

THE NEGATIVE EFFECT OF INCIVILITY ON JOB SATISFACTION THROUGH EMOTIONAL EXHAUSTION MODERATED BY RESONANT LEADERSHIP

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Recepción: 22/04/2020 **Aceptación:** 10/06/2020 **Publicación:** 24/11/2020

Citación sugerida:

Dahri, A. S., Qureshi, M. A., y Mallah, A. G. (2020). The negative effect of incivility on job satisfaction through emotional exhaustion moderated by resonant leadership. *3C Empresa. Investigación y pensamiento crítico*, 9(4), 93-123. <https://doi.org/10.17993/3cemp.2020.090444.93-123>

ABSTRACT

Job dissatisfaction challenge among nurses has a remarkable impact on patient safety and quality of any healthcare system. The study examines the negative effect of workplace incivility on job satisfaction among nurses through the mediation of emotional exhaustion and helps understand the moderating role of resonant leadership between emotional exhaustion and job satisfaction. The study adopts a cross-sectional self-administered survey design to collect 129 responses of registered nurses based on a stratified random sampling technique in Pakistan. Smart-PLS analyzed data revealed the statistically direct insignificant effect of workplace incivility and significant indirect effect on job satisfaction through emotional exhaustion. The results affirmed the emotional exhaustion mediation where resonant leadership had a significant positive moderating role that buffered the negative effect of emotional exhaustion on job satisfaction. Though potentially useful for HR managers, this study is exposed to sample and generalizability limitations. Therefore, opens consideration for solutions in further explorations.

KEYWORDS

Resonant Leadership, Workplace incivility, Emotional exhaustion, Job Satisfaction.

1. INTRODUCTION

The healthcare stands as the backbone for the development and growth of any nation (Mills, 2014) which mainly comprises of nurses in general (Davis, Sloan, & Wunderlich, 1996). Likewise, in a survey of 1,507 adults in the UK, care providers were ranked as more important than lawyers, bankers, and politicians. Whereas, nurses were ranked the second most important, after doctors in healthcare (Ford, 2015).

Moreover, 1 million patients die annually in hospitals across the world due to avoidable patient-related errors (Godschalk, Hartel & Sbrzensy, 2017). Where, nurses found to play a unique role by interpreting working conditions, improving interpersonal relations among staff and supervisors and intervening for lower patient-related errors and well-being (Kohn, Corrigan, & Donaldson, 2000). Therefore, patient-centered nursing actions can impact the whole system in hospitals (Houck & Colbert, 2017).

Sadly, job dissatisfaction was spotted as one of the chronic issues amongst nurses by scholars for example Irvine and Evans (1995); Takase, Maude, and Manias (2005); Lu, While, and Barriball (2007). Also reported in 2013 by Business Insider that registered nurses had the 14th unhappiest job in America (Griswold, 2013). Moreover, reduced job satisfaction among nurses was reported to have financial consequences for the healthcare sector, such that, healthcare sector is \$ 300 billion question as a global investment pointed in World Economic Forum by Bernaert and Dimitrova (2017) and with an all-time high investment of \$142.6 billion was marked for 2016 for developing country which most countries failed to achieve. As per KPMG report (Kerfoot, 2015) in the United States alone, dissatisfied employees were counted for worth \$ 4.4 million financial loss.

Similarly, the nursing sector has gone through several changes over time (Kraft, Kästel, Eriksson, & Hedman, 2017) thus job satisfaction needs continuous monitoring (Coomber, & Barriball, 2007), particularly among nursing employees in developing countries like Pakistan. Therefore, job satisfaction is

vital to retaining and attracting well-qualified personnel in the healthcare sector (Mosadegh & Hossein, 2006).

No doubt there could be several reasons as complexity and conditions at healthcare workplaces such as increased stress, work pressure, conflict costs, patient safety risk resulting in job dissatisfaction among nurses and lack of delivering quality care in healthcare service (Bird, 2015). Past literature reveals organizations suffer financial losses due to counter-productive behaviors at the workplace (Lawrence & Robinson, 2007) which violate important organizational norms and present threat to the well-being of an organization (Robinson & Bennett, 1995) and termed as workplace incivility by Andersson and Pearson (1999).

As evident in Pakistani context studies that healthcare remains an emotionally exhaustive workplace as an outcome of many factors typically, uncivil behavior from within and outside hospital premises (Laeque, Bilal, Hafeez, & Khan, 2018) which plunges job satisfaction among nurses in public healthcare in context of Pakistan (Shah, Ali, Dahri, Ahmed & Brohi, 2018; Dahri & Hamid, 2018). Even though, incivility is very less known in literature and lacks exploration (Walker, 2014) specifically from Asian perspective (Ghosh, 2017).

As emotional exhaustion bridges the negative effect between incivility and job satisfaction, here, leaders can play as major influencer. As employees look upon their leaders for acceptable conduct at workplace (Koseoglu, Liu, & Shalley, 2017). Clark and Springer (2010) found that 85% nurse endorsed nurse leaders can create civil and respectful environment through mentoring and role-modeling. Accordingly, Wilkes, Cross, Jackson, and Daly (2015) found positive effect of nurse leadership style on incivility in the nursing environment.

On contrarily, Cassum (2014) revealed that in Pakistani context abuse from leaders is social norm. Whereas, according to Iqbal, Fatima, and Naveed (2020) empirically found that leaders with sympathy towards subordinates and concern with their values results in positive behavioral outcomes. In this

regard, Casale (2017) claims resonant leaders have built in emotional intelligence ability to address subordinates' negative emotional experiences of incivility which also helps settling ones' dissatisfaction among academia nurses Therefore, literature derives potential investigation for role played resonate leadership to buffer negative effect of emotional exhaustion on job dissatisfaction among nurses.

2. LITERATURE REVIEW

Incivility is one of the factors that has not only sabotaged varying international workplaces such as in Canada (Laschinger, Leiter, Day, Gilin-Oore, & Mackinnon, 2012), Korea (Kim & Shapiro, 2008), Singapore (Lim & Teo 2009); but also affected the local context healthcare sector nurses in Pakistan (Zia-ud-Din, Arif & Shabbir, 2017). The worsening situation due to lack of government attention (Basharat, 2017) is consequently dampening job satisfaction among public hospital nurses in Pakistan (Laeque, *et al.*, 2018).

Despite the impact, incivility was found insignificant with job satisfaction in Turkish Airline employees by Cingöz and Kaplan (2015) and among African nurses by Alola, Olugbade, Avci, and Öztüren (2019).

Literature reveals mediating role of emotional exhaustion on job satisfaction arising out of negative factors at workplace. For instance, nurses in healthcare sector are prone to emotional exhaustion due to emotional demands of work exceeding one's endurance during interpersonal interactions (Maslach, Schaufeli, & Leiter, 2001). Hur, Kim, and Park (2015) in this direction reported incivility as major negative factor that prompts emotional exhaustion which reduced the job satisfaction among nurses. Similarly, in Pakistan, Khan, Imran, and Nisar (2016) reported nurses experience emotional exhaustion among registered nurses which eventually reduced their job satisfaction.

On contrary, inconsistencies were observed in literature regarding the mediating role of emotional exhaustion. Such as, Khokhar, Chaudhry, Bakht, Alvi and Mohyuddin (2016) while examining mediating role of emotional exhaustion and found not related to stressing factors in hospitals. Similarly, Aryee,

Sun, Chen, and Debrah, (2008); Knudsen, Ducharme, and Roman (2009); followed by Tayfur, Bayhan Karapinar, and Metin Camgoz, (2013) also found emotional exhaustion inconsistent mediating results against hypothesized relations. While, emphasized for further investigation regarding mediating role of emotional exhaustion which this study has attempted to explore.

Moreover, leaders affect the employees and get things done (Piccolo & Colquitt, 2006). Even though, management articulate policies that are implemented and practices by leaders in field forefronts for well-being in general. Yet, Shahid (2015) revealed in global trends that 86% respondents agree to leadership crises. Reflected for healthcare sector in a recent survey by AMN (2017) highlighting 82% nurses who agree for the severe need of leadership.

Though leadership style has been discussed much, yet, needs further exploration as a leadership style may vary person to person perception, creating a gap of less agreed definition (Janda, 1960). Similarly, Voon, Lo, Ngui, and Ayob (2011) contends the effect of leadership may also vary according to the style of leaders with respect to subordinates.

Resonant leadership style develops emotional intelligence that remedies different work-related strains (Cummings, 2004). The resonant leadership domains include emotional self-awareness, self-management, socio-political awareness, and effective management of others (Goleman, Boyatzis & McKee, 2002). In a systematic review, leadership styles were consistent with the notion of resonant leadership and were associated strongly with buffering conflict management, job security, anxiety, as well as emotional exhaustion, and job satisfaction (Cowden, Cummings, & ProfettoMcGrath, 2011).

This notion becomes handy when dealing with individuals working in the social service sector where emotionally intense working environment leads to emotional exhaustion among employees (Dormann & Zapf, 2004) and reduces their job satisfaction (Coomber & Barriball, 2007) such as healthcare sector. Similarly, Estabrooks and colleagues (2011) examined that resonant leadership had significant effect to reduce the variation of emotional exhaustion, and job satisfaction.

3. THEORETICAL PERSPECTIVE

Job Demands-Resources (JD-R) model (Schaufeli & Bakker 2004), where, occupation may have its own specific risk factors associated with burnout or occupational stress, classified as job demands (Bakker, Demerouti, & Euwema, 2005). Whereas, COR theory (Hobfoll, 1989) suggests any stressor at workplace will deplete the emotional resource. In the context of AET theory by Weiss and Cropanzano's (1996) any negative event will affect negatively and vice versa.

Similarly, empirical evidence indicates a chronic pattern of nurses experiencing incivility in healthcare sector sourced from the doctor, physician, co-worker, patient and their family that drains emotional resources serves as a chronic stressor (Lee and Ashforth 1996). These micro stressors such as workplace incivility, which deplete emotional resources (Cortina *et al.*, 2001) resulting in emotional exhaustion among nurses (Guidroz *et al.*, 2010) leading to reduced job satisfaction (Cortina *et al.*, 2001).

Whereas, in the light of literature and supporting theories, the resonant leadership with emotional intelligence capability may supplement the positive emotional resource and tune-in to buffer the inconsistent negative relation between emotional exhaustion and job satisfaction. Thus, resonant leadership will serve as a positive event and job resource to mitigate the negative effect of emotional exhaustion on job satisfaction caused by job demand (stressor) such as workplace incivility.

4. HYPOTHESIS DEVELOPMENT

4.1. WORKPLACE INCIVILITY AND JOB SATISFACTION

Workplace incivility is an experience of uncivil interaction from different sources which can source from coworker or customer (Schilpzand, Pater, & Erez, 2016). Accordingly, Flanagan and Flanagan (2002) reported that the way employee interact had a profound impact on their level of job satisfaction. Similarly, previous studies have found workplace incivility to be associated with increased psychological distress and organizational withdrawal, as well as decreased job satisfaction (e.g., Cortina, Magley, Williams, & Langhout, 2001; Lim & Cortina, 2008).

H1: Workplace incivility experience has a negative influence on job satisfaction.

4.2. WORKPLACE INCIVILITY AND EMOTIONAL EXHAUSTION

Exposure to uncivil behaviors can have a negative influence on employees in terms of mood, cognitive distraction, fear, perceived injustice, damaged social identity, and anger (Barling, Rogers, & Kelloway, 2001). Such as being ignored by a coworker, patients at the hospital, excluded or not invited in an important meeting, rude or harsh words by others in a disrespectful manner (Pearson, Andersson, & Wegner, 2001). These uncivil behaviors are wired strongly with employee emotional exhaustion. This argument followed by Laschinger, Leiter, Day, and Gilin (2009) as interaction with the coworker is among events of depletion of emotional resources and appraise feeling of exhaustion.

H2: Workplace incivility is positively associated with emotional exhaustion.

4.3. EMOTIONAL EXHAUSTION AND JOB SATISFACTION

Job satisfaction is an attitude reflecting how well people like or dislike their job (Spector, 1985). Relevantly, healthcare frontline employees face more interaction within and outside of the hospital, this takes out their emotional resources and eventually brings in emotional exhaustion eventually affecting one's job satisfaction negatively. In past literature, emotional exhaustion consequences encompass associations with conflicts at work and reduced job satisfaction (Wolpin, Burke, & Greenglass, 1991). Thus seemingly, emotionally exhausted employees often develop negative attitudes about customers, the organization, their job, and themselves (Cordes and Dougherty, 1993).

Similarly, in different field such as public healthcare sector, 42.2% from a sample of 179 physicians in the hospital of Sindh, reported experiencing emotional exhaustion having a negative impact on job satisfaction (Zafar, Khan, Siddiqui, Jamali, & Razzak, 2016).

H3: Emotional exhaustion has a negative effect on job satisfaction.

4.4. EMOTIONAL EXHAUSTION AS A MEDIATOR

Extended studies show that it is undeniable that emotional exhaustion has accumulated mediating effects between negative workplace factors and employee job outcome such as job satisfaction. Such that, emotional exhaustion successfully mediates the relationship between abusive supervisor and job satisfaction (Aryee, Sun, Chen, & Debrah, 2008). Similarly, literature has also reported emotional exhaustion as a useful mediator between the relationship of coworker incivility and job satisfaction based on AET among 286 retail bankers (Hur, Kim, & Park, 2015). Moreover, recently, Khan, Imran, and Nisar (2016) highlighted that emotional exhaustion has a direct significant relationship with job satisfaction. It is; therefore, the mediating role of emotional exhaustion was essential to examine, specifically with job satisfaction as a dependent variable among nurses affected by workplace incivility as a predictor variable.

H4: Emotional exhaustion will mediate between the relationship between workplace incivility and job satisfaction.

4.5. MODERATING ROLE OF RESONANT LEADERSHIP

According to Baron and Kenny (1986) moderator is effective when there exists inconsistent relation among variables. Likewise, the inconsistent results between emotional exhaustion and job satisfaction were observed by different scholars (e.g., Khokhar *et al.*, 2016; Aryee *et al.*, 2008; Knudsen *et al.*, 2009; Tayfur *et al.*, 2013) which calls for the potential moderator between emotional exhaustion and job satisfaction to buffer the negative effect of emotional exhaustion on job satisfaction.

According to Tian, Zhang, and Zou (2014) argued that supervisor support moderates the negative event and its mediated outcome, thus respective scholarly knowledge needs further expansion. Further, in this regard Marturano (2016) emphasized considering logic and ethics as key elements regarding leadership studies to promote organizational and cultural way of thinking. With empathy, emotional and self-awareness, resonant leadership serves this purpose at best. Resonant leaders intend to boost performance by relationship management, empathy, authenticity and emotional harmonization. Moreover, the

resonant leadership has the capacity and capability to adapt with respect to situations in the workplace, therefore, has positive link with job satisfaction and deemed to buffer between the emotional exhaustion on job satisfaction among nurses.

H5: Resonant leadership is positively related to job satisfaction

H6: Resonant leadership will moderate the relationship between emotional exhaustion and job satisfaction

5. RESEARCH MATERIALS AND METHODS

Wherever Times New Roman is specified, Times Roman, or Times may be used. If neither is available on your word processor, please use the font closest in appearance to Times New Roman that you have access to. Please avoid using bit-mapped fonts if possible. True-Type 1 fonts are preferred.

5.1. MEASUREMENT SCALES

5.1.1. RESONANT LEADERSHIP

Measured using the 6-item Resonant Leadership Scale (Cummings, 2006), on 5- point liker type scale (0.95). Recently used by Laschinger, Wong, Cummings, and Grau (2014) and reported ($\alpha=0.94$).

5.1.2. WORKPLACE INCIVILITY

Demonstrating verbal or actions of mild disrespectful misbehavior, damaging social norms of conduct. Measured through 7-items (7-point Likert, 1- not at all to 7- very much) developed by Cortina *et al.* (2001) recently used by Zurbrügg and Miner (2016) with $\alpha = 0.85$.

5.1.3. EMOTIONAL EXHAUSTION

Running out of emotional resources due to social stress or job demands that lead employees to emotional exhaustion. Measured with 9-items (7-point Likert, 1- never to 7- very often) scale was developed by

Maslach and Jackson (1981), originally scale reported good reliability of scale ($\alpha = 0.89$). While recently used by Medler-Liraz and Seger-Guttmann (2018) with α (0.90).

5.1.4. JOB SATISFACTION

It reveals like or dislike, motivation and attitude of employee towards ones' job. Measured through 15-item scale (7-point Likert, 1-completely dissatisfied to 7-completely satisfied) developed by Warr, Cook, and Wall (1979) with original $\alpha = 0.85$, recently used by Koon and Pun (2017) with $\alpha = .892$.

6. METHODS

6.1. POPULATION, SAMPLE, SAMPLING FRAME, AND SAMPLING TECHNIQUE

The research design of the study was cross-sectional and quantitative in nature. The data collection from 736 registered nurses. This population size was divided in large and medium strata based on number of beds available with hospitals, for which 484 questionnaires were distributed to registered nurses in city district public hospitals in Sindh province of Pakistan. The sample was drawn on stratified random sampling based on sample frame with a list of registered nurses as per current attendance register at hospitals. As a result, 310 questionnaires were received from each stratum making up response rate of 64% in total which is acceptable and above the criteria provided by Sekaran and Bougie (2016) that 30% response rate as sufficient for surveys.

6.2. DATA ANALYSIS

Out of collected 310 questionnaires, 129 in total were useable and screened for outliers and missing values through SPSS data screening. Where the majority of respondents were female 98 (75.96%) and the male were only 31 (24.04%). Education levels scored 65 % bachelors and rest were undergraduates. Whereas, 85% were married and rest were single. While, 75% had work experience above 10 years and the rest had below 3 years. Screened data was further analyzed by PL-SEM for complete results due to

the non-normal distribution of data and presented for the present study (Henseler, Ringle, & Sarstedt, 2015).

7. RESULTS

7.1. MEASUREMENT MODEL

For the measurement model, multicollinearity, convergent validity, and discriminant validity values were evaluated.

7.1.1. MULTICOLLINEARITY TEST

Multicollinearity is tested to assure there is no unusual correlations between variables used in the model. It increases the standard error values for coefficients which is problem for regression analysis and effects with statistical significance of (Hair *et al.*, 2014). For multicollinearity, Variance Inflated Factor (VIF) is verified. Whereby, Gentile *et al.* (2009) recommended VIF values should be below 10. Table 1 reveals acceptable VIF values accordingly for the current model.

7.1.2. CONVERGENT VALIDITY

Hair, Hult, Ringle, and Sarstedt (2014) suggested for convergent validity factor loadings, average variance extracted (AVE) and composite reliability (CR) must be checked. Results reveal achievement of recommended values as for factor loadings were higher than 0.6, for AVE values were higher than 0.5 and CR values for measurement were also above 0.7 (see Table 1). However, item (Wi1) with lower factor loadings was dropped.

7.1.3. DISCRIMINANT VALIDITY

After AVE square and cross loading method following Fronell-Larcker criterion for discriminant validity of constructs, recent literature is following more rigorous methods for discriminant validity. For assessment of discriminant validity (Henseler *et al.*, 2015) suggested Hetero-trait-mono-trait (HTMT)

ratio of correlation evaluation. Where, all values for HTMT should be below 0.90 (Gold & Arvind Malhotra, 2001) and HTMT values accorded the thresholds for this study construct (see Table 1).

Table 1. Hetero-trait-mono-trait, Variance Inflated Factor, Composite Reliability, Average Variance Extracted.

HTMT/ CR/ AVE/ VIF							
	EE	JS	RL	WI	CR	AVE	VIF
EE					0.957	0.713	1.624
JS	0.551				0.966	0.653	
RL	0.217	0.45			0.887	0.566	1.500
WI	0.631	0.451	0.193		0.932	0.664	1.396

Before moving on to structural model fit indices are observed to ensure that besides convergent and discriminant validity, construct validity is also achieved. Where model fit indices such as SRMR is one of these recommended measures before further analysis as a poor model cannot be trusted. SRMR < 0.1 is acceptable, whereas, values below 0.055 represents an ideal fit (Hair, Black, Babin, Anderson, & Tatham, 2010). Likewise, SRMR for the current model is 0.062 that gives full confidence to model to proceed for complex results.

7.2. STRUCTURAL MODEL

For assessing the structural model (Table 2, and Figure 1), standard beta, t-values via were produced by bootstrapping on resampling of 5000, the R^2 , predictive relevance (Q^2), and the effect size (f^2) were examined suggested by Hair *et al.* (2014).

Table 2. Structural model.

Path	Beta	St. Dev	T Value	P Value	R2	f2
EE -> JS	-0.322	0.088	3.654	0.00	0.358	0.122
RL -> JS	0.26	0.075	3.489	0.00	0.479	0.119
RL*EE JS -> JS	0.239	0.057	4.217	0.00		0.155
WI -> EE	0.598	0.063	9.558	0.00		0.558
WI -> JS	-0.177	0.101	1.752	0.08		0.038
Indirect (Mediation) Coefficient						
WI -> EE -> JS	-0.192 (-0.228)	0.06	3.221	0.001		

Referring to Table 2, results reveal statistical support for hypothesized relations as H2, H3, H4, H5 and H6 except H1, where statistically insignificant direct relationship between workplace incivility (WI) and job satisfaction (JS) ($b = -0.177$, $p > 0.05$) results not supporting H1.

The direct relationship between resonant leadership (RL) and job satisfaction was significant ($b = 0.26$, $p < 0.01$), and direct relationship between emotional exhaustion (EE) and job satisfaction ($b = -0.322$, $p < 0.01$) was statistically significant. Similarly, the indirect relationships between workplace incivility was significantly mediated by emotional exhaustion on job satisfaction ($b = -0.192$, $p < 0.001$). Whereas, the moderated effect (in bold) of RL between EE and JS ($b = 0.239$, $p < 0.01$) was also statistically significant and supported the hypothesis.

The value of R^2 and f^2 values must be between '0' to '1', suggested by Hair *et al.* (2014) to examining the change explained by independent variable (IV) on dependent variable (DV) through R^2 and to see the effect size of IV on DV through f^2 . Table 2 shows Table 2 describes variance (R^2) in EE is 35.8% and in JS is 47.9% from the respective IV and DV in the model. While, the results of f^2 suggest acceptable effect size in support of hypothesized relations following Cohen (1988) guideline.

It is important to mention that a significant negative effect of WI through EE on JS was ($b = -0.382$) which after moderation of RL was reduced ($b = -0.322$) and reflected in diverse standard deviation in

responses of respondents for respective variables. Further, Table 2 elaborated as f^2 , depicted at 12.2% for EE on JS, 11.9% for RL on JS, 15.5% shows moderating effect of RL on EE and JS, for WI on EE 55.8%, and effect of WI on JS was low due to insignificant statistical relation at 3.8%. These variations are at peak for relationship between EE on JS which in particular, shows the positive and significant buffering effect of RL on negative EE effect towards JS. Tabular description is depicted in following figure that shows acceptable path coefficient and t-values for inner and also reveals cross loadings with t-values of each item for outer model.

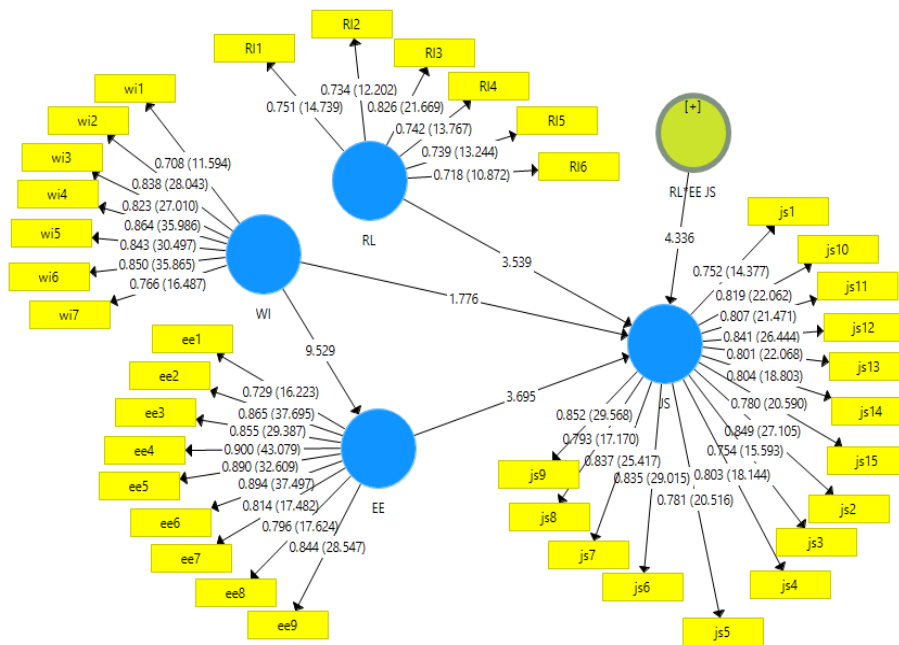


Figure 1. Structural model.

Finally, for the predictive relevance of the model through blindfolding procedure by Hair *et al.*, (2014) was followed. Where the Q^2 values were greater than '0', suggesting sufficient model productiveness. Which were 0.231 for EE and 0.281 for JS. This reveals that hypothesized model has subsequent predictive relevance for EE at 23.1 % and 28.1% for JS respectively.

Since moderating variable is continuous in nature, thus product indicator approach was applied (Henseler & Fassott, 2010) using Smart-PLS referring to Figure 2 that visualizes the interaction of moderating variable RL which reduces the negative relationship between EE and JS. Hence, supporting H6 as resonant leadership to buffer the negative relation between EE and JS.



Figure 2. Moderation interaction Plot.

8. DISCUSSION

This study has put an effort to address the problem of job satisfaction among nurses in public healthcare hospitals in Pakistan. Where workplace incivility was emphasized to be the factor that has direct negative relation with job satisfaction (H1) and emotional exhaustion (H2). Results of the analysis revealed the rejection of direct effect of incivility on job satisfaction (H1) which is also in line with Alola *et al.* (2019) who stated the same results among nurses in the Africa. These results are not only in line with past literature but also practical, as workplace incivility is covert feeling (Andersson & Pearson, 1999) that leaves a deep mark of negative emotions rather direct indication or reporting for discomfort or dissatisfaction.

Accordingly, the indirect significant relation of workplace incivility and job satisfaction gives insight that nurses avoid the source of incivility by engaging more in absenteeism and turnover rather direct

reporting job dissatisfaction as an output. Thus, H2 was also supported between workplace incivility and emotional exhaustion which further mediated the workplace incivility effect on job satisfaction indirectly among nurses supporting. Therefore, workplace incivility is threat to any organization if not directly then indirectly has the potential to sabotage workplace.

Though, leadership features ranging from good to bad are discussed in research, resonant leadership style has recently been spotted for self-awareness, socio-political skill, and emotional intelligence increases the chance of enhancing job satisfaction and may lower negative job evaluation (Goleman *et al.*, 2002). Thus, misbehaved, emotionally exhaustive working, and low job satisfaction can be helped by potential buffering features of resonant leadership which was reflected in H3. Thus, the successful emotionally intelligent resonance of leaders does influence positively to settle the escalated negative effects of workplace incivility carried thorough emotional exhaustion on job satisfaction among nurses in the public healthcare sector.

9. PRACTICAL AND THEORETICAL IMPLICATION

This study is quite useful statistically and practically by highlighting the job dissatisfaction issue caused by workplace incivility and transferred with more power destroying nurses' job satisfaction through emotional exhaustion. Where, the indirect effect of incivility at the workplace through emotional exhaustion may be reduced in terms of employee feedback and understanding the emotional issues of nurses by their leaders more practically in the field. Moreover, resonant leaders have a key role to buffer these negative effects between escalated emotional exhaustion and job satisfaction among nurses. While, providing more flexibility, motivation, and sharing ownership of the work between resonant leader and employees stands out as an effectively efficient solution for HR managers and policymakers. Where positive resonating moderating effect of resonant leadership with emotional intelligence suggest saving millions of dollars and a million lives of patient, particularly in developing countries like Pakistan.

Therefore, programs arranged by management to enhance resonant leaders' skills and improve employee interaction with leaders would be tremendously resourceful in cultures such as Pakistan.

Theoretically, all three theories in social science (JDR, COR, AET) found in-line with literature and findings of this study have theoretically expanded in the field of resonant leadership as moderating variable to help develop a civil working environment and helping to address the job satisfaction issue among nurses in Pakistan. These results imply that even though incivility induce risk of job dissatisfaction boosted by emotional exhaustion among healthcare employees. Where resonant leadership attracts more research influx as moderator by buffering effect on interactional, job and negative events related negativities on job satisfaction.

10. CONCLUSIONS

This study emphasizes the buffering role played by the resonant leaders in exhaustive working conditions which is chronic in social interaction jobs, specifically in healthcare sector. Uncivil behavioral conduct must also be focused by scholars as it burns the emotions and nurtures never ending spiral of negative events that engulfs the whole organization. This study provides empirical evidence to support the argument that resonant leadership style can play positive role between the emotional exhaustion and job satisfaction among nurses. Moreover, limited resources, lack of government interest, unethical behavioral conduct, discourteous interaction experienced by nurses devastates their emotions. This emotionally exhaustive workplace tarnishes job satisfaction among nurses, where emotional intelligent skills of resonant leaders are practical and appreciable. Likewise, the authors believe that hospital management would arrange workshops to nurture resonant leadership style in nurses' supervisors to help overcome satisfaction concern among nurses regarding their job. This study is among a few initial studies that expand the literature on resonant leadership regarding reducing the indirect effect of workplace incivility on job satisfaction in an emotionally exhaustive environment of developing country like Pakistan. Interestingly,

this study confirms the buffering effect of resonant leadership style that would prove a milestone for a longer sustainable quality and satisfying healthcare services by satisfied nurses.

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