrickson, 2004).

Despite its significant contributions, the current study is not without methodological limitations. First, the cross-sectional correlational design strictly limits the ability to establish definitive causal relationships among the variables. While the theoretical models (JD-R and COR) support the proposed directional paths, longitudinal research is essential to definitively track the temporal progression from job insecurity and stigma to burnout and subsequent somatization over time. Second, the reliance on self-report measures introduces the potential for common method bias and social desirability effects, particularly regarding the reporting of stigmatized emotional distress and somatic symptoms within a culturally conservative demographic. Future studies should incorporate objective physiological markers of stress (e.g., cortisol levels) alongside self-report data. Finally, the purposive sampling of male rickshaw drivers restricted to a specific age range in Faisalabad limits the broader generalizability of the findings to other geographical regions or demographic subgroups within the informal transport sector.

The findings of this research bear profound implications for both public health policy and clinical psychological intervention in Pakistan. At the macro level, the significant detrimental impact of job insecurity and stigma underscores the urgent necessity for structural and policy reforms aimed at formalizing and regulating the paratransit sector. Integrating rickshaw drivers into formal labor frameworks, providing basic social security nets, and implementing public awareness campaigns to reduce occupational stigma are critical steps toward improving the baseline occupational health of this population. At the micro-clinical level, the identification of burnout as a key

mediator and resilience as a crucial moderator provides clear targets for psychological intervention. Community-based mental health programs and non-governmental organizations should prioritize the development and delivery of targeted, culturally sensitive resilience-building interventions and stress-management workshops tailored specifically for informal sector workers. Enhancing adaptive coping mechanisms and fostering psychological resilience can serve as a highly effective secondary prevention strategy, mitigating the physical health consequences of unavoidable occupational stressors.

In conclusion, the present study comprehensively elucidates the precarious psychosomatic reality of rickshaw drivers in Pakistan. It empirically validates a sequential pathway whereby job insecurity and perceived stigma lead to severe somatic symptoms, heavily mediated by the onset of occupational burnout. Most importantly, it highlights psychological resilience as a critical, actionable protective factor that can significantly interrupt this debilitating trajectory. Addressing the mental and physical health needs of informal transport workers is not merely a matter of occupational psychology, but a fundamental public health and social justice imperative.

Furthermore, considering the socio-economic context of Pakistan, where a vast majority of the urban workforce is employed in the informal sector, these findings act as a microcosm for broader labor dynamics. The lack of standardized working hours, health insurance, or retirement benefits perpetually keeps these individuals in a state of high alert. This constant mobilization of the autonomic nervous system, without adequate recovery periods, fundamentally alters neuroendocrine functioning. The somatic symptoms reported by the drivers, such as chronic back pain from poor vehicle ergonomics combined with tension headaches from traffic congestion and noise pollution, are not merely physical ailments but physical manifestations of an environment that demands relentless labor while offering minimal security or respect.

The moderating effect of resilience also warrants deeper contextual exploration. In the Pakistani cultural context, resilience is often deeply intertwined with religious coping, fatalism, and strong familial support networks. For many drivers, the necessity to provide for their extended families acts as both a profound stressor and a profound source of meaning and resilience. Future qualitative research should aim to unpack the specific, culturally bound components of resilience that are most effective for this population. Are they relying on community solidarity among drivers, religious faith, or specific cognitive reframing strategies? Understanding the qualitative nature of this resilience will enable the design of much more effective, culturally congruent psychological interventions.

Finally, this study strongly advocates for a shift in how occupational health is conceptualized in developing economies. Occupational health can no longer be restricted to the prevention of physical accidents in formal industrial settings. The psychological and

psychosomatic health of the informal workforce, which constitutes the backbone of the economy, must be recognized as a critical priority. The profound physical toll of psychological burnout and social stigma, as evidenced by this study, demands a holistic, biopsychosocial approach to worker health and safety in the informal sector.

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