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Optimizing Job Performance: Exploring the Leadership Paradox in Healthcare

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Abstract

Abusive supervision remains a critical challenge in healthcare settings, significantly affecting the emotional well-being and performance of nurses. The study investigates how abusive supervision indirectly impacts job performance through emotional exhaustion. This study further examines whether servant leadership can reduce these negative impacts. Grounded on theories of leadership and occupational stress, the study employed model 7 of the PROCESS macro to analyze sample data 306 nurses from public hospitals in Quetta. Findings reveal that while abusive leadership does not reduce job performance, it significantly increases emotional exhaustion, which further negatively impacts job performance. Moreover, servant leadership moderates this relationship by improving the psychological burden caused by abusive supervision, thereby lessening its adverse effects on nurses' well-being and work outcomes. However, the protective influence of servant leadership is partial; it reduces, but does not eliminate, the destructive consequences of abusive supervision. These findings highlight the pivotal role leadership styles play in shaping employee resilience and performance, particularly in high-stress environments, such as healthcare. By aligning with Sustainable Development Goal 3 on ensuring good health and well-being in the workplace, advocates can implement strategic interventions that prioritize servant leadership. This approach encourages leaders to transition from authoritarian control to a more supportive and empathetic leadership style, ultimately contributing to a healthier, more engaged, and higher-performing nursing workforce.

1 Introduction

The workplace has become a crucial determinant of health-related quality of life for working individuals. According to the World Health Organization (2021), work has a profound impact on one's occupation and affects overall well-being and quality of life. The leadership of an organization has a significant effect on employee well-being, shaping the overall productivity of workers within the organization (Montano et al., 2017). Therefore, employees working under ethical leadership reported higher degrees of job satisfaction, and employees demonstrate optimistic behavior within the workplace (Fu et al., 2020).

However, the survey conducted by the Workplace Bullying Institute in 2021 revealed that a significant portion of employees, 30%, directly observed abusive behavior from their leaders in the workplace. While 19% of employees observed such mistreatment like abusive supervision happening to other employees in their work environment (Namie, 2021). In a comparison of abusive supervision and ethical leadership, abusive supervision presents a clear divergence from ethical leadership (Palanski et al., 2014). It also emerges as a notable barrier in the adoption of ethical human resources practices (Alzola, 2018) and ethical business practices (Eisenbeiß & Brodbeck, 2014). Thoroughgood et al., (2018) characterized abusive supervision as a harmful leadership style, recognized for its detrimental effects on various workplace aspects. This pressure can be seen through such factors as emotional exhaustion (Wu and Hu, 2009) and productivity (Harris et al., 2007).

Abusive supervision is the cause of work-related stress, which creates the environment of tension and disharmony in the workplace, particularly in the relation to boss-worker dynamics (Semmer and Beehr, 2013). According to Tepper (2000), abusive supervision was a behavior instead of a generic pattern according to which the employees of a particular company believe that their manager has always exercised hostility towards them both verbally and through behavior, without touching them physically which affected the way the employees and managers interact resulting in an unfavorable effect on organizational efficiency as well as the performance of the workers (Pircher Verdorfer et al., 2024). Tepper et al. (2017) pointed out the conceit of the aspect of abusive supervision, which includes intentional mistreatment like humiliation subordinates and using verbal degradation. This behavior can have a significant impact on the morale and working environment of employees in general. Moreover, the continuation of any maltreating behavior causes work-related stress, which might enhance emotional exhaustion (Thompson et al., 2022). Workers affected by abusive supervisory relationships tend to have more emotional depletion circumstances (Haar et al., 2016). A resource conservation theory can also offer a practical theoretical foundation of understanding the negative impacts of supervised abusiveness on work performance (Hobfoll, 1989).

Additionally, emotional exhaustion considered a psychological constraint resulting from abusive supervision impacting job performance (Whitman et al., 2014). Existing literature suggests that abusive behavior from supervisors towards their subordinates is commonly observed in sectors like health care (Rodwell et al., 2014). (Rotenstein et al.,

2023) found that almost 50% of healthcare employees experience burnout, leading to adverse outcomes such as health problems, absenteeism, low productivity, lower quality of patient care, and decreased patient satisfaction. The 3rd Sustainable Development Goal of the United Nations is to achieve healthy life expectancies and generate well-being to everyone of all ages (United Nations, 2016). To effectively contribute to the assessment of good health and well-being, it should possess a sufficient theory of change to enhance healthcare. Therefore, for the attainment of SDG 3, it is important to enhance the productivity of the health care system with the underlying theory of change in health care (Seidman, 2017). In this complex situation of abusive behavior by supervisors, one of the emerging leadership styles has been increasingly recognized by scholars and practitioners as a viable leadership approach that significantly impacts the health care system, known as servant leadership (Demeke et al., 2024). The characteristics of this leadership style are evident in enhancing employee engagement, satisfaction, and performance in the dynamic and challenging environment of healthcare (Tropello & DeFazio, 2014). The servant leadership behaviours of the hospital management enhance the positive connection between the innovative behaviours and job performance (Kül & Sönmez, 2021). The leader's purposefulness within servant leadership impacts job performance (Hanse et al., 2016).

Therefore, the current research primarily focuses on how harsh supervision and burnout influence work performance, a critical gap in understanding the combined effects of these constructs, especially within the complex health care setting of Quetta, Balochistan. Additionally, much of the research focuses on other industries or a general organizational context with limited consideration of the unique challenges health care professionals experience. Furthermore, SL as a moderator, there exists insufficient research regarding how to reduce the negative impacts of harsh supervision and burnout on work performance in health care settings. Building upon the previous work on ambidextrous leadership (Bhatti & Malik, 2024), which focused on leaders' open and closed behavior as well as staff innovation outcomes, this study investigates SL to further comprehend the relationships between leadership conduct and work performance, particularly within the framework of abusive supervision and emotional exhaustion within nursing personnel. Therefore, this study seeks to enhance the comprehension of leadership approaches in healthcare by examining how abusive supervision (AS) affects job performance (JP) with emotional exhaustion. Moreover, the research examines the moderating influence of servant

leadership (SL). as a more constructive leadership approach in mitigating the negative impacts, creating a healthier and more supportive workplace.

2 Literature Review

2.1 Abusive Supervision and Job Performance

Tepper (2000) characterized abusive supervision as occurring when an employee recognizes their supervisors consistently demonstrating antagonistic conduct through verbal communication and behaviors, excluding physical interaction. Personnel who recognize an elevated degree of abusive conduct are inclined to encounter adverse outcomes, including diminished job satisfaction, reduced morale, elevated stress levels, increased turnover intentions, and compromised job performance (Zampetakis, 2024). Current research indicates that when a supervisor mistreats or degrades their personnel, it can result in substantial detrimental impacts on employee conduct, leading to diminished job performance (Wang et al., 2019). The theory of Social learning emphasizes that personnel who encounter abusive supervision experience significant reductions in job performance (Liu et al., 2012). Furthermore, the theory of conservation of resources demonstrates that abusive supervision can deplete employee emotional assets, which results in ineffectiveness among personnel (Walter et al., 2017). Additionally, Cropanzano and Mitchell (2005) determined that the theory of social exchange suggests that the adverse treatment by supervisors diminishes job performance. Based on numerous investigations carried out by different scholars (Yang & Lu, 2024; Imran et al., 2024; Labrague, whi2024), abusive supervision detrimentally impacts employee performance. Consequently, we propose:

H1: AS is significantly associated with a decline in employee JP.

2.2 Emotional Exhaustion and Job Performance

Emotional exhaustion a phenomenon in which individuals experience high levels of physical, emotional, and mental stress that affects the overall well-being of employees in the organizations (Kloutsiniotis & Mihail, 2020). However, performance is one of the critical aspects for both organizations and their employees (Keijzers, 2012). The success of an organization is closely tied to employee job performance (Mirza et al., 2020). Jahanzeb and Fatima (2018) highlight that emotional exhaustion a state of feeling

emotionally depleted and drained. It is a stressful state experienced by employees within organizations, which may lead to low personal achievement and ultimately result in a decrease in job performance Zhou et al., 2020). Employees, when they are emotionally exhausted, may feel strong hesitancy to go to work, and in extreme cases, they might develop a sense of fear towards their work responsibilities (Reb et al., 2017).

Furthermore, emotional exhaustion affects employees physically and mentally (Xie et al., 2018), reducing job performance (Wright & Bonett, 1997), which in turn leads to turnover intentions (Lee & Ashforth, 1996). When employees invest a significant number of emotional resources in handling social stress, they tend to experience emotional exhaustion. Furthermore, employees lacking sufficient emotional resources are unable to meet their job performance requirements effectively (Wang et al., 2021). Numerous studies conducted by different scholars, such as Wu et al. (2013) and Karatepe and Olugbade (2009), concluded that the decline in job-related performance of employees negatively impacts emotional exhaustion. Therefore, we propose:

H2: EE is significantly associated with a decline in employee JP.

2.3 The mediating role of emotional exhaustion in the relationship between abusive supervision on job performance

AS occurs when supervisors are unaware of the dedicated employees' investment in their work responsibilities. The lack of recognition further generates the feeling of distress and emotional exhaustion due to perceived insensitivity and mistreatment from their supervisor (Kim et al., 2020). Experiencing abusive supervision can lead to emotional exhaustion among employees (Han et al., 2017) and diminish their internal motivation towards work, resulting in a decrease in employee performance (Tariq & Ding, 2018). When an employee experiences disrespect from their supervisors in the form of abusive supervision, it creates a challenging work environment that can harm their health. As a result, they tend to worry about their job performance and future in an organization (Huang et al., 2019). This is because exposure to the supervisor's abusive behavior creates doubts among employees regarding their work contributions and recognition (Huang et al., 2020).

Furthermore, when employees experience emotional exhaustion, they face challenges related to time and energy, increased stress levels at work, and depletion of both physical and psychological resources (Rhee et al., 2017), which in turn affect their job performance

as set by the organization (Bakker et al., 2004). The cycle of emotional exhaustion significantly impacts the employees' engagement and productivity at work with abusive supervision (Aryee et al., 2008). This hostile organizational environment minimizes the energy of the employees, which they need to perform their job tasks effectively (Quinn et al., 2012). Conversely, a lack of abusive supervision from leaders can contribute to reduced levels of emotional exhaustion among employees. The feeling of vitality empowers them to dedicate efforts to fulfill their job requirements and meet performance (Kensbock & Boehm, 2016). Therefore, we propose:

H3: EE functions as a mediator in the association between AS and JP.

2.4 Moderating relationship of servant leadership, abusive supervision, emotional exhaustion on job performance.

Organizational leadership has a substantial influence in establishing vision for organizations, offering direction, support, and feedback to help employees complete work tasks and achieve the objectives of the organization (Priesemuth & Schminke, 2019). When examining the dual aspects of leadership, it emphasizes how constructive leadership or a supervisor assists their employees to manage their stress (Eisenberger et al., 2002). On the other hand, the negative side of the leader can hurt the wellness of the employees (Hunter et al., 2012). The study conducted by Aryee et al. (2008) demonstrated the negative role of leadership on job performance and satisfaction of employees.

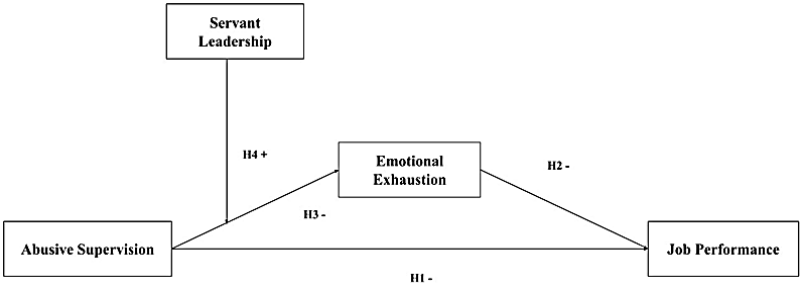
Moreover, abusive supervision has shown positive correlations with negative effects such as emotional emptiness, increased stress and poor overall well-being. These components then lead to detrimental effects at psychological and physiological levels of health, leading to the decreased job satisfaction and work performance (Lin et al, 2013). Al-Hawari et al. (2020) substantiated the mediating effect of emotional between abusive supervision and job performance. In the paradigm of toxic leadership behavior, servant leadership is widely adopted by leaders to diffuse tensions created by abusive supervision among employees and within organizational settings. Servant leadership is distinct from transformational leadership by focusing on serving the needs of others, emphasizing empathy, stewardship, and community-building, whereas transformational leadership is more centred on inspiring and motivating followers (Greenleaf, 2013; Bass & Bass Bernard, 1985).

As a differential form of leadership other than abusive leadership, servant leadership facilitates employees' well-being. It puts their self-interest aside and concentrates on creating an environment that fulfils the needs of employees, promotes a positive work culture, and drives organizational success (Chughtai, 2016). Empirical studies show that the development of employee job satisfaction, performance, and well-being are positively and significantly related to servant leadership. (Beamish, 2019). Another study found that when a leader adopts servant leadership, it is intended to serve others, resulting in better relationships with employees and improving the person's job fit (Babakus et al., 2011). It is the essence of servant leadership that creates a supportive and service-oriented environment that enhances the employee's job performance (Ja'afaru Bambale, 2014). Various empirical studies have shown that SL does have a positive effect on employee job performance (Bavik et al., 2017; Chen et al., 2015). Therefore, we propose:

H4: SL functions as a moderater that decreases the negative impact of AS on EE and JP.

2.5 Theoretical Framework

Figure 1 Theoretical Framework



3 Research Methodology

3.1 Sample and Procedure

The current study focused on the nursing staff in the eight public hospitals of Quetta city. Following are the eight public hospitals operating in the urban city of Quetta, i.e., Bolan Medical University Hospital, Sandeman Provincial Hospital also known as Civil Hospital Quetta, Cenar Cancer Hospital, Helper Eye Hospital, Mohtarma Shaheed Benazir Bhutto General Hospital, Sheikh, Institute of Cardiology Quetta, Sheikh Muhammad Bin Zayed Al Nahyan. Khalifah Bin Zayyad Hospital, Fatima Jinnah General and Chest

Hospital Quetta. According to the Directorate General Health Department, Balochistan office, there are approximately 1500 nursing staff working in eight public hospitals in Quetta city. Therefore, to ensure the accuracy of the nursing staff population as much as possible, we employed the probability sampling approach in this study.

3.2 Sample Size Calculation

To determine sample size, the current study adopted Cochran's sample size formula (Cochran, 1953). This formula is relevant when the population is large but finite and includes a certain level of confidence and error margin (Kish, 1994).

$$n = \frac{N \cdot Z^2 \cdot p(1-p)}{\mathrm{e}^2 \cdot (N-1) + Z^2 \cdot p(1-p)}$$

$$n = \frac{1500 \cdot 1.96^2 \cdot 0.5(1-0.5)}{0.05^2 \cdot (1500-1) + 1.96^2 \cdot 0.5(1-0.5)} = 306$$

Therefore, the required sample was 306 nurses for a population of 1500, with a 95% level of confidence and 5% margin of error. Moreover, a post-hoc power analysis was also conducted using G* Power to ensure the sample size (N = 306) was adequate to detect significant effects for the moderated mediation model (Faul et al., 2009).

3.3 Sampling Technique

The sample was selected using the stratified sampling technique, where nurses were stratified based on the size of their hospital. Since each hospital has a different number of nurses, we randomly selected nurses proportionally, ensuring that larger hospitals contributed more to the sample and smaller hospitals contributed less. This method ensured that each nurse had an equal and fair chance of being included, resulting in an accurate representation of all nurses working in public hospitals in Quetta. However, part-time nurses and nursing interns were excluded to ensure the sample represented full-time nursing staff, thereby improving the generalizability of the findings.

3.4 Measurement

The structured survey instrument served as the principal data gathering method for this research. The measurement scales for these concepts were modified from previously established, verified tools found in academic literature to guarantee dependability and are

documented in Table 1. Cronbach's alpha was computed to evaluate the internal reliability of the measurement instruments. The scales exhibited robust inter-item reliability, with alpha coefficients of $\alpha = 0.90$ for abusive supervision (AS), $\alpha = 0.85$ for emotional exhaustion (EE), $\alpha = 0.95$ for servant leadership (SL), and $\alpha = 0.84$ for job performance (JP).

Table 1 Instruments

Construct	Author	Items	Scale Type	Cronbach Alpha
AS	(Mitchell & Ambrose et al., 2007).	05	7-point Likert-scale (1 Strongly Disagree to 7 Strongly Agree)	0.90
SL	SL-7 (Liden, et al., 2015).	07	-do-	0.95
JP	Goodman and Svyantek (1999)	9	-do-	0.84
EE	Maslach and Jackson (1981)	9	7-point Likert scale (1 Never to 7 Every day)	0.85

3.5 Ethical Considerations

Confidentiality of the participants were assured that their reports of AS would remain private and their responses would only be used for research purposes. All data was anonymized to ensure privacy, and access to the information was restricted to the research team only.

3.6 Data Analysis

To outline the essential features of the sample following data gathering, two main approaches were utilized, namely, descriptive and inferential statistics. Descriptive statistics were applied to present the outcomes of demographics and the allocation of participants among different hospitals. Additionally, the data were examined using "Hayes Process Macro" according to the analytical methods established in (Bhatti et al., 2024), where value co-creation was investigated as a predictor of innovation capabilities in the hotel and restaurant industry. Moreover, the results establish and extend the sample to the broader population of nurses employed in public hospitals of Quetta.

4 Results

4.1 Descriptive Statistics

Descriptive statistics of participants' demographics, including the frequencies, percentages, mean, and standard deviations, were summarized in Table 2. Table 2 presents the demographic descriptive statistics of the nursing staff. Most nurses (n = 156, 51%) were between 35 and 44 years of age, while 117 (38.2%) were between 25 and 34 years old. Smaller proportions of participants (n = 28, 9.2%) were aged between 45 and 54 years, and only (n = 5, 1.6%) were between 55 years or older (M = 1.742, and SD = 0.689). In terms of gender representation (n= 120, 39.2%) were male (n = 186, 60.8%) were female. (M = 1.392, and SD = 0.489). More than half of the participants (n = 167, 54.6%) were married, and (n = 137, 44.8%) were single. A very small proportion of nurses (n = 2, 0.7%) were found divorced or widowed (M = 1.559, and SD = 0.510). Educational qualifications among the nurses varied (n = 146, 47.71%), with nurses holding a diploma in nursing. (n = 54, 17.65%) were Bachelors of Nursing degree holders, a smaller proportion held a Master of Nursing degree (n= 10, 3.27%), and only (n = 6, 1.96%) had pursued postgraduate studies in nursing (M = 1.722, and SD = 0.840). The nurses work across various public hospitals in Quetta. The largest proportion (n = 91, 29.7%) was employed in Bolan Medical University Hospital, while (n = 63, 20.6%) worked at Sandeman Provincial Hospital, also known as Civil Hospital Quetta. Other nurses were employed at Cenar Cancer Hospital (n = 48, 15.7%), Helper Eye Hospital (n = 32, 10.5%), and (n = 71, 23.5%), were employed at another hospital, such as Mohtarma Shaheed Benazir Bhutto General Hospital, Sheikh Muhammad Bin Zayed Al Nahyan, Institute of Cardiology Quetta, Sheikh Khalifah Bin Zayyad Hospital, Fatima Jinnah General and Chest Hospital Quetta (M = 3.046, and SD = 2.034). The basic pay scales (BPS), nearly half of the nurses (n = 146, 47.7%) were employed in BPS 16, with a smaller proportion in BPS 17 (n = 54, 17.7%), BPS 18 (n = 10, 3.3%), and BPS 19, (n = 6, 2%). Additionally, (n = 90, 29.4%) of the nurses were working on a contractual basis (M = 2.47, and SD = 1.74). The working experience of nurses (n = 151, 49.3%) reported having between 1 to 5 years of experience, (n= 121, 39.5%) nurses had 6 to 10 years of experience, (n = 33,10.8%) nurses had 11 to 15 years of experience, and only (n = 1, 0.3%) the nurses had 16 years or more of experience (M = 1.621, and SD = 0.687).

Table 2 Participants Demographics

Demographic	N	%
Age		
25-34	117	38.20%
35-44	156	51%

45-54	28	9.20%
55 or above	5	1.60%
Gender		
Male	120	39.20%
Female	186	60.80%
Marital Status		
Single	137	44.80%
Married	167	54.60%
Divorced/Widowed	2	0.70%
Education		
Diploma in Nursing	146	47.71%
Bachelors in Nursing	54	17.65%
Masters in Nursing	10	3.27%
Postgraduate	6	1.96%
Hospital		
Bolan Medical University Hospital	91	29.70%
Sandeman Provincial Hospital	63	20.60%
Cenar Cancer Hospital	48	15.70%
Helper Eye Hospital	32	10.5
Other Hospitals	71	23.50%
Basic Pay Scale		
BPS 16	146	47.70%
BPS 17	54	17.70%
BPS 18	10	3.30%
BPS 19	6	2%
Contract	90	29.40%
Experience		
1-5 years	151	49.30%
6-10 years	121	39.50%
11-15 years	33	10.80%
16 or more years	1	0.30%

Note: N=306

4.2 Confirmatory Factor Analysis

To assess the discriminant validity of the SL and TL constructs, a confirmatory factor analysis was conducted. It was demonstrated that SL and TL are characterized as distinct theoretical constructs, as indicated by an acceptable model fit: χ^2 (138) = 257.47, $p < 0.01$, CFI = 0.94, TLI = 0.92, RMSEA = 0.059, and SRMR = 0.051, all of which suggest a satisfactory level of fit. The average variance extracted (AVE) values for SL and TL were found to be 0.60 and 0.58, respectively, thereby exceeding the minimum threshold of 0.50 required to establish convergent validity. In addition, a moderate correlation ($r = 0.32$) was observed between SL and TL, providing further support for discriminant validity. Based

on these results, it can be confirmed that SL is defined by a focus on meeting the needs of others, whereas TL is distinguished by visionary motivation and individualized consideration.

4.3 Common Method Variance

To mitigate CMV, a time interval between data gathering for AS and JP was established. Moreover, Harman's one-factor analysis was performed, demonstrating that no individual factor explained more than 41% of the variance, indicating that CMV was not a substantial issue (Podsakoff et al., 2003). Additionally, a marker variable such as social desirability was incorporated to address potential response biases.

4.4 Correlation Analysis

Table 3 displays correlation analysis presenting the correlation coefficients, with findings showing AS is negatively but significantly related with SL ($r = -55.6$, $p < .01$). AS is positive and significant association with EE ($r = 78.8$, $p < .01$). Additionally, AS demonstrated a negative and significant association with job JP ($r = -70$, $p < .01$). SL was positively and significantly associated with JP ($r = 58.3$, $p < .01$). SL also demonstrated a negative and significant association with EE ($r = -52.7$, $p < .01$). Moreover, EE was negatively and significant association with JP ($r = -75.1$, $p < .01$). The mean score of AS was 2.99 (SD = 1.18), SL 3.01 (SD = 1.21), EE was 3.83 (SD = 1.62), and JP was 3.79 (SD = 2.09).

Table 3 Correlation Analysis

Variables	AS	SL	EE	JP
AS	1			
SL	-.556**	1		
EE	.788**	-.527**	1	
JP	-.700**	.583**	-.751**	1
Mean	2.9871	3.0087	3.8335	3.785
Standard Deviation	1.17679	1.21046	1.62172	2.08952

Note: $p < 0.01$** (1-tailed). N=306

4.5 Robustness Check

To test the assumptions of homoscedasticity, normality of errors, and influential outliers, the following tests were performed. The results shown in Table 4 were satisfactory, with Levene's test showing no significant differences in variance across groups: $F(3, 302) = 1.49$, $p = 0.212$), Shapiro-Wilk's test indicating normality of errors

(W = 0.98, p = 0.120), and Cook's Distance revealing no influential outliers (values ranging from 0.02 to 0.76).

Table 4 Assumption Analysis

Test	Statistic	(df)	p-value
Levene's Test (Homoscedasticity)	F = 1.49	(3, 302)	p = 0.212
Shapiro-Wilk Test (Normality of Errors)	W = 0.98	-	p = 0.120
Cook's Distance (Influential Outliers)	Range = 0.02 to 0.76	-	-

4.6 Hierarchical Multiple Regression Analysis and Conditional Indirect Effects (Moderation Mediation Model)

Using Model 7 of the PROCESS macro (Hayes, 2017), hierarchical regression analyses were carried out, and the corresponding results are summarized in Table 5. The results of the hierarchical multiple regression revealed the mediation model for EE demonstrated a robust overall model fit (R2 = 0.8930, F (3,302) = 840.14, p < .001), suggesting that AS, SL, and their interaction meaningfully explained 89.3% variation in emotional exhaustion. Despite the substantial R^2 for the prediction of EE (R^2 = 0.8930), cross-validation was performed employing k-fold cross-validation with k = 10. The cross-validation findings validated the model's stability and applicability, with an average R^2 = 0.8782 across the 10 folds. This shows that the model does not suffer from overfitting and can be applied to other datasets. The mean root mean squared error (RMSE) for the cross-validation was 0.5121, suggesting a minimal prediction error across folds.

The results show that AS is a significant predictor of EE (b = 1.0603, t = 16.11, p < .001), while SL is significantly related to reduction of EE (b = -0.2169, t = -3.31, p < .001). Furthermore, SL has a significant moderating effect on the relationship between AS and EE (b = 0.0597, t = 2.92, p < .001). Adding the interaction term adds significant explanatory power (R2 = 0.05, p < .001), suggesting that SL has a significant explanatory power for buffering the effects of AS on emotional exhaustion.

Conditional effects analysis showed that the effect of AS on EE was moderated by all levels of SL. At the bottom of the SL continuum (16th percentile; SL = 1.4761), the impact of AS is the most significant (b = 1.1484, p < .001). At moderate (50th percentile; SL = 3.0131) and high levels of SL (84th percentile; SL = 4.4476), the effect is still statistically

significant and positive (b = 1.2402 and b = 1.3258, respectively; both p < .001). These findings suggest that although SL buffers the influence of AS, it does not completely overcome the influence of AS on emotional exhaustion. Regarding job performance, AS did not have a significant direct effect (b = -.0079, p = .9908). However, EE was a significant negative predictor of JP (b = -0.9478, p < .001), suggesting that increased EE is associated with lower performance.

Furthermore, the conditional indirect effect analysis revealed that AS has an indirect effect on JP through EE at all SL levels. At the low level of SL (SL = 1.4761), the indirect effect b = -1.0884 [95% CI [-1.2351, -0.9505]; at the moderate level (SL = 3.0131), b = -1.1764 [95% CI [-1.3247, -1.0312]; and at the high level (SL = 4.4476), b = -1.2566 [95% CI [1.2494 - 1.4023]. Overall, the entire model explained 18% of the variance in JP (R2 = 0.18), suggesting a medium effect size and supporting the importance of EE as a partial mediator of the relationship between AS and job performance. Finally, the moderated mediation analysis verified that there was a significant conditional indirect effect (b = -0.0566, 95% CI [-0.0981, -0.0168]) which means that the mediating effect of EE is conditional on the level of SL, and therefore, it can be concluded that moderated mediation exists in this model.

Table 5 Multiple Hierarchical Regression

Predictor/Effect	Outcome	*B*	SE	*t*	*p*	95% CI [LL- UL]
Step 1: Mediation (EEas the outcome)						
Constant	EE	0.4322	0.209	2.605	0	[0.0204 -0.8440]
AS (AS)	EE	1.0603	0.066	16.113	0	[0.9308 - 1.1898]
SL (SL)	EE	-0.217	0.066	-3.309	0	[-0.3459, -0.0879]
AS x SL (Interaction)	EE	0.0597	0.021	2.918	0	[0.0194 – 0.1000]
Step 2: Conditional Effects of AS on EE (at Different Levels of SL)						
AS on EE at Low SL (16^{th} percentile: SL = 1.4761)	EE	1.1484	0.04	29.091	0	[1.0708 – 1.2261]
AS on EE at Moderate SL (50^{th} percentile: SL = 3.0131)	EE	1.2402	0.025	50.178	0	[1.1916 – 1.2888]
As on EE at High SL (84^{th} percentile: SL = 4.4476)	EE	1.3258	0.039	34.114	0	[1.2494 - 1.4023]
Step 3: Direct effects on JP(JP)						
AS	JP	-0.008	0.072	-0.114	0.91	[-0.1444 – 0.1287]

EE	JP	-0.948	0.052	-18.31	0	[-1.0499, -0.8457]
Step 4: Conditional indirect Effects (Moderated Mediation AS → EE → JP, moderated by SL)						
Low SL (16th percentile: SL = 1.4761)	JP	-1.088	0.073			[-1.2351, -0.9505]
Moderate SL (50th percentile: SL = 3.0131)	JP	-1.175	0.075			[-1.3247, -1.0312]
High SL (84th percentile: SL = 4.4476)	JP	-1.257	0.087			[-1.4305, -1.0929]
Step 5: Moderated Mediation Index						
Index of Moderated Mediation	JP	-0.057	0.021			[-0.0981, -0.0168]

Note: b = unstandardized coefficient; SE = standard error; t = t-statistic; p = p-value; 95% CI = 95% confidence interval, [LL = lower limit, UL = upper limit].

4.7 Discussion

The comparison of abusive supervision and servant leadership are evidenced in ancient history of the world when King Solomon's son, Rehoboam, in the Bible. While ascending on the throne, he faced the decision of how to rule: continue the harsh policies of his father or adopt a more compassionate approach. Ignoring the advice of the senior counsel to act as a servant leader to his people. Rehoboam instead embraced an authoritarian and abusive leadership style, famously stating, "My father scourged you with whips; I will scourge you with scorpions" (1 Kings 12:11, NIV). His decision to increase the burden on the people led to rebellion and the eventual division of the kingdom. The story of Rehoboam kingdom illustrates destructive consequences of abusive supervision and the lost opportunity of servant leadership, exemplify leaders who choose abusive tactics may find that while they exert control, they break trust, leading to emotional exhaustion and decreased job performance, observed in the nursing staff working in public hospitals of Quetta.

The current research expands the existing body of literature by explicating how critical leadership styles influence employee performance in the high-stress environment as in the healthcare setting. The empirical study was informed by four hypotheses, with the first one assuming a negative correlation between the abusive supervision and job performance. The results were not consistent with hypothesis H1; abusive supervision did not have a direct negative impact on job performance, contrary to expectation and findings reported by Zampetakis (2024), Labrague (2024), and Imran et al. (2024). This insignificant result

indicates that the effect of abusive supervision on employee performance might not be instant and in a vacuum, particularly in complex working conditions where confounding variables, including professional commitment and organisational support, may mediate the relationship between a negative leader and employee performance. The relationship between abusive supervision and job performance (b = -0.0079, p = 0.9098) was statistically no significant, which could be due to an effect of suppression, where emotional exhaustion actually counteracts the possible effect of abusive supervision on performance. Baron and Kenny (1986) state that a suppression effect is observed when a third variable (emotional exhaustion, in this case) increases the relationship between the independent and dependent variables. Based on these findings, abusive supervision, though not directly related to job performance, seems to be indirectly related to job performance through the mediation of emotional exhaustion. MacKinnon and Fairchild (2009) also highlight that effects of suppression make it more difficult to interpret direct relationships and the need to consider effects of mediators when analysing inter-variable relationships.

The second hypothesis included the fact that job performance is negatively connected with emotional exhaustion (H2). These results confirmed this hypothesis; emotional exhaustion was identified to significantly decrease job performance, which was supported by Wang et al. (2021), Xie et al. (2018), and Zhou et al. (2020). These findings are valid to confirm that workers with high levels of emotional exhaustion have a lower workplace performance. The specified outcome is especially relevant to the healthcare industry, in which the quality and safety of patient care depend on the performance of nurses. Emotional exhaustion leaves people without the energy and focus needed to handle job demands, which hinders the continuity of high-quality performance.

Third, the empirical results indicate that hypothesis H3 holds as emotional exhaustion is a mediator between abusive supervision and job performance. Even though abusive supervision does not have a direct negative impact on job performance, it indirectly exhausts individual emotionally that then reduced job performance (Aryee et al., 2008; Kensbock and Boehm, 2016; Quinn et al., 2012). These findings highlight the critical importance of emotional well-being in explaining the role of abusive supervision in explaining the outcomes involving employees. In a healthcare setting, abusive supervisors are likely to increase stress and emotional distress, which leads to burnout and, consequently, compromises the ability of nurses to work efficiently.

Lastly, the moderating role of servant leadership provides important information on mitigating the negative impact of abusive supervision on job performance as hypothesised in hypothesis H4. The results are in line with the findings of other previous studies (Bavik et al., 2017; Chen et al., 2015; Peterson et al., 2012). The findings highlight the significance of SL in protecting employees against abusive supervision, which will reduce emotional fatigue and improve job performance. At the point of higher servant leadership, the negative effect of abusive supervision on emotional exhaustion is reduced, yet the buffering effect is no longer significant at high levels of servant leadership indicating a ceiling effect whereby further increases can provide no additional benefits (Greenleaf, 2013; Bass and Bass Bernard, 1985).

This analysis suggests that even in environments where abusive supervision exists, the presence of servant leadership can offer protection by reducing the emotional burden of employees. The findings contribute to organizational behavior literature by showing that leadership paradox affects employee well-being and job performance. In health care, adopting servant leaders leads to protection against the hostile behaviors, aligning the scope of SDG 3, promoting good health and well-being. By prioritizing empathy and support, organizations can enhance job performance and create a healthier work environment for their employees and patients.

5 Conclusion

5.1 Practical Implications

This study provides valuable insights into the complex relationship between abusive supervision, emotional exhaustion, servant leadership, and job performance in public hospitals of Quetta. The findings did not find a direct impact of abusive supervision on job performance; it significantly contributed to emotional exhaustion, which further leads to decreased or low job performance.

The current findings highlight the importance of affective well-being in job performance of employees especially in high-stress environment like health-care. Servant leadership is determined as a moderating construct which mitigates the negative impact of abusive supervision by lessening emotional exhaustion, but it does not eliminate its negative impact completely.

The buffering effect of servant leadership can be considered as curvilinear as well, which means that as the abusive supervision levels reach too high, the buffering effect can decrease. The implication of this observation is that there are resource-depletion limits that servant leadership can never fully prevent the negative consequences of abusive supervision. When the abusive supervision exceeds a certain critical point, the ability of the servant leadership to protect employees against adverse effects, including the emotional exhaustion, is significantly reduced. It is the curvilinear character of this relationship which is indicative of the further investigation required on the boundary conditions and resource constraints of SL, especially in extreme settings. These results confirm the significance of empathetic, supportive, and job-well-being oriented leadership styles that support the achievement of the Sustainable Development Goal 3 and, at the same time, improve job performance and promote healthier working conditions. To reduce the adverse impacts of abusive supervision, healthcare managers ought to put in place servant-leadership training programs that focus on empathy, active listening, and conflict resolution. Empowering servant leadership in an organization is acting as a shield that can protect employees against the negative effects of abusive leadership and promote a culture that promotes well-being and production.

5.2 Limitations & Future Directions

The current research provides an extensive addition to the existing body of literature and outlines practical implications of the study on organizations, practitioners, and scholars. However, it displays some methodological restrictions and suggests future research directions that would be able to investigate the specifications of the leadership styles in the organizational environment. First, the cross-sectional nature it puts causal inference into constraint. The longitudinal frameworks should be used in future studies to ensure that the interactions between variables like job performance and supervisory practices are better captured. Secondly, information was collected only among the nursing personnel, which is a one-way source of information. Future research would be enhanced by the addition of multi-source information to it- such as peer or supervisor rating to increase objectivity and minimize the possibility of bias in measuring the constructs of interest. Thirdly, the moderating impact of servant leadership was deliberately tested, but other situational variables, such as company culture, group processes, or personal coping strategies, can also moderate the effect of the relationship between abusive supervision and job performance. Additional moderators and mediators could be studied in further research to define the

circumstances that either weaken or enhance the adverse impact of abusive supervision. Lastly, the empirical research was placed in the context of the public hospitals in Quetta. Further studies must seek to extend the results by testing the research in various industries and settings including education and corporate contexts.

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