RESEARCH PAPER

Impact of Patient Mistreatment on Psychological Wellbeing of Nurses in Tertiary Health Care Unit through Mediating Role of Emotional Exhaustion and Moderating Role of Servant Leadership.

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ASTRACT

Purpose: This study investigates how patient mistreatment impacts the psychological well-being of nurses in tertiary healthcare units, focusing on the mediating role of emotional exhaustion and the moderating role of servant leadership.

Methodology: A cross-sectional study was conducted with a sample size of at least 205 respondents for 41 questionnaire items. The participants were selected from tertiary health sectors using non-probability convenience sampling. Exclusion criteria included unwillingness to participate and less than one year of institutional experience. A validated questionnaire with five sections covering four variables was used.

Findings: The results show a positive association between patient mistreatment and emotional exhaustion. Emotional exhaustion, in turn, is negatively associated with psychological well-being and mediates the relationship between patient mistreatment and psychological well-being. Interestingly, unlike previous studies, this study found no significant direct impact of patient mistreatment on the psychological well-being of nurses.

Significance: The study addresses a gap in the existing literature on the impact of patient mistreatment on the psychological well-being of nurses in Pakistan's tertiary healthcare units, particularly through the roles of emotional exhaustion and servant leadership. It offers new insights and a conceptual model, tested for the first time in Pak-Army institutions, on improving nurses' psychological well-being. The findings have practical implications for nursing managers in healthcare organizations, suggesting that addressing emotional exhaustion and promoting servant leadership can mitigate the negative effects of patient mistreatment on nurses' psychological well-being.

Keywords: Patient mistreatment, emotional exhaustion, psychological well-being, servant leadership

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INTRODUCTION

The healthcare profession is a noble field that has long attracted individuals who aspire to serve humanity with dignity. Nursing is a demanding role that requires physical and mental resilience. Nurses work in various settings with long and irregular hours, facing numerous workplace incidents and risks. They are especially vulnerable to the negative effects of illness, patient mistreatment, mental health issues, and emotional exhaustion. This stressful environment can significantly impact their psychological well-being, leading to frustration, burnout, and poor job performance (Hussain et al., 2022).

According to the World Health Organization, mental health is defined as a state of well-being where individuals realize their abilities, cope with normal stresses, work productively, and contribute to their community. Healthcare professionals, especially those exposed to COVID-19, face heightened risks of adverse mental health outcomes, necessitating interventions or psychological support (Lai et al., 2020). Research shows that nursing is one of the most stressful occupations. Excessive stress negatively impacts patient care and nurses' wellbeing, resulting in psychological distress, burnout, depression, anxiety and physical illnesses like musculoskeletal pains (Lorente et al., 2021). Managing stressors is a

common issue for nurses, dealing with numerous sick and suffering people, which intensified during Covid-19 pandemic because of enhanced patient loads, resource constraints and prolonged working hours. The Conservation of Resources (COR) Theory supports studying these stressful experiences, suggesting that stress arises from threats to key resources, actual loss of these resources, or failure to gain resources after significant effort. During the pandemic, healthcare professionals experienced resource losses and constant threats to their health and well-being, significantly impacting their mental health (Li et al., 2020).

Patient mistreatment, characterized by low-quality interpersonal interactions from patients and their families, has become a global issue, exacerbated during the COVID-19 pandemic. This mistreatment includes verbal assaults and disrespectful behavior, negatively affecting nurses' psychological well-being and leading to emotional exhaustion, burnout, and turnover intention (Hussain et al., 2022).

Nurses' mental health issues, poor psychological well-being, occupational fatigue, and job burnout are prevalent. Work-life conflicts significantly contribute to these stressors, affecting their growth and development both personally and professionally. Triggers such as patient mistreatment, colleague undermining, and patient deaths accumulate stress, resulting in emotional exhaustion and poor psychological well-being (Ford, 2021; Xiao, 2023).

Emotional exhaustion is a significant public health concern, particularly during the COVID-19 era, which saw numerous infections and deaths. The resulting frustrations often targeted healthcare providers, particularly nurses, leading to physical and mental health disorders. Mistreatment from patients or their families profoundly impacts nurses' psychological well-being, causing emotional exhaustion (Shah et al., 2022).

Leadership in healthcare is crucial, especially during times of rapid and disruptive change. Effective leadership can address the challenges and promote positive work environments essential for nurses' well-being. However, there is divided opinion on what constitutes effective leadership amidst dynamic workplace challenges. Nursing leadership research emphasizes the importance of relationship-focused leadership styles, such as transformational, emotionally intelligent, and authentic leadership, which positively influence nurse outcomes (Aiken, 2017). Servant leadership, a leadership style that emphasizes serving employees, is particularly effective in enhancing employees' positive outcomes. It prioritizes employees' well-being, personal and professional growth, and fosters a supportive and positive work environment. This leadership style encourages employees to reciprocate with proactive work behavior and innovation, ultimately benefiting the organization (Khan et al., 2021; Eva et al., 2019).

Based on the Conservation of Resources (COR) Theory, this study posits that patient mistreatment depletes nurses' psychological well-being through emotional exhaustion, while servant leadership serves as a positive resource that replenishes their well-being. In Pakistan, there is limited research on this aspect, making this study one of the few to explore the causal relationship between patient mistreatment, emotional exhaustion, and the moderating role of servant leadership.

Existing research primarily highlights the detrimental effects of patient mistreatment on healthcare workers, with limited exploration of factors tha alleviate these impacts. This study seeks to examine how patient mistreatment affects nurses' psychological well-being, focusing on emotional exhaustion as mediating factor and servant leadership as a moderator. By addressing these variables, the study aims to bridge the knowledge gap and offer insights into creating effective support systems for nurses. Nurses play a critical role in healthcare systems, yet rising incidents of patient mistreatment jeopardize their psychological well-being, leading to emotional exhaustion and burnout. Despite increased awareness, many healthcare institutions face challenges in implementing successful support programs for their staff. This study investigates the effect of patient mistreatment on psychological well-being of nurses through mediating role of emotional exhaustion and moderating role of servant leadership.

Previous studies have primarily focused on emotional exhaustion as a key element of job burnout. However, this research considers both patient mistreatment and emotional exhaustion, emphasizing the role of supportive leadership in reducing negative effects on nurses. Strong leadership is essential for fostering positive work environments and addressing the psychological health of nurses.

In summary, this study expands on existing literature by suggesting that servant leadership can moderate the relationship between patient mistreatment, emotional exhaustion and psychological well-being. By exploring these dynamics in tertiary care hospitals in Rawalpindi, Pakistan, the research seeks to enhance understanding of how effective servant leadership can help support nurses' psychological well-being and alleviate emotional exhaustion.

Research Objectives:

1. Investigate the impact of patient mistreatment on nurses' psychological well-being.

2. Investigate the impact of patient mistreatment on nurses' emotional exhaustion.
3. Investigate the impact of emotional exhaustion on nurses' psychological well-being.
4. Investigate the mediating role of emotional exhaustion between patient mistreatment and psychological well-being.
5. Investigate the moderating role of servant leadership between patient mistreatment and emotional exhaustion.

LITERATURE REVIEW

Conservation of Resource Theory (COR)

Hobfoll (1989) introduced the Conservation of Resources (COR) theory to explain the nature of stress, connecting the gap between an individual's perception of value and their ability to meet the demands of their physical and social environments. COR theory asserts that indiviuals seek to acquire, maintain and develop resources they find valuable, which are essential for ensuring survival and well-being (Hobfoll, 1989; Prapanjaroensin et al., 2017). It provides a framework for understanding how people manage significant stress and trauma. According to the theory, traumatic stress arises when events deplete or threaten essential resources necessary for survival or self-concept. This process occurs within an ecological context, where factors such as family, community and culture influence patterns of risk and resilience in response to resource loss (Hobfoll et al., 2016). The theory underscores that indiviuals are driven to both acquire new resources and protect those they already possess (Halbesleben et al., 2014).

Over the past two decades, COR theory has gained prominence alongside Lazarus and Folkman (1984) theory of stress and trauma. Unlike Lazarus and Folkman's focus on individual's appraisals of stress, COR theory highlights shared assessments rooted in biology and culture, along with objective threats and losses. This shifts places more emphasis on external stressors that are universally recognized. COR theory suggests that people are inherently motivated to confront challenges that shape their worldly experiences, inner lives and biological development.

A key aspect of COR theory is its focus on the cycles of the resource gain and loss, which play a crucial role in shaping how individuals respond to stress and build resilience. The core premise is that individuals invest significant effort in acquiring, protecting and nurturing resources they deem important. These resources help manage social interactions, regulate behavior, and operate within larger organizational and cultural frameworks (Hobfoll, 2011). The first principle of COR theory posits that resource loss is more impactful than resource gain, making it a central driver of stress responses. The second principle states that individuals must invest resources to gain more, recover from losses and safeguard against future loss, leading to various sub-principles like building resource reserves and the importance of resource a availability.

Two important corollaries of COR theory are the loss and gain spirals. The second corollary highlights that individuals without resources are more susceptible to further losses, creating a downward spiral. Conversely, initial resource gain leads to subsequent
gains, but loss cycles are more significant and faster due to the greater potency of loss (Hobfoll, 2011).

Stress is defined in COR theory as an individual's reaction to environmental stimuli under three conditions: when resources are endangered, lost, or when there is an inability to gain resources. Threats to any of the four types of resources—objects, personal characteristics, conditions, and energies—result in stress. Persistent threat leads to burnout (Hobfoll, 1989). The theory also emphasizes the need for resource replenishment during breaks to prevent stress, including resources like time, cognitive attention, and physical energy.

In the context of nursing, COR theory explains how patient mistreatment and emotional exhaustion lead to resource loss, affecting nurses' well-being. Emotional exhaustion acts as a mediator between patient mistreatment and psychological well-being. Servant leadership is seen as a valued resource that helps nurses achieve greater accomplishments, thereby mitigating the impact of patient mistreatment on emotional exhaustion.

Patient Mistreatment and Psychological Well-being

Aggression in the workplace is defined as any behavior intended to cause physical, verbal, or psychological harm to staff members or the company as a whole. Customer mistreatment, a form of workplace aggression, involves unfair and low-quality interpersonal treatment of a service person by the customer during service provision. This includes insults, verbal assault, or any form of assault less than physical violence. Such incivility is common in many institutions and negatively impacts service providers, customers, and the institution. It serves as a source of stress and negatively affects service providers' well-being.

Various terms have been used interchangeably to study negative patient behavior directed towards healthcare providers, including "patient aggression," "incivility from patients," and "mistreatment by patients." Patient mistreatment involves verbal abuse directed towards healthcare providers by patients or their families, such as yelling, swearing, and expressing anger. Studies have shown that patient mistreatment not only affects the mood of healthcare providers but also

reduces their efficiency and poses dangers to patient service.

For example, a study at Fangcang shelter hospital in China revealed that patient mistreatment significantly impacts healthcare providers' mood and efficiency. Another study highlighted increased incivility from patients and their families towards nurses, leading to negative impacts on nurses. The demanding and stressful nature of hospital settings exacerbates these issues, as nurses interact with patients and their families and witness suffering or death, further threatening their physical and psychological well-being.

Well-being is an ideal physical and mental state. It is commonly conceptualized in terms of subjective well-being and psychological well-being. Subjective well-being involves the experience of high positive affect, low negative affect, and life satisfaction. Psychological well-being, on the other hand, refers to optimal positive psychological functioning that supports a person's skills, abilities, and capacity for adaptation to overcome obstacles. Psychological well-being encompasses six aspects: mastery over one's life, growth and development, sense of autonomy, mastery over one's environment, and positive relationships with others. Workplace factors significantly influence the psychological aspect of well-being. These factors include opportunities for and attainment of mastery and achievements, autonomy, workplace supports and resources, emotional exhaustion, collegial relationships, and working conditions that involve patient mistreatment. Nurses, who make up the largest workforce in the healthcare sector, have seen their low levels of well-being come under increasing scrutiny. Well-being is a multifaceted concept that includes happiness, health, and positive relationships. According to the Occupational Outlook Handbook, about 3 million registered nurses in the US will suffer from various illnesses and injuries related to their jobs during their careers. Furthermore, over 70% of nurses in the US reported experiencing anxiety and depression during the COVID-19 pandemic.

Nurses face problems related to happiness, such as low job satisfaction and work engagement, and relationship-related well-being issues, such as work-life conflicts, in addition to physical and mental illnesses. According to the conservation of resources (COR) theory, burnout results from a continuous threat to important resources. These resources may also be related to job performance, which can impact nurses' psychological well-being. Patient mistreatment, as a stressor, leads to the depletion of resources, lowers mood, affects physical and psychological well-being, increases turnover intention, increases burnout syndrome, and leads to mental illnesses. Based on these arguments, it is hypothesized that patient mistreatment significantly impacts the psychological well-being of healthcare providers, particularly nurses.

Mediating Role of Emotional Exhaustion

Emotional Exhaustion occurs when individuals face excessive demands and time constraints, leading to a desire to withdraw from their workplace and organization. It has been extensively studied as a predictor of critical outcomes such as turnover intentions. Factors contributing to emotional exhaustion include lack of support, autonomy, role ambiguity, and high stress conditions. Front-line healthcare workers especially those treating COVID-19 patients, are particularly susceptible to emotional exhaustion due to high levels of stress and heavy workloads during the pandemic. Burnout, which is marked by emotional exhaustion, a cynical attitude towards work, and diminished sense of personal achievement, significantly affects both physical and mental health, as well as job performance. Based on Conservation of Resources COR theory, emotional exhaustion arises when individuals perceive a risk of resource loss or when expected returns on their resource investments are not realized. Workplace stressors, such as patient mistreatment, gradually drain emotional and social reserves, leading to emotional exhaustion.

For healthcare providers, emotional exhaustion acts as a mediator between patient mistreatment and psychological well-being. Patient mistreatment is a major work place stressor that depletes resources, increasing the chances of emotional exhaustion. This, in turn, negatively affects healthcare providers' psychological well-being, underscoring the importance of managing workplace stressors to maintain a healthy and resilient workforce

Moderating Role of Servant Leadership

Healthcare leadership faces modern challenges in improving both performance and wellbeing among workers. Servant leadership stands out as an effective approach to meet these challenges, as it focuses on the needs of organizational stakeholders rather than personal interests. This leadership style promotes service to the community, the organization and individuals, creating a supportive and ethical workplace. Servant leaders empower their teams, encourage autonomy, and provide growth opportunities fostering a psychological environment that benefits both individuals and the organization.

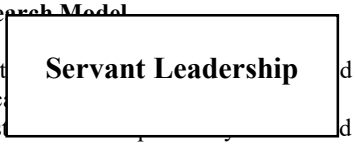
Van Dierendonck's model of servant leadership demonstrates how these leadership qualities shape employee experiences, enhance team dynamics, and improve organizational outcomes. Servant leaders create supportive workplaces that boost job satisfaction, encourage self-actualization, and increase performance. Their genuine concern for employee wellbeing promotes reciprocal behaviors, contributing to a motivated and cohesive workforce.

According to COR theory, individuals seek to acquire, build and protect resources to cope with stress and maintain their well-being. Servant leadership serves as an essential organizational resource that helps buffer the effects of stressors like patient mistreatment on nurses. By creating a positive work environment and providing emotional support, servant leaders help nurses manage stress and sustain their psychological resources.

In summary, servant leadership moderates the relationship between workplace stressors such as patient mistreatment, and emotional exhaustion in healthcare workers. By embracing servant leadership principles, healthcare leaders can effectively support their teams, reduce stressors, and promote psychological well-being, building a resilient and high performing workforce.

Research Model

Figure 2.1: Research Model



Thus, hypothesis

H1: Patient mist d with psychologic

H2: Patient mist d with emotional exhaustion.

H3: Emotional exhaustion is negatively associated with psychological well-being.

H4: Emotional exhaustion mediates the relationship between patient mistreatment and psychological well-being.

H5: Servant leadership moderates the relationship between patient mistreatment and emotional exhaustion in such a way that this relationship is weaker when servant leadership is high.

METHODOLOGY

The research design outlines the framework for conducting a study, encompassing strategies for data collection, analysis, and hypothesis testing. This quantitative study investigates the impact of patient mistreatment on nurses' psychological well-being, mediated by emotional exhaustion and moderated by servant leadership. Adopting a positivist research philosophy, it employs the hypothetico-deductive method to test hypotheses using empirical data. Conducted as a field study in three military hospitals in Rawalpindi, it utilizes a cross-sectional approach for data collection via validated questionnaires. This method minimizes researcher interference, ensuring objective responses from participants in their natural work environment, thereby enhancing the study's validity and generalizability.

Population and Sampling

The population for this study consists of female nurses with at least 1 year of service in tertiary care hospitals in Rawalpindi. The study employs non-probability convenient sampling due to time constraints and incomplete employee listings. Data collection focused on nurses due to accessibility and convenience. The sample size of 205 respondents was determined using the sample-item ratio method given by Memon et al. (2020) to ensure adequate representation for the 41-item questionnaire, adhering to the recommended ratio of at least 5 respondents per item.

Scales and Measures

In this study, the key variables include patient mistreatment (PM) as the independent variable, psychological well-being (PW) as the dependent variable, emotional exhaustion (EE) as a mediator, and servant leadership (SL) as a moderator. PM was measured using a 5-item scale developed by Shao (2014), assessing instances like inappropriate patient comments and public criticism. The Cronbach's alpha reliability for this scale was 0.683. PW, measured as the outcome, employed a 14-item scale by Tennant (2007), capturing feelings of optimism and overall well-being, with a high reliability of 0.928. EE, acting as a mediator, was assessed using a 9-item scale adapted from Maslach (1981), evaluating feelings of emotional depletion and sadness without reason (Cronbach's alpha = 0.903). SL, the moderating variable, was measured with a 7-item scale from Liden (2015), examining behaviors such as seeking help from leaders during personal issues, demonstrating good reliability at 0.889.

Control variables, assessed through one-way ANOVA, revealed significant differences in EE across demographics like age, gender, education, and work experience (all $p < 0.05$), indicating their impact on nurse exhaustion levels. Similarly, variations in PW were significant across age and gender (both $p < 0.05$), thus these factors were controlled for in regression analysis to isolate the effects of PM, EE, and SL on PW. This comprehensive approach ensures that the study accounts for potential confounding factors, providing a robust analysis of the relationships between these variables in the healthcare setting.

In the study, demographic variables such as age, gender, marital status, education, working experience, and nature of organization were analyzed to provide insights into the characteristics of the respondents. Gender distribution showed that out of 281 respondents, 9 (3.2%) were male and 272 (96.8%) were female. Age categories were divided into < 25 years (21.4%), 25-35 years (42.3%), 36-45 years (24.9%), and ≥ 45 years (11.4%), indicating a diverse age range among the healthcare workers surveyed.

Marital status revealed that 158 (56.2%) of the respondents were married, 119 (42.3%) were single, and 4 (1.4%) fell into other categories. Education levels were categorized as intermediate (15.7%), bachelor's (73.7%), and master's (10.7%), with a majority holding bachelor's degrees. Working experience was segmented into 1-5 years (28.8%), 6-10 years (29.5%), and >10 years

(41.6%), showing a significant proportion with extensive experience in nursing.

Regarding the nature of the organization, 246 (87.5%) respondents worked in the public sector, while 35 (12.5%) worked in the private sector. These demographic insights were presented in Table 3.2, detailing the composition of the study sample across various socio-demographic variables.

Data analysis was conducted using SPSS, encompassing outlier analysis, handling missing values, frequency distributions, descriptive statistics (mean and standard deviation), reliability analysis (Cronbach's alpha), one-way ANOVA, correlation analysis, and regression analysis. These analytical methods were employed to explore relationships and associations between patient mistreatment, emotional exhaustion, servant leadership, and psychological well-being among healthcare workers in the study.

ANALYSIS AND RESULTS

In this study involving healthcare professionals from tertiary care hospitals in Rawalpindi, data collection was carried out using both hardcopy questionnaires and Google Forms to ensure a comprehensive response rate. A total of 230 questionnaires were completely filled out via hardcopy, achieving a response rate of 82.14%, while 51 responses were received through Google Forms, resulting in a 51% response rate. Combined, the overall response rate for the study was 73.95%.

Reliability analysis was conducted to assess the measurement scales used in the study. Cronbach's alpha coefficients were computed to evaluate internal consistency reliability. The reliability coefficients obtained were as follows: patient mistreatment (5 items) had a Cronbach alpha of 0.683, indicating good reliability; psychological well-being (14 items) scored 0.928, indicating excellent reliability; emotional exhaustion (9 items) achieved 0.903, indicating excellent reliability; and servant leadership (7 items) attained 0.889, also indicating excellent reliability. These results, detailed in Table 4.1, affirm the robustness of the measurement scales used in capturing the variables of interest in the study.

Overall, the study successfully gathered data from a significant portion of healthcare professionals, ensuring reliable and valid findings regarding the impact of patient mistreatment on psychological well-being, mediated by emotional exhaustion and moderated by servant leadership within the healthcare setting.

Descriptive analysis, a highly sophisticated and widely utilized method in sensory analysis, provides comprehensive insights into study variables. The mean and variance for patient mistreatment (2.14 ± 0.66), psychological well-being (3.25 ± 0.93), emotional exhaustion (3.23 ± 0.88), and servant leadership (3.03 ± 0.96), highlighting their central tendencies and variability.

Correlation analysis, a statistical method measuring relationships between quantitative variables, was applied to the study data (Table 4.3). Patient mistreatment showed a significant negative correlation with nurses' psychological well-being ($r = -0.06$, $p < 0.01$), supporting hypothesis 1. Conversely, patient mistreatment exhibited a strong positive correlation with emotional exhaustion among nurses ($r = 0.23$, $p < 0.01$), contrary to hypothesis 2. Furthermore, emotional exhaustion demonstrated a negative correlation with psychological well-being ($r = -0.35$, $p < 0.01$), supporting hypothesis 3. These findings indicate significant relationships among all study variables.

Variables	N	Mean	Std. Deviation	1	2	3	4
1. Patient Mistreatment	281	2.14	.66	1			
2. Psychological Well-Being	281	3.25	.93	-.063	1		
3. Emotional Exhaustion	281	3.23	.88	.239**	-.358**	1	
4. Servant Leadership	281	3.03	.96	-.068	.555**	-.193**	1

**. Correlation is significant at the 0.01 level (2-rtailed).

Table Descriptive Analysis and Correlation Analysis

Overall, descriptive and correlation analyses provided detailed insights into the interrelationships among patient mistreatment, emotional exhaustion, servant leadership, and psychological well-being within the healthcare setting, validating the study's hypotheses and emphasizing the complexity of these variables' interactions.

Regression Analysis

One trustworthy way to determine which variables affect a particular topic of interest is through regression analysis. You can confidently ascertain which factors are most important, which ones can be disregarded, and how these factors

interact by executing a regression. Regression analysis was performed using the Process Macro given by Hayes. This macro is used to test the main effects as well as the mediation and moderation effects of variables. The results obtained from the regression analysis are presented in Table 4.4, 4.5 and Figure 4.1.

Direct and Indirect Effects

The results of direct and indirect effects presented in Table 4.4 revealed that patient mistreatment has an insignificant impact on psychological well-being (β= .03, p=ns) thus, H1 is not supported. The results also shows that patient mistreatment has a strong positive effect on emotional exhaustion (β= .3150, p<0.05), thus H2 is supported. Results further indicates that emotional exhaustion has a strong negative effect on psychological wellbeing (β=-.3859, p<0.05), thus H3 is supported. The results of indirect effect revealed that emotional exhaustion mediates the relationship between patient mistreatment and psychological well-being thus, H4 is also supported (β=-.1216, LLCI= -.1932, ULCI= -.0600).

Table Direct and Indirect Effects

Directeffects

	β	SE	t	p	LLCI	ULCI
PM → PWB	.0335	.0806	.4158	.6779	-.1251	.1922
PM → EE	.3150	.0765	4.1185	.0001	.1645	.4656
EE → PWB	-.3859	.0612	-6.3010	.0000	-.5065	-.2653

Indirectefects

	B	SE	LLCI	ULCI
PM →EE →PWB	-.1216	.0345	-.1932	-.0600

Moderation Regression Analysis

Moderated regression analysis was performed by using model 1 of Process macro. Results revealed that servant leadership significantly moderates the relationship between patient mistreatment and emotional exhaustion (β = -.1501, p<0.05).

Table Moderation Regression Analysis

	B	Se	t	P<.05	LLCI	ULCI
Int_1	-.1501	.0700	-2.1428	.0330	-.2880	-.0122

Further, the graph was plotted for moderation. The graph shows that servant leadership moderates the relationship between patient mistreatment and emotional exhaustion in such a way that this relationship is weaker when servant leadership is high. Thus, H5 is also supported.

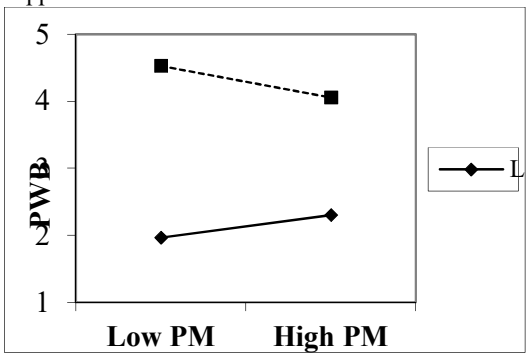


Figure 1 Interactive Plot

DISCUSSION AND IMPLICATIONS

The study hypothesized a negative relationship between patient mistreatment and psychological well-being among nurses, but the findings did not support this expectation. Unlike previous research, which highlighted patient mistreatment as a significant stressor for healthcare professionals, our study found that mistreatment from patients had minimal detrimental effects on nurses' psychological health. This discrepancy may be explained by nurses' coping strategies, such as focusing on physical symptoms rather than emotional traumas, or their resilience in handling such stresses effectively. Nurses' extensive experience with patient mistreatment may help them build emotional resilience, allowing them to maintain their psychological well-being despite difficult interactions. Organizational factors, such as support systems and workplace policies, may also help lessen the impact of mistreatment on nurses. Research indicates that nurses, particularly those in direct patient care, are often targets of mistreatment by patients and their families. Despite the high-stress environment, many nurses manage to maintain their psychological well-being through adaptive coping strategies and resilience. This study highlights the complex dynamics of healthcare professionals' responses to patient mistreatment and underscores the importance of supportive organizational environments in promoting resilience and well-being among nurses.

Our study proposed a positive link between emotional exhaustion and patient mistreatment in nurses, in line with the Job Demands-Resources (JD-R) model. This model suggests that when workplace resources are lacking, nurses struggle to meet high job demands, which leads to increased emotional exhaustion. Previous research supports this, showing that factors like long hours, irregular schedules, and demanding work conditions are associated with poor health outcomes among nurses (Pariona-Cabrera et al., 2020; Xiao et al., 2022). Patient mistreatment, which refers to improper interpersonal treatment from patients and their families, is common among nurses and affects both those directly targeted and those who witness it. Contrary to earlier views that bystanders react similarly to direct victims, recent research reveals more nuanced reactions from third parties to mistreatment (Baranik et al., 2022). Our findings highlight the negative effect of patient mistreatment on nurses' emotional exhaustion, which drains emotional resources and leads to psychological distress, reduced service quality, and increased turnover intentions (Yan, 2023). The Conservation of Resources (COR) theory supports these findings, emphasizing that the combination of emotional exhaustion and patient mistreatment intensifies the strain on nurses' psychological well-being. Implementing regulatory measures to ensure workplace safety and support healthcare professionals is crucial for reducing emotional exhaustion and enhancing nurses' psychological well-being under challenging work conditions.

The third hypothesis of our study proposed a negative relationship between emotional exhaustion and nurses' psychological well-being, supported by prior research linking job-related factors and organizational culture to emotional exhaustion (Clari et al., 2022). Nurses face significant challenges, exacerbated by a projected global shortage of 10.6 million nurses by 2030 due to retirements and increased demand (Clari, 2022). The COVID-19 pandemic has further emphasized the mental health burdens of frontline nurses, highlighting the urgent need for enhanced psychological support. COR theory helps explain these dynamics, illustrating how stressors like patient mistreatment deplete emotional resources. According to COR theory, resources like colleague support and a sense of personal worth are essential for psychological well-being (Hobfoll, 2011; Hobfoll, 2018). When these resources are depleted or do not meet expectations, emotional exhaustion results, negatively affecting psychological health over time (Parray, 2023). In conclusion, our study aligns with COR theory by showing that emotional exhaustion, worsened by workplace stressors like patient mistreatment, severely impacts nurses' psychological well-being. Addressing these challenges requires organizational support and interventions to protect and replenish nurses' emotional resources.

Our study also hypothesized that emotional exhaustion mediates the relationship between patient mistreatment and psychological well-being among nurses. The findings revealed a significant positive association between nurses' emotional exhaustion and patient mistreatment, consistent with research conducted during the COVID-19 pandemic among Australian emergency department nurses, where increased workplace rudeness and mistreatment were reported (Altintas et al., 2022). Similarly, studies in the US highlighted heightened mistreatment from patients and families during the pandemic, often attributed to mask mandates and visitor restrictions (Altintas et al., 2022). In our study, emotional exhaustion emerged as a negative mediator between patient mistreatment and nurses' psychological well-being. According to the conservation of resources theory, both emotional exhaustion and patient mistreatment act as stressors that amplify each other's impacts, depleting nurses' psychological well-being. Regulatory measures are essential for reducing the negative impacts of workplace stress by ensuring a safer environment for healthcare professionals. These measures help lower emotional exhaustion and improve nurses' psychological well-being, protecting them in demanding work conditions.

Our study hypothesized that servant leadership moderates the relationship between patient mistreatment and emotional exhaustion, proposing that this connection weakens when servant leadership is strong. Servant leadership, which prioritizes the well-being and development of team members, plays a key role in shaping organizational culture and team dynamics, encouraging self-actualization, improved performance, and positive job attitudes among employees (Varela et al., 2019). Research shows that this leadership style helps alleviate emotional exhaustion and burnout while promoting overall workforce well-being (Ma et al., 2023). Recent findings confirm our hypothesis, showing that high levels of servant leadership significantly lessen the impact of patient mistreatment on nurses' emotional exhaustion. By focusing on the needs and growth of their team, servant leaders create a supportive environment that buffers the negative effects of workplace stressors like mistreatment. This leadership approach not only enhances psychological health but also boosts job satisfaction and organizational performance (Coetzer, 2017; Faraz, 2021). Our study highlights the critical role of leadership in mitigating the harmful effects of patient mistreatment on healthcare workers, positioning servant leadership as a key strategy in promoting resilience and well-being among nurses and fostering healthier work environments and sustainable organizational success.

IMPLICATIONS

The study's findings emphasize the importance for researchers, mental health professionals, and nursing students to understand the factors influencing nurses' psychological health, identifying servant leadership as a protective factor against emotional exhaustion. Supportive supervision can reduce the effects of mistreatment and improve staff well-being. Hospitals should prioritize tracking and addressing mistreatment incidents, using this information to manage and prevent aggressive behavior. Ongoing training programs are also essential to help staff effectively handle difficult patient interactions. Nurse managers play a vital role in reducing emotional exhaustion by fostering supportive environments and promoting psychological empowerment through training and support. Overall, hospitals should cultivate a service-oriented culture and prioritize servant leadership to improve nurse well-being and organizational performance.

LIMITATIONS

The study focused exclusively on nurses' psychological health and emotional exhaustion within hospital settings, excluding specialized nurses in non-hospital environments like care homes. Therefore, the findings cannot be generalized to all types of healthcare institutions. Future research should employ qualitative or mixed method approaches to provide deeper insights into these variables. The study relied solely on quantitative measures, such as self-reports and scales, which may limit the breadth of understanding. With a small sample size from four healthcare centers, the study's findings may not represent the entire population accurately. Despite efforts to minimize biases like social desirability and common method biases, these limitations remain inherent. To enhance generalizability, larger-scale studies across multiple countries with diverse healthcare systems are recommended, particularly in nations with larger sample sizes.

Future Research Directions

The healthcare industry heavily relies on nurses for patient welfare yet rising incidents of patient abuse threaten their psychological health, leading to increased emotional exhaustion and burnout. While hospitals recognize the need for psychological support programs, effective policies remain a challenge. There is a significant gap in understanding how patient abuse impacts nurses' well-being and the role of supportive leadership in mitigating these effects. Future research should incorporate both qualitative and quantitative approaches to examine additional aspects of burnout. Longitudinal studies are suggested to track changing trends over time. Replicating the study with larger and more diverse samples from various healthcare settings would improve the generalizability of the results and validate the findings.

Conclusion

Nursing, a respected yet demanding profession in healthcare, faces numerous challenges such as long working hours, patient mistreatment, and mental health pressures that contribute to burnout and reduced performance. Nurses are crucial to patient care, but the increasing occurrence of abuse threatens their psychological well-being and heightens emotional exhaustion. While hospitals acknowledge the need for psychological support programs, many face difficulties in implementing them effectively. This study emphasizes the negative impact of patient mistreatment on nurses' mental health, with servant leadership serving as a mitigating factor that aligns with organizational values. It underscores the role of human resource management in empowering nurses and calls for further research to explore these dynamics and strengthen support systems across healthcare settings.

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ANNEXURES

Research Questionnaire

Respected Respondents,

I am a student of MS Healthcare Management at Riphah International university, Islamabad. I am conducting research on **"Impact of Patient Mistreatment on Psychological Wellbeing of Nurses in Tertiary Health Care Unit through Mediating Role of Emotional Exhaustion and Moderating Role Servant Leadership."** You are requested to voluntarily participate and fill the survey to the best of your knowledge and information. Your response will be kept confidential and resulting data will be summarized on a general basis and not on an individual basis. Please read the instructions carefully and answer all the questions. There are no "tricky" questions, so please answer each item as frankly and as honestly as possible. It is important that all the questions be answered.

I once again thank you for your assistance and cooperation.

SECTION:1CHARACTERISTICS

Age(years)	<25 years 25-35 years 36-45 years > 45 years
Gender	Male Female
Marital status	Married Single Divorced Widowed
Education	Intermediate Bachelors Masters
Working Experience	1-5 years 6-10 years >10 years
Nature of Organization	Public Private

SECTION: 2 PATIENT MISTREATMENT(Shao & Skarlicki, 2014)

Variable	Rarely	Few Times	Sometimes	Frequently	Always
Patient said inappropriate things.					
Patient yelled at you.					
Patient refused to provide information (e.g., photo ID) necessary for you to do your job.					
Patient used inappropriate					

gesture/body language.					
Patient criticized you in front of your colleagues or supervisors.					

SECTION: 3 PSYCHOLOGICAL WELLBEING(Tennant et al., 2007)

Variable	Rarely	Few Times	Sometimes	Frequently	Always
I've been feeling optimistic about the future.					
I've been feeling useful.					
I've been feeling relaxed.					
I've been feeling interested in other people.					
I've had energy to spare.					
I've been dealing with problems well.					
I've been thinking clearly.					
I've been feeling good about myself.					
I've been feeling close to other people.					
I've been feeling confident.					
I've been able to make up my own mind about things.					
I've been feeling loved.					
I've been interested in new things.					
I've been feeling cheerful.					

SECTION: 4 EMOTIONAL EXHAUSTIONS(Maslach & Jackson, 1981)

Variables	Strongly Disag	Disagree	Neutral	Agree	Strongly Agree

	ree				
I feel emotionally drained from my work.					
I feel used up at the end of the workday.					
I feel fatigued when I get up in the morning and have to face another day on the job.					
Working with people all day is really a strain for me.					
I feel burned out from my work.					
I feel frustrated by my job.					
I feel I'm working too hard on my job.					
Working with people directly puts too much stress on me.					
I feel like I'm at the end of my rope.					

SECTION:5 SERVANT LEADERSHIP (Liden et al., 2015)

Variable	**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
My boss can tell if something work-related is going wrong.					
My boss makes my career					

developme nt a priority.						principles to achieve success.					
I would seek help from my boss if I had a personal problem.											
My boss emphasizes the importance of giving back to the community .											
My boss puts my best interests ahead of his/her own.											
My boss gives me the freedom to handle difficult situations in the way that I feel is best.											
My boss would NOT compromis e ethical											