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Curtailing the Impact of Abusive Supervision on Counter-productive Work Behaviors: Using Conservation of Resource Lens to Analyze the Moderating Role of Work Engagement

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Abstract: *Destructive behaviors of leaders have the potential to cause severe damage to the organization by endangering the wellbeing of its internal stakeholders. Abusive supervision is one the most common type of destructive leadership that prevails within organizations and creates a high possibility for subordinates to respond negatively by demonstrating counter-productive work (CWB) behaviors. However, whether their high work engagement motivates them to lower their counterproductive work behaviors when they value their work, is overlooked in the literature. To answer this question, this study approached 304 junior doctors working in tertiary public hospitals, located in the provincial and federal capitals of Pakistan and analyzed the data using Structural Equation Modelling (SEM) with Statistical Package for Social Sciences (SPSS) and Analysis of Moment Structure (AMOS). The results supported the proposed hypotheses and suggested that interventions must be made to increase junior doctors' work engagement to reduce their CWB in the presence of abusive supervision. Moreover, the administration of the hospital must restrain the destructive behaviors of supervisors through strict monitoring and the creation of a grievance cell to protect the junior doctors from verbal abuse and exploitation from their seniors and enhance their engagement with work.*

Introduction

Destructive behaviors of leaders have the potential to cause severe damage to the organization and its constituents (employees), by endangering the wellbeing of its internal stakeholders (Rohansen & Platek, 2017). Abusive supervision (AS) has been found to be the most prominent form of destructive leadership and nearly 273 articles have been published by the leading journals on AS in the last five years (Bhattacharjee & Sarkar, 2022). Abusive Supervision is the supervisors' sustained display of hostile verbal and nonverbal behaviors, towards subordinates without any physical contact (Tepper 2000). Abusive supervisors promote deviant behaviors among subordinates and they respond by behaving aggressively, withholding their efforts or not showing up at work (Salin & Guy, 2020). All these behaviors are generally categorized as counter-productive work behaviors (CWB), defined as a volitional set of distinct acts with characteristics that damage organizations and their stakeholders intentionally (Spector, Bauer & Fox, 2010).

However, employees' engagement with work, keeps them involved, satisfied and eager to

perform better, particularly when they enjoy their work and feel valued despite the quality of the work environment (Jung, Kang & Choi, 2020). Schaufeli and Bakker (2010) defined work engagement as the mental state of the employee where s/he is beyond the sense of mere satisfaction and is characterised by one's vigour, dedication, and absorption. However, employees with extremely low levels of work engagement indulge in anti-organizational behaviors and are demotivated enough not to care about their jobs and may even work against their own organizations (Ariani, 2015).

Although counter-productive work behaviors and work engagement have been considered as the mediators and outcomes of abusive supervision nevertheless, work engagement's role as a moderator between abusive supervision and counter-productive work behaviors has not been considered yet. Additionally, Qin et al. (2017) reported that abusive supervision enhances the work engagement of the supervisor temporarily, as they are able to conserve their resources. We attempt to extend this interesting observation to the employees and examine whether they can withstand abusive supervision and not involve in counter-productive work behaviors when they are involved in work engagement. To understand this relation, conservation of resource theory is used which suggests that in order to counter the stress that employee experiences through abusive behaviors of the supervisors, they tend to lower their efforts to reserve their resources and even adopt behaviors that are counter-productive to balance the aggression they are facing. A survey of junior doctors completing their postgraduate training with in tertiary hospitals in Pakistan was conducted and findings show how abusive supervision can seriously undermine the employees' work behaviors and how their internal strength to engage with work can help to mitigate these negative effects.

Abusive Supervision

Leadership is the ability of a person to influence the behavior of followers towards achieving the organization's goals and also help in the fulfilment of follower's personal goals (Papathanasiou et al., 2014; Stavrinoudis & Chrysanthopoulou, 2015). At times a leader can adopt behaviors that create hindrance for the subordinates rather than supporting them. Abusive supervision is one such behavior and is represented by the leader's repeated nonphysical abuse, which is targeted at the subordinates (Tepper, 2000). Abusive behaviors of the supervisors promote negative behaviors among employees which can adversely affect or even harm their wellbeing and reduce their satisfaction with the work (Bahadori et al., 2016; Lam & Xu, 2019). The leaders/supervisors do so by consistently humiliating their subordinates, invading their privacy, reminding them of their past mistakes or failures, giving them silent treatment, breaking promises made to them, and putting them down in public (Tepper, 2000). Nevertheless, in certain scenarios the destructive behaviors might be indispensable, particularly when there prevails an environment of low performing followers (Rohansen & Platek, 2017).

Counterproductive Work Behaviors

Numerous studies have estimated that around one or two third of employees in all organizations participate in some of the deviant behaviors extending to many forms and levels of harm (Gill et al., 2011; Maher & Youssef, 2016). These dysfunctional behaviors of employees reflect negatively on various levels of the organization's performance (MacKenzie et al., 2015; Ramzy et al., 2018). Counterproductive work behaviors are the employees' bad conduct violating organizational regulations and code of ethics, deteriorating work relations, and leaving costs to be borne by the organizations financially and socially (Maher & Youssef, 2016; Nielsen et al., 2019; Ramzy et al., 2018). Counter-productive work behaviors represent extra-role behaviors but are anti-organization/employees. Employees

who indulged in such behaviors lack the motivation to comply with rules, are demotivated enough not to care about their jobs or are motivated to work against the organization (Ariani, 2015).

These deviant or antisocial behaviors have negative effect on other employees and are also reflected on customers and the organization at large (Maher & Youssef, 2016). Researchers use counterproductive work behaviors and deviant behaviors interchangeably as both have perfect overlap in construct measure (Deprez et al., 2019; Marcus et al., 2016). Counterproductive work behavior have the potential not only to damage organizations but also its internal and external stakeholders (i.e., employees and customers) (Deprez et al., 2019; Spector et al., 2010). Such behaviors may involve; performing tasks with a lower pace, long pauses from work and non-physical violence (Mackey et al., 2019). These behaviors foster further in the presence of a leader's destructive behaviors (Ramzy et al., 2018). Destructive leadership have a positive association with counter-work behavior (Ingrams, 2020; Khursheed, 2020; Zhang et al., 2019). As per social exchange theory, unkind behaviors trigger similar responses in others (Cook et al., 2013), it can be argued that abusive behaviors of supervisors when directed at employees, will lower their motivation and ability to work and they will respond with counter-productive work behaviors.

H1: *Abusive supervision has a positive and significant effect on counter productive work behaviors.*

Work Engagement

In the service sector, employees who are highly engaged with their work tend to perform better (Men, 2015). Moreover, when employee's own psychological needs are fulfilled through greater job independence they tend to get attached to their work with better psychological health and fewer psychosomatic complaints (Cai et al., 2018; Lee et al., 2019). An organization's engaged employees instigate high levels of stimulation, meaningfulness, and absorption (Hulshof, Demerouti & Blanc, 2020; Lowe, 2012; Rotundo & Rotman, 2002). Moreover, their engagement with the work keeps them involved, satisfied and eager to perform better as they enjoy their work and feel valued (Jung, Kang & Choi, 2020). As per the theory of conservation of resource theory, investment in resources helps generate further resources (Hobfoll et al., 2018) hence, it can be argued that higher engagement of employees with work will lead to lower deviant behaviors such as counter-productive work behaviors (Ariani, 2013).

However, lower engagement with work enhances negative emotions in employees, causing them to hold back their physical, cognitive, and emotional energies, resulting in automated, inert and detached performance (Kahn, 1990). The conservation of resource theory also suggests that employee will retaliate to balance the negativities of the work environment or lack of resources with dysfunctional behaviors in order to conserve their resource of energy (Ariani, 2013). Based on the discussion, it is proposed that counter-productive work behaviors of employees will be reduced by their higher work engagement in the presence of abusive supervision of leaders. However, lower work engagement of junior doctors will further increase their tendency to engage in counter-productive work behaviors.

H2: *Employees engaged with their work shows lower counter productive work behaviors in the presence of abusive supervision.*

Methodology

Measures

Abusive supervision behavior of leaders was measured with Mitchell and Ambrose (2007) 5 items, which is a shortened measure of Tepper (2000). A sample item is, "Puts me down in front of others". The items are measured on 5-point Likert scale; never, seldom, occasionally, moderately often and very often (Lam & Xu, 2019). Counter work behavior was measured with

the Koopmans et al. questionnaire, which has scale of "Never-Often" (0 to 4). It is a 10 items measure (Koopmans et al., 2013). This individual work behavior measure was used by Vaart, (2021). Sample item is, "I quarrelled with my colleagues, manager, or customers".

Work engagement was measured with a shortened nine-item scale developed by Schaufeli et al., (2006) on a 5-point scale with anchors never-always (Gemeda & Lee, 2020). Sample items included for Vigor was "At my work, I feel bursting with energy", for the dedication was "my job inspires me", and for absorption was "I get carried away when I'm working".

Research Design

This study was designed to provide empirical evidence on how abusive supervision within the organization impacts its employees and how they behave accordingly, and if their level of work engagement enables them to moderate the stated relation. This provides the baseline criterion to target the organizations where the employees can attach significant value to their work despite the behaviors of the leader. In the current work scenario, junior doctors as the employees of hospitals whose work is highly valued as their profession have the power to save lives and improve the quality for the patients and are required to achieve highly contextual knowledge for which they are dependent on their seniors. For this purpose, doctors completing their post graduate trainings from public hospitals, located in provincial capital cities of Pakistan were approached. These doctors had completed their studies of five years from college/university along with the house-job training period of one year. At the time of data collection, they were working as professional trainees in specialized departments. This study further contextualized tertiary-level hospitals where specialized treatments are provided to patients who are admitted for various periods making doctors feel connected and hence value their own services.

There are 45 public tertiary hospitals in Pakistan and are located in urban areas of the country (Pakistan economic survey, 2020). For making the size of hospitals comparable for analysis purpose, hospitals with bedding capacity of more than 500 were selected which further simplify the comparison in terms of their service capacity and patient load. The sample size was selected on the basis of ratio of at least twenty respondents against one item of the questionnaire where the final questionnaire consisted of 24 items (Kline, 2013). However, cluster sampling was employed and 350 doctors were approached on a convenience basis, working in tertiary hospitals which were selected through simple random sampling to provide cushion for incomplete and non-responses. The study employed cross-sectional design putting forth the doctors' heavy workload, and strict schedules. When analyzed, 304 questionnaires were complete and considerable for analysis, comprising a response rate of 86.8%. Respondents were briefed about the anonymity and confidentiality of their responses in the beginning and that taking part in the survey was voluntary.

Demographics: Respondents were asked to report on their gender and current level of training categories which included; Post Graduate Trainee, FCPS-I Trainee, and FCPS-II Trainee. Analysis of demographic data provided in Table 1 reveals that the sample constituted 49.3% females and 50.7% males. Moreover, the sample representation by the aforementioned three categories of trainees was, 48.7%, 28.9% and 22.4% respectively. The least representation in terms of cities was from Lahore, constituting only 3.3% of the whole sample

Table 1

Frequencies and Percentages of Demographics

Respondent Type	Variable	Category	Code	Frequency	Percent
Doctor	Gender	Female	1	150	49.3
		Male	2	154	50.7
	Training level	FCPS Trainee-I	1	148	48.7
		FCPS Trainee-II	2	88	28.9
		FCPS Trainee-III	3	68	22.4
	Location	Islamabad	1	85	28
		Quetta	2	45	14.8
		Karachi	3	93	30.6
		Peshawar	4	71	23.4
		Lahore	5	10	3.3

Analyses and Findings

Data Screening

The data were analysed with SPSS version 25 and Amos version 26 as it is suitable for analysing complex models. In the first step, outliers in the dependent variable were detected by reporting skewness and kurtosis statistics for the latent variables to ensure that the distribution of the responses does not violate the normality assumptions (Hair et al., 1998). The skewness is the measure of symmetry and its values of univariate are within the range of -2 and +2 indicating that the data is approximately normal. The second statistic Kurtosis univariate statistic is also a with-in range of -7 to +7 indicating that the given data is normal with reference to the normal distribution. Values of skewness, and kurtosis for variables are given in the table.

Correlation: Next, the correlation for all variables was analyzed. Results showed that gender was significantly correlated with the independent (AS), dependent (CWB) and moderating (WE) variables and designation was weakly correlated with the moderator (WE=.125*). The correlation table shows that independent, dependent and moderating variables were significantly correlated with each other. Moreover, no variable showed any issue of multicollinearity. Pearson's correlation coefficients for all the variables are shown in Table 2.

Table 2

Correlation between categorical and continuous variables:

	Gender	Designation	Location	AS	WE	WBC
Designation	-.086	1				
Location	.021	-.094	1			
AS	.300**	.048	-.076	1		
WE	-.221**	.125*	-.020	-.425**	1	
CWB	.341**	-.041	.016	.411**	-.536**	1

Common Method Variance: The problem of Common Method Variance (CMV) bias occurs when data for both dependent and independent variables are collected from the same respondents (Teh & Yong, 2011). It was therefore investigated before further examining the collected data set by using Exploratory Factor Analysis (EFA) and loading all items on a single factor. Results of Herman test showed that the total variance explained by a single factor was below value of 50 (i.e., 47.189) indicating CMV is not a major concern.

Structural Equation Modelling (SEM): In order to perform SEM, a two-stage process of modelling is performed. First, Confirmatory Factor Analysis (CFA) is used as a validating procedure to assess the latent constructs and models' unidimensionality, validity and reliability. In the second stage, the structural model and proposed hypotheses are verified using path analysis (Afthanorhan, Ahmad, & Mamat, 2014).

For conducting CFA, unidimensionality is attained when all measuring items load positively with a value above .6 on their respective latent constructs simultaneously. For this purpose, AMOS was used and the findings showed that all items loaded positively to their latent construct and their values were above .6 except for CWB -7 (.498) and hence was dropped from further analysis.

Table 3

Standardized Regression Weights, CR, AVE and Cronbach Alpha:

Items	Estimate	CR	AVE	Alpha
WE		.972	.921	.969
WE1	.895			
WE2	.933			
WE3	.936			
WE4	.918			
WE5	.965			
WE6	.916			
WE7	.908			
WE8	.856			
WE9	.879			
CWB		.947	.666	.946
CWB1	.863			
CWB2	.868			
CWB3	.783			
CWB4	.774			
CWB5	.778			
CWB6	.854			
CWB8	.861			
CWB9	.768			
CWB10	.763			
AS		.943	.768	.943
AS1	.891			
AS2	.861			
AS3	.909			
AS4	.869			
AS5	.841			

The second criterion for CFA is to achieve validity, which is indicated when the instrument reflects latent constructs accurately and it is reported through convergent, construct and discriminant validities. *Convergent validity* is reported to indicate the extent to which the

construct converges in order to explain the variance in the dimensions due to latent constructs. AVE is reported for this purpose and it measures the extent to which the variance is captured by a construct versus the extent to which the variance is due to measurement error (Hair et al., 2017). The values of AVE above .7 represent good and above .5 are acceptable. The results in the table 3 shows that all values are good and the value of counter-productive work behavior is (.66) acceptable.

Next, *Construct validity* is reported through three categories of model fit indexes, which represents a measurement model and indicates the level of items' fitness for measuring their respective latent constructs. The three categories of fitness indexes are; absolute, incremental and parsimonious fit indexes. The first model fit index from the absolute fit category is Chi-square and it shows how exactly the data fits into the model. The results showed that its value was 866.613 at p=.000 (Kim & Millsap, 2014) which indicates that model was not fit however chi-square usually misread the model when the data is greater than 200. The second category of fitness index is parsimonious fit indexes which are the relative fit indices that provide the values for adjusted fit models. In this category (CFI) and Tucker Lewis Index (TLI) are reported and their values are acceptable when greater than .90. The results showed values of CFI=.919 and TLI=.909 respectively which are above the threshold of .90. The third category of fit indexes is the incremental fit indices and it compares the different models to determine which one provides a better fit (Awang et al., 2017). For this purpose, the Chi-square value (X^2) is divided by the degree of freedom (*df*) and was reported to be are reported to be (X^2/df) 3.869 which is below the acceptable value of .5. Each model fit index and its acceptable range is given in the table 4.

Table 4

Model fit indices for the measurement model

Name of category	Name of index	Level of acceptance	Model
1. Absolute fit	Chi-sq	P > 0.05	866.613, p=0.000
2. Incremental fit	CFI	CFI > 0.90	.919
	TLI	TLI > 0.90	.909
3. Parsimonious fit	Chi-sq/df	Chi square/ df < 5.0	3.869

The third criterion for validity check is *Discriminant validity*, it indicates "the extent to which a construct is truly distinct from other constructs" and it also establishes whether the measurement model verified through construct validity is free from redundant items (Hair, Black, Babin, and Anderson, 2010, p. 710). It is established by reporting the correlation values between the variables, which must be below .90, indicating that the variables are not redundant or have serious multicollinearity problems. The correlation table 2, shows that not a single association between any two variables has a value above .90 indicating lack of discriminant validity. Another method to establish discriminant validity that is superior to correlation criterion is Heterotrait-Monotrait (HTMT) ratio of correlation (Henseler et al., 2015). The acceptable threshold for HTMT values indicates that values below .85 shows presence of discriminant validity. The findings shown in table 5, indicates all the values are below the threshold, indicating discriminant validity.

Table 5

HTMT Analysis

	WE	CWB	AS
WE			
CWB	0.541		
AS	0.443	0.440	

Lastly, the third criterion for CFA validation is to check reliability of the measure by reporting its Composite Reliability (CR) which specifies the internal consistency of a latent construct. CR for all constructs is given in the table, indicating that the measure shows internal consistency.

In the second stage, structural model was based on the measurement model and SEM was run to investigate the causal relationships for the constructs included in the conceptual framework.

Assumptions of SEM: SEM is "more sensitive to the distributional characteristics of the data, particularly the departure from multivariate normality or a strong kurtosis or skewness in the data" (Zhang (2000, p. 102). First assumption of normality is assessed by reporting univariate skewness and univariate kurtosis. According to Kline (2005), the variables are considered normally distributed if absolute values of standardized skewness are between ±3 and absolute values of standardized kurtosis are not greater than 8 (Xie, 2011). Next, outliers in the data were reported by comparing the squared Mahala Nobis Distance (D2) of each case. Mahalanobis' distance (MD) is a statistical measure of the extent to which cases are multivariate outliers, based on a chi-square distribution, assessed using p-value. If p< .001 for any observation then it will be considered as an outlier.

Running data through AMOS showed that univariate skewness values were within normal range of between -2 and +2 (.501 to 1.23) and univariate kurtosis values were also between -7 and +7 (i.e., -.794 to .346) as shown in table 6, indicating no individual items in the latent variable were non-normal (Joanes and Gill 1998). In general, it can be summarized that the univariate normality test is satisfactory (Xie, 2011).

Table 6

Univariate skewness and kurtosis for the dependent variable

Variable	min	max	skew	c.r.	kurtosis	c.r.
WBC1	1.000	4.000	1.236	9.012	.125	.457
WBC2	1.000	5.000	.979	7.138	-.088	-.321
WBC3	1.000	5.000	.561	4.091	-.794	-2.894
WBC4	1.000	5.000	.879	6.407	.346	1.262
WBC5	1.000	5.000	.855	6.233	-.194	-.709
WBC6	1.000	5.000	.807	5.883	-.542	-1.974
WBC8	1.000	4.000	.882	6.433	-.393	-1.432

Variable	min	max	skew	c.r.	kurtosis	c.r.
WBC9	1.000	5.000	.501	3.655	-.550	-2.006
WBC10	1.000	5.000	.894	6.518	-.462	-1.684

Outlier assumption was also met by comparing the squared Mahala Nobis Distance (D2) of each case. It was done by measuring the distance of standard deviation between the individual case score and mean score of all the cases. There were no cases whose D2 is distinctly apart from other D2 Values as there is no significant break between D_2 values of reported observations. Moreover, the critical value of p for all observations were reported to be above .001 and near to 1, indicating no outlier in the dataset (Tabachnich and Fidell, 1996).

Testing the relations (Research Hypotheses)

Similar with the CFA analysis, AMOS 24 was also used to examine the proposed model of the effect of abusive supervision on counter productive work behaviors and the role of work engagement as a moderator. The three latent constructs (Abusive supervision, counter-productive work behaviors and work engagement) and 23 observed variables were considered to examine the structural model of the study (excluding CWB7). Specifically, SEM was run to investigate the causal relationships of the constructs included in the theoretical framework. In the stage of hypotheses testing, validity of the hypothesized path was verified by evaluating the statistical significance of each structural parameter value.

Direct Effects

Based on the set of result (Table 7), it was verified that abusive supervision was found to be positively and significantly and positively related to counter productive work behaviors ($\beta = .411$, $p < .000$) supporting the hypothesis H_1.

Table 7

Direct effect between variables

Direct Effect	Standardized ß	p	Remarks
AS → CWB (H_1)	.411	.000	*Supported*

AS: Abusive Supervision, CWB: Counter-productive Work Behavior

Moderation Effect

The moderation effect of work engagement between abusive supervision and and counter productive work behavior was found significant. It shows that the positive relation between the AS and CWB is weakened in the presence of WE, supporting the hypothesis H_2. The results of the hypothesis testing are shown in Table 8.

Table 8

Moderating Effect between Variables:

Moderation hypotheses	Moderating effect	P value	*Results*
DL→ WE→ CWB (H11b)	-.117	.014	*Supported*

AS: Abusive Supervision, WE: Work Engagement, CWB: Counter-productive Work Behavior

Discussion

The current study used a deductive approach to investigate the leaders' abusive behaviors practiced in tertiary public hospitals of Pakistan and how they affect the employees' work behaviors. Moreover, it also examined the role of

work engagement between the relation of leader's abusive behaviors and employee's work behaviors.

The result of the hypothesis H_1 held true and indicated that when a leader engages in abusive supervision, s/he tend to further promote counter-productive work behaviors among the employees. According to Ramzy et al., (2018) when leader adopts dysfunctional behaviors with the subordinates subject to the position or authority they hold in the organization, the subordinates within their own capacity, becomes more indulged in negative deviant behaviors. In the study's context, within the hospitals, when senior doctors adopt undermining attitude with junior doctors, verbally abuse them, do not give credited for their achievements, and even wrongfully accuse them of misconducts, then junior doctors are compelled to reserve their efforts and consequently responds with counter-productive work behaviors. In order to retaliate within their own capacity, they don't respond to patients' curies, restrict communication and do not provide adequate guidance of disease, its treatment or any alternatives. Therefore, the management of the hospitals need to ensure that the junior doctors are not abused by their leaders in order to reduce their counterproductive work behaviors.

Moreover, the second hypothesis indicated that when leaders demonstrated destructive work behaviors, the employees were more drawn towards counter productive work behaviors, however, when employees were engaged with their work, the relation was affected and employees started to demonstrate lesser counter productive work behaviors. Study conducted across different cultures by Chen et al., (2020) supports these results as they observed that work engagement decreases counterproductive work behaviors by reducing emotional exhaustion. In real life situations, such as in the hospitals, when leaders abusively supervise junior doctors based on their power, the junior doctors' personal level engagement to facilitate patients motivates them to demonstrate positive work behaviors and they tend to reduce the frequency of counter work behaviors.

Implications

The findings and discussion presented in the past sections revealed valuable lessons for practitioners, as well as researchers in both leadership behaviors, organizational behaviors and employee wellbeing fields. It is deemed that if the significance of leader's behaviors is well understood and disciplined, it can really improve the subordinates' behaviors in the public hospitals. The leaders, based on the authority vested in their position, the knowledge and experience that they have gained over the period, represents the leadership of the organization and their behaviors define the organizational outcomes such as employees' work behaviors and other outcomes such as customers satisfaction. Moreover, the work engagement of employees was also found to play a vital role in moderating relation between leaders' behaviors and junior doctor's work behaviors.

Public hospitals are primarily responsible to provide health services to general public at affordable price (Naseer et al., 2012). The results of this study can help in orienting the hospital policy makers to improve patient satisfaction in health care by orienting its leadership and subordinates. Enhanced patient satisfaction might ultimately contribute to improvement in other health related outcomes for the hospital. The policy makers or administration of the hospital must restrain their destructive behaviors through strict monitoring and creation of grievance cell to protect the junior doctors from verbal abuse and exploitation from their seniors. Moreover, the inability of administration to protect junior doctors may result in; high occupational stress levels among junior doctors, lower motivation to perform (Leape et al., 2012), and even may result in failure to attract new doctors to work for the hospital.

Junior doctors come in direct contact with the patients and are expected by patients to fulfil

basic in-role behaviors of relieving patients from the pain. The counter-productive behaviors of the junior doctors with patients such as lack of interest in attending patient, not listening to their issues, and delaying the initial first aid to relieve the patients' pain significantly lowers patient satisfaction with the hospitals'. Junior doctor's counter productive work behaviors must be keenly observed and eradicated by the senior doctors and administration. Lastly, the work engagement of junior doctors moderates the relation between leader's destructive behaviors and their own work behaviors. This suggests for the policy makers to take initiative to enhance work engagement of junior doctors to promote functional behaviors among them.

Theoretical Implications

There has been a continuous focus of researchers to enhance the performance of public hospitals. The governments make huge investments every year to improve the facilities of health sector within a country. Despite the urgency and seriousness of the matter, the area of leaders' destructive behaviors and its relation with employees is extremely understudied. The current study incorporated the conservation of resource theory to connect the destructive aspect of leaders' behaviors with employees' performance and wellbeing. No single study has been found yet that have used COR theory to study the moderating role of WE between AS and CWB in the public health sector. This study contributes to the knowledge on employees work behaviors and their wellbeing in the literature by connecting it with leaders' destructive behaviors that commonly prevail in the public tertiary hospitals in federal and capital cities of Pakistan.

With the application of multivariate analysis, namely SEM, the index fits were assessed comprehensively to ensure whether it properly defined model. Based on the analysis, the model was suitable for the data collected.

Limitations and Future Recommendations

The results of this study provide an in-depth analysis of abusive supervision on junior doctors' counter-productive work behaviors and the role of work engagement in reducing the impact of AS on CWB. Nevertheless, the resources and time constraints lead to several weaknesses in the results of this study which requires acknowledgement and further study. First limitation of the study is that the investigation was restricted only to public tertiary hospitals of Pakistan which limits the scope of generalization. Future studies can involve private sectors and can also compare the results with other countries under similar and different cultural contexts.

Second limitation of the study is that it collected cross sectional data from public tertiary hospitals in Pakistan. Future studies can employ longitudinal designs to provide further insights and provide a clearer picture of causation.

Third limitation is that the data was collected from junior doctors, and the future studies can include respondents working in leader position to provide more refined internal perspective of the hospitals.

Despite the said limitations, the findings of the study are still valid to understand the abusive behaviors of leaders and deviant behaviors of junior doctors and role of work engagement as a moderator in a high context country i.e., Pakistan, and consequently provide some insight for the benefits of practitioners and managers on how to address issues related to patients' satisfaction.

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