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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Abstract

Background: Nurses working in tertiary care settings are commonly exposed to high workload, emotional stress, patient related hostility and difficult interpersonal relationships. Abusing the patients can lead to emotional weariness and influence psychological health negatively. Supportive leadership can buffer these negative consequences by providing staff with company and psychological resources.

Objective: To explore the association between patient mistreatment and nurses' psychological well-being, and to analyze the mediating effect of emotional tiredness and the moderating effect of servant leadership.

Methods: A quantitative cross-sectional study was undertaken among the nurses working at tertiary healthcare hospitals in Rawalpindi. A non-probability, convenience sample was used. The sample of the study includes nurses with at least one year of institutional experience. Data were collected by using validated measures of patient mistreatment, psychological well-being, emotional weariness and servant leadership. A total of 281 completed replies were evaluated. Data were examined using SPSS including descriptive statistics, reliability analysis, correlation analysis, regression analysis, mediation analysis and moderation analysis using Hayes' PROCESS Macro.

Results: The mean score for patient mistreatment was 2.14 ± 0.66, psychological well-being 3.25 ± 0.93, emotional weariness 3.23 ± 0.88 and servant leadership 3.03 ± 0.96. Patient mistreatment was adversely connected with psychological well-being ($r=-0.063$) but favorably correlated with emotional weariness ($r=0.239$, $p<0.01$). Emotional tiredness had a negative correlation with psychological well-being ($r=-0.358$, $p<0.01$). Regression analysis indicated that patient mistreatment did not have a statistically significant direct influence on psychological well-being ($\beta=0.0335$, $p=0.6779$), whereas patient mistreatment was strongly associated with higher emotional weariness ($\beta=0.3150$, $p<0.001$). Psychological well-being was considerably affected by emotional weariness ($\beta=-0.3859$, $p<0.001$). Emotional weariness significantly mediated the association between patient mistreatment and psychological well-being ($\beta=-0.1216$, LLCI=-0.1932, ULCI=-0.0600). Servant leadership played a substantial moderating role in the connection between patient mistreatment and emotional weariness ($\beta=-0.1501$, $p=0.0330$).

Conclusion: Nurses who reported higher levels of mistreatment of patients reported higher levels of emotional exhaustion, and emotional exhaustion was connected with worse levels of psychological well-being. The direct effect of patient abuse on psychological well-being was not significant , but the indirect effect through emotional tiredness was considerable . Servant leadership moderated the connection between patient mistreatment and emotional tiredness, showing its protective effect in the nursing workplace.

Keywords: Patient mistreatment; psychological well-being; emotional exhaustion; servant leadership; nurses; healthcare workers; mediation; moderation.

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Introduction

Nursing is a challenging healthcare job that requires considerable physical, emotional and psychological resilience. Nurses usually have to work long, unpredictable hours and are exposed to illness, suffering, death, excessive workloads and tough interpersonal situations. Such work demands can adversely impact psychological well-being and lead to emotional weariness and burnout [1,2].Healthcare providers are particularly subject to psychological discomfort during moments of increased healthcare demand such as the COVID-19 epidemic. Studies in healthcare professionals [3] have observed higher levels of anxiety, sadness, stress, and other harmful mental health effects under continued working stress. High workload, emotional demands and poor working conditions have frequently been identified as occupational factors that may contribute to psychological distress in nursing [4].Another source of stress in the profession is the abuse of patients. This may include improper statements, verbal abuse, shouting, disrespectful behavior, non-compliance, inappropriate gestures and criticism of healthcare workers. There is growing recognition that mistreatment of patients is an issue for healthcare staff and may disrupt professional functioning and well-being in the workplace [5,6].Evidence suggests that patient and family mistreatment may have implications beyond the current encounter. Healthcare personnel who are exposed to the mistreatment of patients may face emotional fatigue, lower work engagement, worse performance, and higher weariness [6,7]. In the hospital setting, nurses are particularly at risk due to their constant and direct contact with patients and relatives.Psychological well-being is defined as positive psychological functioning and the capacity of individuals to retain positive emotional and interpersonal functioning while they cope with everyday demands. Psychological well-being among nurses can be influenced by workplace conditions, social interactions, organizational support, autonomy, and emotional weariness [8,9].Emotional exhaustion is a major component of occupational burnout and is characterized by the depletion of emotional and psychological resources due to long-lasting work demands. The initial idea of burnout included emotional weariness as one of its main elements [10]. Emotional weariness has been connected with workload, emotional job demands, organizational conditions and characteristics of the working environment among nurses [11].An applicable theoretical framework to explore these linkages is the Conservation of Resources (COR) theory. COR theory suggests that people aim to acquire, hold on to, safeguard, and foster valued resources. Stress arises when valued resources are endangered or lost, or when individuals do not get appropriate returns from the resources they invested [12]. Workplace abuse can serve as a stressor that drains resources in the nursing profession, and emotional weariness can be a marker of cumulative depletion of psychological resources. In nursing research, COR theory has been used to examine the relationship between resource loss, burnout, performance, and patient safety [13].Hence, abuse of patients may lead to emotional tiredness via the depletion of emotional and psychological resources of nurses. Repeated emotional resource depletion may impair nurses' capacity to sustain positive psychological functioning. Previous studies have found associations between work stresses, emotional weariness and psychological health among healthcare professional [11,14].Nurses' response to workplace pressures may be influenced by leadership. Servant leadership is defined by a focus first on the needs, development, well-being and growth of followers. Servant leadership, in contrast, is focused on serving employees and developing supportive organizational environments rather for the leader's own interests [15].A systematic assessment of the literature on servant leadership identified associations between servant leadership and a variety of individual, team, and organizational outcomes and stressed the significance of servant leadership as a unique relational approach to leadership [15]. Servant leaders may provide employees emotional support, autonomy, opportunity to develop, and access to organizational resources, which may alleviate the negative consequences of workplace pressures.The protective role of servant leadership is in line with COR theory. Organizational support and supportive leadership can be useful tools to help employees deal with resource loss. Nurses who regard their supervisors as helpful and caring about their welfare may have more psychological resources to cope with stressful patient interactions [13,16].Studies of healthcare workers have also found that mistreating patients might be connected with emotional tiredness and negative work outcomes. For example, patient abuse has been associated with emotional tiredness

and reduced role behaviors in health care personnel [7]. Research has also pointed out the significance of organizational actions in addressing the abuse of healthcare personnel [6].The international research on patient mistreatment, emotional exhaustion, and healthcare-worker well-being is burgeoning . However, relatively limited evidence has examined these relationships among nurses in Pakistani tertiary healthcare institutions while simultaneously considering servant leadership as a moderating factor.The present study therefore aims to explore the association between patient mistreatment and nurses' psychological well-being, test emotional tiredness as a mediator, and assess servant leadership as a moderator of the relationship between patient mistreatment and emotional exhaustion.

Research Objectives

i. To explore the influence of patient abuse on nurses' psychological health.

ii. To explore the influence of patient abuse on nurses' emotional weariness.

iii. To study the impact of emotional strain on psychological well-being of nurses.

iv. To examine the mediating function of emotional tiredness in the relationship between patient v. Mistreatment and psychological well-being.
vi. To examine the moderating effect of servant leadership between patient mistreatment and emotional weariness.

Conceptual Framework

Conservation of Resources Theory

Hobfoll's [12] Conservation of Resources theory accounts for stress in terms of resource acquisition, protection, and loss. Individuals seek to get, retain and protect resources valued to be able to survive, to function and to feel good. Stress arises when resources are perceived as threatened or lost, or when individuals do not get the resource gains expected after spending resources.The hypothesis highlights that loss of resources may result in a loss spiral where those who have previously lost resources become more vulnerable to further resource loss [12]. In nursing, abuse of patients can be a persistent occupational stressor that depletes emotional and psychological resources. Thus, repeated exposure to such situations may result in emotional weariness.COR theory has been employed in the specific study of burnout in nursing. Burnout was identified as a consequence of actual or perceived resource loss and the need of resource protection for nurse well-being and patient safety was highlighted by Prapanjaroensin et al. [13].The present paradigm views patient mistreatment as a depleting stressor, emotional tiredness as a depletion of psychological resources, and servant leadership as an organizational resource to buffer resource loss.

Research Design

The theoretical model shows that patient mistreatment has a direct and indirect effect on psychological well-being through emotional weariness. These findings indicate that servant leadership may mitigate the connection between patient mistreatment and emotional weariness.

← Emotional Exhaustion → Psychological Well-being Patient Abuse

Servant Leadership weakens the link between Patient Mistreatment and Emotional Exhaustion.

Research Hypothesis

H1: Patient abuse has a poor relationship with psychological well-being.

H2: Patient abuse is positively associated with emotional weariness.

H3. Psychological well-being is negatively related to emotional weariness.

H4: The association between patient mistreatment and psychological well-being is mediated by emotional weariness.

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

Methodology

Study Design and Setting

The present study is a quantitative, cross-sectional field study done among the nurses working in tertiary care hospitals of Rawalpindi, Pakistan. The research was conducted within a positivist research

philosophy and followed a hypothetico-deductive technique. The data were obtained with validated questionnaires in the natural work setting of the participants.

Population and Sample

The study population consisted of female nurses working at tertiary care hospitals in Rawalpindi with at least one year institutional experience. Due to accessibility and time constraints, a non-probability convenience sample was chosen.Initially sample size was calculated by sample to item ratio technique. In the study paper, a minimal ratio of five respondents per item was used to determine a minimum sample need of 205 respondents for the 41-item questionnaire.
The final data set consisted of 281 full responses.

Inclusion Criteria

Participants were eligible if they:

Were nurses employed in tertiary health care hospitals?

Had at least one-year experience in an institution;

Volunteered to participate; and

Filled up the questionnaire.

Exclusion criteria

The participants were excluded if they:

Were reluctant to take part; or

Had less than a year of institutional experience.

Data Collection Procedure

Data collection was by hardcopy surveys and google forms. The questionnaire was distributed in hardcopy and Google Forms. A total of 230 complete replies were received through hardcopy and 51 responses were received through Google Forms, making a final sample of 281 respondents.

Study Variables and Measurement

Patient Mistreatment

Patient mistreatment, the independent variable, was assessed by a five-item measure devised by Shao and Skarlicki [17]. The scale analyzed behaviors such as improper comments, screaming, reluctance to supply required information, inappropriate gestures or body language, and criticism in front of coworkers or supervisors.The Cronbach's alpha for patient mistreatment was .683.

Psychological Health

The dependent variable was psychological well-being, which was measured using the 14-item Warwick-Edinburgh Mental Well-being Scale created by Tennant et al. [18]. Items rated optimism usefulness relaxation interpersonal interest energy coping clear thinking self-confidence pleasant connections autonomy and cheerfulness.The Cronbach's alpha was 0.928 .

Emotional Fatigue

The mediating variable was emotional tiredness and it was measured by nine questions modified from the burnout scale of Maslach and Jackson [10]. Items measured emotional depletion, tiredness, strain, frustration, overload, and feeling at the end of one's rope.The Cronbach's alpha was .903.

Leadership of service

Servant leadership was the moderating variable, and it was measured by a seven-item scale created by Liden et al. [19]. The scale measured leaders' concern for employees, career development, support, ethical behavior, autonomy, and commitment to the interests of employees. Cronbach's alpha was 0.889.

Demographic Characteristics

The questionnaire contained data on age, gender, marital status, education, employment experience and sort of organization.

Statistical Methods

Data were analyzed with SPSS. The analysis includes data screening, assessment of missing values, outlier analysis, frequency distributions, descriptive statistics, Cronbach alpha reliability analysis, correlation analysis, one-way ANOVA, regression analysis, mediation analysis, and moderation analysis.Direct, indirect, and interaction effects were examined using Hayes' PROCESS Macro.

Results

In total, 281 surveys were completed. Out of these, 230 were completed on hardcopy surveys and 51 were completed using Google Forms. The reported response rates were 82.14% for hardcopy questionnaires and 51% for internet questions. The overall reported response rate was 73.95%.The demographic profile showed that 9 (3.2%) of the respondents were males and 272 (96.8%) were females. The highest frequency was in the age group 25-35 years (42.3%). Of all respondents, 158 (56.2%) were married while 119 (42.3%) were single and 4 (1.4%) were categorized as other. Most of the respondents were educated to bachelor level (73.7%). In terms of experience, 41.6% had more than 10 years. Most of the interviewees were working in the public sector (87.5%).

Table 1. Demographic Characteristics of Respondents

Variable	Category	n (%)
Age	<25 years	21.4%
	25–35 years	42.3%
	36–45 years	24.9%
	≥45 years	11.4%
Gender	Male	9 (3.2%)
	Female	272 (96.8%)
Marital status	Married	158 (56.2%)
	Single	119 (42.3%)
	Other	4 (1.4%)
Education	Intermediate	15.7%
	Bachelor's	73.7%
	Master's	10.7%
Working experience	1–5 years	28.8%
	6–10 years	29.5%
	>10 years	41.6%
Nature of organization	Public	246 (87.5%)
	Private	35 (12.5%)

N=281.

Reliability Analysis

All four measurement scales demonstrated acceptable to excellent internal consistency. Psychological well-being, emotional exhaustion, and servant leadership demonstrated high reliability, while patient mistreatment demonstrated acceptable internal consistency.

Table 2. Reliability Analysis

Variable	No. of Items	Cronbach's Alpha
Patient mistreatment	5	0.683
Psychological well-being	14	0.928
Emotional exhaustion	9	0.903
Servant leadership	7	0.889

Descriptive Statistics and Correlation Analysis

The mean patient mistreatment score was 2.14 ± 0.66. Psychological well-being had a mean of 3.25 ± 0.93, emotional exhaustion 3.23 ± 0.88, and servant leadership 3.03 ± 0.96.Patient mistreatment demonstrated a negative correlation with psychological well-being (r=-0.063) and a positive correlation with emotional exhaustion (r=0.239, p<0.01). Emotional exhaustion was negatively correlated with psychological well-being (r=-0.358, p<0.01). Servant leadership was positively correlated with psychological well-being (r=0.555, p<0.01) and negatively correlated with emotional exhaustion (r=-0.193, p<0.01).

Table 3. Descriptive Statistics and Correlations

Variable	N	Mean	SD	1	2	3	4
1. Patient mistreatment	281	2.14	0.66	1			
2. Psychological well-being	281	3.25	0.93	-0.063	1		
3. Emotional exhaustion	281	3.23	0.88	0.239**	-0.358**	1	
4. Servant leadership	281	3.03	0.96	-0.068	0.555**	-0.193**	1

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

There was no statistically significant direct effect of patient mistreatment on psychological well-being (β=0.0335, SE=0.0806, t=0.4158, p=0.6779, 95% CI -0.1251 to 0.1922). Hence, H1 was not supported.Patient mistreatment had a substantial beneficial influence on emotional weariness (β = 0.3150, SE = 0.0765, t = 4.1185, p = 0.0001, 95% CI 0.1645–0.4656), confirming H2.The results also showed that emotional weariness had a substantial negative impact on psychological well-being (β=-0.3859, SE=0.0612, t=-6.3010, p<0.001, 95% CI -0.5065 to -0.2653), consistent with H3.The indirect effect of patient mistreatment on psychological well-being via emotional weariness was statistically significant (β=-0.1216, SE=0.0345, LLCI=-0.1932, ULCI=-0.0600), therefore confirming H4.

Table 4. Direct and Indirect Effects

Direct Effects

Path	β	SE	t	p	LLCI	ULCI
PM → PWB	0.0335	0.0806	0.4158	0.6779	-0.1251	0.1922
PM → EE	0.3150	0.0765	4.1185	0.0001	0.1645	0.4656
EE → PWB	-0.3859	0.0612	-6.3010	<0.001	-0.5065	-0.2653

Indirect Effect

Mediation Path	β	SE	LLCI	ULCI
PM → EE → PWB	-0.1216	0.0345	-0.1932	-0.0600

PM: patient mistreatment; EE: emotional exhaustion; PWB: psychological well-being.

Using PROCESS Model 1, moderated regression showed that servant leadership moderated the link between patient mistreatment and emotional weariness (β=-0.1501, SE=0.0700, t=-2.1428, p=0.0330, 95% CI -0.2880 to -0.0122).The negative interaction coefficient suggests that the positive connection between patient mistreatment and emotional weariness got weaker when servant leadership was higher. Thus, H5 received support.

Table 5. Moderation Regression Analysis

Predictor/Interaction	β	SE	t	p	LLCI	ULCI
PM × SL	-0.1501	0.0700	-2.1428	0.0330	-0.2880	-0.0122

Discussion

The present study investigated whether patient mistreatment was connected with psychological well-being of nurses and whether emotional exhaustion mediated this association and whether servant leadership regulated the relationship between patient mistreatment and emotional exhaustion. The results indicated a large indirect channel through emotional tiredness and a significant buffering role of servant leadership.The first hypothesis suggested that patient mistreatment would be negatively related to psychological well-being. Although patient mistreatment and psychological well-being were negatively correlated, the direct regression impact was not statistically significant (β=0.0335, p=0.6779). Therefore H1 was not supported.This conclusion is contrasted to literature that highlights harmful psychological implications of abuse toward healthcare personnel [5,6]. The abuse of patients is increasingly recognized as a major occupational problem, not least since health care workers often work with patients and families in difficult conditions. Mahoney et al. [6] indicated that the abuse of healthcare providers by patients is a continuing problem that needs organizational focus and the right training of healthcare workers.One explanation for the non-significant direct effect is that patient mistreatment may not necessarily translate into poorer psychological well-being immediately if nurses have developed coping methods or if organizational resources buffer the effect. According to the literature, resilience, social support, job conditions and coping tools available may influence the responses of healthcare workers to adverse interpersonal encounters [9,14].The second hypothesis was that there would be a positive relationship between patient mistreatment and emotional weariness. This hypothesis received support. Emotional weariness was significantly and positively influenced by patient abuse (β=0.3150, p<0.001). The correlation study also showed a positive association between patient mistreatment and emotional weariness (r=0.239, p<0.01).This is in line with earlier research showing that unfavorable interpersonal experiences can drain employees of their emotional resources, leading to tiredness [7,14]. Yan et al. found that patient mistreatment was positively correlated with emotional weariness among healthcare personnel, and emotional exhaustion then affected work-related results [7].This finding is also consistent with COR theory. Nurses may experience repeated exposure to patient hostility,

rudeness, criticism or other types of mistreatment as a form of resource loss. Such resource losses might compound and lead to emotional weariness when there are not enough possibilities to recoup or refill the resources [12,13].The third hypothesis evaluated the link between emotional tiredness and psychological well-being . The results indicated a substantial negative correlation. There was a significant negative effect of emotional weariness on psychological well-being (β=-0.3859, $p<0.001$). The correlation coefficient was r=-0.358 ($p<0.01$). H3 was therefore supported.This finding is consistent with data suggesting occupational risk for nurses is important in emotional tiredness . Clari et al. observed that emotional exhaustion among nurses was connected with individual and work-environment characteristics such as workload and emotional job demands, but supportive work conditions and group closeness could be protective factors [11].The link is also in line with COR theory, in that extended resource depletion can lead to deterioration of psychological functioning. [12,13] Nurses who are chronically emotionally exhausted may have depleted psychological resources to sustain optimism, confidence, vitality, positive interpersonal interactions, and effective coping.The fourth hypothesis was that emotional tiredness would buffer the association between patient mistreatment and psychological well-being . The indirect effect was significant, β = −0.1216, 95% bootstrap CI [−0.1932, −0.0600]. H4 was supported because 0 was not in the confidence interval.The mediation finding implies that patient mistreatment may impact nurses' psychological well-being mainly by draining the emotional resources spent by recurrent unfavorable interpersonal encounters. Thus, patient abuse may not directly cause a decrease in psychological well-being right away but may lead to an increase in emotional tiredness which then leads to a decrease in psychological well-being.This is consistent with evidence indicating that patient abuse can lead to emotional weariness and emotional exhaustion can then influence healthcare workers' work-related outcomes [7]. This is also consistent with COR theory which states that stress is experienced when valued resources are threatened or lost and that the ongoing loss of resources can lead to further negative effects [12,13].The fifth hypothesis tested the moderating role of servant leadership in the link between patient mistreatment and emotional weariness. The interaction term was statistically significant (β=-0.1501, p=0.0330) indicating that servant leadership attenuated the positive association between patient mistreatment and emotional weariness. So, H5 was supported.This finding is in line with the notion of servant leadership as a leadership approach that is focused on employee needs, development, support and well-being [15]. A comprehensive evaluation of the literature on servant leadership revealed the value of servant leadership as a relational leadership strategy and showed the range of correlations between servant leadership and employee and organizational outcomes [15].From a COR viewpoint, servant leadership can be an organizational resource that might assist buffer nurses from the effects of resource loss. Providing support, autonomy, ethical advice, career growth and care [13,16] might allow leaders to recover or maintain nurses' psychological resources while encountering difficult patient contacts.The negative coefficient of the interaction in our study indicated that the rise in emotional weariness due to patient mistreatment was smaller when servant leadership was higher. The present study provides empirical support for the idea that supportive leadership may function as a protective resource in the workplace.The results also have practice implications for nursing management. Abuse of patients cannot be eradicated fully, because nurses deal with patients and families directly in situations of illness, anxiety, uncertainty and emotional suffering. But healthcare organizations can help support nurses when these instances happen.Nursing management should establish processes for reporting and managing patient mistreatment, and give the right support following tough encounters and ensuring nurses are not left to deal with recurring interpersonal violence without organizational support. Leadership development programs that highlight listening, empathy, ethical behavior, staff development and psychological support can foster servant-leader behaviors [15,19].The findings also point to the need of treating emotional tiredness as a separate occupational health problem. In the present investigation, emotional tiredness was found to be highly related to worse psychological well-being. Thus, larger nurse-well-being solutions should encompass workload management, proper staffing, rest and recuperation opportunities, psychological support, peer support, and leadership interventions [11,13].However, the results should be evaluated in light of the limitations of the study methodology. The cross-sectional nature of the study does not allow for causal linkages to be established with certainty. Furthermore, the use of self-reported questionnaires might lead to common-method and social-desirability bias. Furthermore, convenience sampling and clustering of participants in tertiary healthcare facilities in Rawalpindi may compromise generalizability. However, the study contributes to the literature by looking at the constructs of patient mistreatment, emotional exhaustion, psychological

well-being and servant leadership in Pakistani nursing setting. Mediation and moderation results give a more comprehensive insight into the possible effect of patient mistreatment on nurses.

Implication

Theoretical Implications

The study extends the application of Conservation of Resources theory to nursing by providing a pathway by which patient abuse may impact psychological well-being. Patient mistreatment and decreased psychological well-being were connected with emotional tiredness.Findings also suggest that servant leadership might be a resource within the company that safeguards against the association between patient abuse and emotional tiredness.

Practice Implications

Healthcare organizations must have defined policies for identifying, reporting, and managing patient mistreatment.Nurse managers need to provide immediate emotional and professional support following incidences of patient anger or disrespect.Hospitals need to improve their servant-leadership behaviors, focusing on staff welfare, communication, ethical conduct, career growth, autonomy, and supportive supervision.Nurses require periodic training to handle challenging patient encounters, keeping professional boundaries and their own well-being intact.Organizations also need to look out for emotional weariness and give enough psychological and occupational assistance for nurses who suffer continuous strain from their profession.

Limitations

The study was conducted among nurses working in tertiary healthcare settings, limiting generalizability to nurses working in other settings such as primary care facilities, community healthcare, and long-term care institutions.The convenience sampling might have generated selection bias.Self-report measures were used in the study, which are susceptible to social desirability and common-method bias.The cross-sectional methodology is not appropriate to draw conclusive statements about the temporal or causal associations between patient mistreatment, emotional exhaustion, psychological well-being, and servant leadership.The sample was drawn from health care institutions of Rawalpindi and hence may not be representative of nurses in Pakistan. Directions for Future Research

Future research should try to incorporate bigger samples from different parts of Pakistan including both public and commercial health care organizations.Longitudinal studies are needed to assess whether recurrent exposure to patient abuse predicts eventual changes in emotional tiredness and psychological well-being.Future studies can also study other factors such as social support, resilience, psychological capital, organizational support, coping methods, and workplace safety climate. Qualitative and mixed-method research might give greater insight into how nurses experience the abuse of patients and the impact of leadership practices on their response. Future research should also investigate if interventions aimed at improving servant leadership might minimize emotional tiredness and increase the psychological well-being of nurses.

Conclusion

Nurses working in tertiary healthcare institutions are faced with the occupational difficulty of patient mistreatment. In this study, patient mistreatment was strongly associated with increased emotional weariness, and emotional exhaustion was significantly connected with reduced psychological well-being.Patient abuse did not have a major direct impact on psychological well-being. However, patient mistreatment and psychological well-being were significantly mediated by emotional tiredness, suggesting that depletion of emotional resources may be a key channel via which unfavorable patient encounters affect nurses' psychological well-being.Servant leadership was found to be an important moderator of the association between patient abuse and emotional weariness. The negative interaction effect implies that the association between patient mistreatment and emotional weariness was reduced when servant leadership was stronger.The results emphasize the necessity of supportive leadership and organizational protection for nurses. Health care organizations need to deal with patient abuse and at the same time deal with the leadership practices, emotional support, psychological resources, and workplace structures that can serve as protection for nurses against long-term emotional weariness.

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