

**Moderating effect of family supportive supervisor behavior's (FSSB)
in relationship between workplace aggression and employee wellbeing**

Thesis Submitted for the Award of the Degree of

DOCTOR OF PHILOSOPHY

In

Psychology

By

Arjun Singh Baloria

Registration Number: 41800676

Supervised By

Dr. Manish Kumar Verma (23960)

Dept of Psychology (HoD, Professor)

Lovely Professional University,

Phagwara, Punjab



Transforming Education Transforming India

LOVELY PROFESSIONAL UNIVERSITY, PUNJAB

2023

DECLARATION

I hereby declare that the thesis entitled “**Moderating effect of family supportive supervisor behavior’s (FSSB) in relationship between workplace aggression and employee well-being**” has been prepared and submitted by me under the guidance of **Dr Manish Kumar Verma**, Professor, Department of Psychology, Lovely Professional University, Phagwara, Punjab as per the requirement for the award of the degree of Doctor of Philosophy (Ph.D.) in Psychology is entirely my original work and ideas and references are duly acknowledged. It does not contain any work that has been submitted for the award of any other degree or diploma of any other university/institution.



Arjun Singh Balaria

Regd No: 41800676

Department of Psychology,

Lovely Professional University.

Phagwara, Punjab (India)

Date: 5 June 2023

CERTIFICATE

This is to certify that **Mr. Arjun Singh Baloria** has completed his Doctor of Philosophy (Ph.D.) in Psychology thesis entitled “**Moderating effect of family supportive supervisor behavior’s (FSSB) in relationship between workplace aggression and employee well-being**”. This is a bonafide work carried out by him under my supervision and guidance. To the best of my knowledge, the present work is the result of his original investigation and study. No part of the thesis has ever been submitted to any other University or institute for the award of any degree or diploma.

A handwritten signature in black ink, appearing to read 'Dr. Manish Kumar Verma', with a long horizontal stroke extending to the right.

Dr. Manish Kumar Verma (23960)
Dept of Psychology (HoD, Professor)
Lovely Professional University,
Phagwara, Punjab

ABSTRACT

Purpose: The present study determines the moderating effect of family-supportive supervisor behaviors in the relationship between work workplace aggression and employee well-being, especially when employees perceive their supervisors to be supportive of their family-related demands. Supervisors who recognize and accommodate their workers' family-related obligations and requirements exhibit family supportive supervisor behaviors. Flexible work arrangements, emotional support, awareness of family duties, and creating a good work-life balance are examples of these behaviors. When employees perceive their managers to be exhibiting these supporting behaviors, it might function as a buffer against the detrimental impact of workplace aggressiveness on their well-being.

Methodology: A cross-sectional research design was employed to determine the moderating effect of family supportive supervisor behavior's in the relationship between workplace aggression and employee well-being. Variables of the study were defined after going thorough literature review. Workplace aggression was assessed from the point of view of co-workers' psychological aggression and aggression from the patients' side. Employee well-being was determined by taking onevariable as general health and work engagement a facet from the work point of view. All the variables are studied separately to get a more in-depth idea of interactions. General line nurses working in various private hospitals in Jammu, Jalandhar, and Chandigarh tri city area served as participants in the current study. A total of 400 private hospital nurses participated in the current study. Purposive sampling was used to extract the data from a given population. This data was analyzed with the help of SPSS22, to obtain descriptive statistics to define population characteristics. Pearson correlation was used to determine the relationship between the study variables and moderation analysis was done by employing a linear regression technique.

Findings: Family supportive supervisor behavior's (Family supportive supervisor behavior's) are having a significant positive correlation with work engagement. On the other hand, Family supportive supervisor behavior's (Family supportive supervisor behavior's) have a significant negative correlation with general health, which signifies that the family supportive supervisor behavior's (Family supportive supervisor behavior's) are positively related to general health, and the positive correlation is due to the nature of the tools used for the current study. Furthermore, aggression from patients or next of kin is negatively associated with both the parameters of well-being taken into consideration for the present study. Aggression from patients or next of kin has a significant negative correlation with work engagement and a significant positive correlation with general health. Results also demonstrated a significantly negative correlation between Co-worker psychological aggression and work engagement. Results also demonstrated a significantly positive correlation between Co-worker psychological aggressions and general health. Furthermore, results reveal a moderating effect of Family supportive supervisor behavior's (FSSB) in the relationship between aggression from patients or next of kin and general health. Results also demonstrated a moderating effect of Family supportive supervisor behaviors in the relationship between aggression from patients or next of kin and work engagement.

Implications: The results of the current study apart from adding new horizons to the research in the healthcare system can also provide hospitals with insight into increasing employee productivity and enhancing the effectiveness of patient care. Hospitals should prioritize providing a supportive work environment in which managers understand and accommodate workers' family-related requirements. Implementing flexible work arrangements, offering emotional support, and fostering work-life balance are all examples of how this might be done. Hospitals can decrease the detrimental impact of workplace hostility on employee well-being by doing so. Training programmes should be put in place to provide supervisors with the skills they need to be helpful leaders. In addition, hospitals should think about creating Employee Assistance Programmes (EAPs) and other well-being programmes to give resources and assistance to employees who are subjected to

workplace hostility. Hospitals can build a healthier and more resilient workforce by prioritizing employee well-being, resulting in better patient care results and increased staff satisfaction and retention.

ACKNOWLEDGEMENTS

First, my sincere thanks and gratitude to the two living legends of my life --
-- ***My Parents*** and ***Guruji***.

I would also like to extend my gratitude to my family and friends for supporting me throughout my journey. My wife **Ratika Baloria**, who was there with me at every step, **Neena** my sister for believing in me, and my children **Angad** and **Siya** for much-needed motivation.

Words would be inadequate to express my deep sense of gratitude, indebtedness, and thankfulness to my supervisor, ***Prof. Dr Manish Kumar Verma***, Head of the Department of Psychology, LPU University (Punjab), for his invaluable guidance during my journey through this PhD study.

I would like to express my deepest gratitude to **Dr. Zahoor, Dr. Jahangeer, Dr. Amin, Dr. Sandeep, and Prof. Joginder** for motivating me since starting of this research study and extending their treasured support which really influenced the design of my research study.

This endeavor would not have been possible without my dear friends **Mandy, Pawan, Kuldeep, and Vikram**. A special thanks to **Tania, Meghana, and Madhurya** for their unwavering support.

I would also like to thank all my faculty members at the Department of Psychology (LPU), who extended their unconditional support whenever I approached them during this study.

I am especially grateful to all the participants of the study and everyone who helped me during my research.

Date: 5-6- 2023

Arjun Singh Baloria

TABLES OF CONTENTS

Declaration

Certificate

Abstract

Acknowledgment

Table of Contents

List of Tables

List of Figures

List of Appendices

Chapter 1. INTRODUCTION	18
1. Overview	18-19
1.1. Family supportive supervisory behavior's (FSSB).	19-21
1.1.1. Emotional Support.	21
1.1.2. Instrumental Support	22
1.1.3. Role modelling behaviors:	22
1.1.4. Creative Work Family Management.	22
1.2. Family supportive supervisory behavior's (FSSB) have consequences.	22
1.3. Factors influencing the effectiveness of family supportive supervisory behaviors.	23-25
1.4. Well-being.	26
1.4.1. Psychological well-being.	27
1.4.2. Self-acceptance.	27
1.4.3. Personal Growth.	28
1.4.4. Purpose in life.	29
1.4.5. Positive relation.	29

1.4.6. Environmental mastery.	30
1.4.7. Autonomy.	31
1.5. Psychological Distress.	31
1.5.1. Consequences of psychological distress.	32
1.6. Employee Well-being.	33
1.7. Positive aspects of employee health.	34-35
1.8. Strategies to improve employee health and wellness.	36
1.8.1. Promoting appropriate balance.	36
1.8.2. Providing options for growth.	36
1.8.3. Encouraging healthy environment at workplace.	36
1.8.4. Health and wellness program should be encouraged on organisations.	37
1.8.5. Recognition and feedback.	37
1.9. Consequences of psychological well-being at work.	38
1.9.1. Employee commitment.	38
1.9.2. Turnover intention.	38
1.9.3. Absenteeism.	38

1.10. Work engagement.	39-40
1.10.1. Antecedents of work engagement.	41
1.10.1.1. Job resources.	41
1.10.1.2. Personal resources.	41
1.10.2. Measurement.	42
1.10.3. Relationship with performance.	42-43
1.10.4. Downside.	43
1.10.5. Models of Work Engagement.	43
1.10.5.1. The JD-R Model.	43
1.10.5.2. The Delloite Model.	44
1.10.5.3. Gallup Model.	44-45
1.10.5.4. The Hewitt Model.	45-46
1.10.5.5. The Zinger Model.	46-47
1.11. Workplace Aggression	47-48
1.12. Physical Aggression	49-50
1.13. Psychological Aggression	50-51
1.14. Antecedent of Workplace Aggression	51-52
1.15 Consequences of Workplace Aggression	52

1.16 Workplace Aggression in Indian Context	52-53
1.17 The Healthcare System in Indian	53-54
Chapter 2: REVIEW OF LITERATURE	55
2.2 Overview	57
2.3 Literature Review	57-80
Chapter 3: METHODOLOGY	81
3.1 Overview	82
3.2 Objectives	82-83
3.3 Hypotheses	83-84
3.4 Research Design	85
3.5 Operational Definitions	86
3.5.1 Family Supportive Supervisor Behavior's	86-87
3.5.2 Work engagement	87-88
3.5.3 Workplace Aggression	88-89
3.6 Employee well-being	89-90
3.8 Statistical Analysis	92
3.9. Participants.	92-93
3.10. Inclusion Criteria.	93
3.11. Exclusion Criteria.	93
3.12 Tools.	93

3.12.1. Negative Act Questionnaire NAQ-R.	93-94
3.12.2 Family Supportive Supervisor Behaviour's Questionnaire.	94
3.12.3 Aggression from patients or next of kin tool.	94
3.12.4 General Health Questionnaire.	94-95
3.12.5. Utrecht Work Engagement scale UWES-9:	95
Chapter 4. RESULTS AND DISCUSSION	96-126
Chapter 5. SUMMARY, CONCLUSION, RECOMMENDATIONS,	127
5.1. Summary, Conclusion	127-132
5.2. Recommendations	132-134
5.3. Suggestions	134-136
5.4. Limitations	137-138
REFERENCES	139-165

LIST OF TABLES

Table No.	Title of Table	Page No.
Table 4.1	Demographic Profile	97
Table 4.2	Descriptive Statistics	98
Table 4.3	Correlations for Study Variables	99
Table 4.4	Moderation of family supportive supervisor behaviors between co-worker psychological aggression and general health.	105
Table 4.6	Moderation of family supportive supervisor behaviors between aggression from patients or next of the kin and general health	108
Table 4.8	Moderation of family supportive supervisor behaviors between co-worker psychological aggression and work engagement	111
Table 4.10	Moderation of family supportive supervisor behaviors between physical aggression from patients or next of the kin and work Engagement	115

LIST OF FIGURES

Figure No.	Title of Figure	Page No.
Figure 2.1	Flow chart for designing a literature review	56
Figure 2.7	Bibliometric analysis chart showing the research gap with respect to the relationship between family supportive supervisor behaviors and job outcomes and cited in this study.	77
Figure 2.8	Bibliometric analysis chart between the authors who are working on relationship between family supportive supervisor behaviors and job outcomes and cited in this study	78
Figure 3.5	Flow chart of variables	91
Figure 4.5	Mod-graph with Moderating Effect of Family Supportive Supervisor Behavior's between co-worker psychological aggression and General Health	107
Figure 4.7	Mod-graph with Moderating Effect of Family Supportive Supervisor Behavior's between Physical Aggression from patients or next of kin and General Health	110
Figure 4.9	Mod-graph with Moderating Effect of Family Supportive Supervisor Behavior's between co-worker psychological aggression and Work Engagement.	113
Figure 4.11	Mod-graph with Moderating Effect of Family Supportive Supervisor Behavior's between co-worker psychological aggression and Work Engagement.	116

LIST OF APPENDICES

Appendix	Description	Page No.
A	Demographic Information	167
B	Informed Consent from Participants	NA
C	Permission Letter	NA

Chapter 1

INTRODUCTION

“Moderating effect of family supportive supervisor behavior’s (FSSB) in relationship between workplace aggression and employee well-being”

Chapter 1

Introduction

1. Overview

In the last one decade, the structure and operations of the organisations have changed at a very rapid rate. As the world is more like a global village, influence of the world markets and new technology are influencing Indian organisation too. The health care system has evolved to a great extent worldwide in last two decades. The healthcare system in India is complicated and diverse, with both public and private service providers coexisting. The government administers the public healthcare system, which serves the vast majority of the people. The private healthcare system is mainly unregulated, and it serves a smaller, but rising, segment of the population. Nurses are the most important aspect of the health care facilities. As caregivers nurses in the workplace settings have to deal with a lot of strains that actually is affecting the overall well-being of nurses and at the same time is influencing the quality-of-care patients are getting. Low pay, job insecurity, long working hours, unsafe working conditions and workplace aggressions from patients and co-workers as well are some of the most prevalent strains. Nurses are one of the most vulnerable working populations to encounter workplaceaggression. Aggression is something that comes as part and parcel of nursing job; aggression is something that is inevitable in nursing domains. Although affirmative policy makers and hospitals are working on the policies to curb this menace every now and then, but still there are lots and lots of job resources that can be utilized in a better way to reduce the negative effects of workplace aggressions. This research

is an attempt to investigate one of such job resource "family supportive supervisory behavior's" (FSSB). Relevance of social support as coping strategy to deal various stressors is well established empirical fact. Therefore, based on job demand-job resource model authors of the present study carried out this research to determine the moderating role of "family supportive supervisory behaviors" (FSSB) in the relationship between workplace aggression and nurses' well-being.

1.1 "Family supportive supervisory behavior's" (FSSB):

Supervisors who exhibit family-friendly behaviors play a vital role in encouraging employees to maintain a healthy work-life balance. Greenhaus and Beutell (1985) were of the opinion that an individual's capacity of managing work and family life effectively is called as work-life balance. Establishing a work-family balance is essential because it can reduce tension, increase job satisfaction, and increase company loyalty. Higgins et al. (1992) "family supportive supervisory behavior's" (FSSB) are those that managers exhibit towards their subordinates in order to help them reconcile their professional and personal lives. This type of behavior includes accommodating employees' schedule requests, instituting generous leave policies, and demonstrating compassion and understanding for employees' home responsibilities (Kossek & Ozeki, 1998). Supervisors who are supportive of their employee's personal affairs are associated with positive outcomes for both employees and businesses. Research indicates that companies that help their employees achieve a healthy work-life balance have happier, more loyal employees (Allen et al., 2000). For this reason, it is crucial for businesses to cultivate a culture that encourages and rewards supervisory practices that are accommodating of employee's home needs. Organisations that invest in the pleasure and health of their employees see a positive return on investment in the form of increased output and greater employee loyalty. Higgins et al. (1992) defines family supportive supervisor behaviors as a set of specific actions supervisors take to assist their employees with family responsibilities and

requirements while maintaining high standards of job performance. Flexible work arrangements can be managed by adjusting the working time or location as required (Kossek & Ozeki, 1998). This may involve allowing employees to take some much-needed time to look into the family obligations or participate in family-related activities, by allowing them to use medical leave to care for family, or by allowing them to attend their children's school events (Hammer et al., 2011). Supervisors can demonstrate empathy, understanding, and interest in the personal affairs of their employees by providing emotional support. This may involve listening to employees' concerns, demonstrating an understanding of their home responsibilities, and providing emotional support during times of tension. The behavior of supervisors is exemplary of how to reconcile work and family life. This can be accomplished by executives utilizing flexible work schedules, taking time off for family responsibilities, and demonstrating that they value their employee's family responsibilities (Hammer et al., 2011). Thomas and Ganster (1995) were supposed to be one of the first authors to carry out a thorough study on family supportive behaviors in an organisation. However the concept has gained much-needed popularity in the past decade. Hammer et al. (2009) defined "family supportive supervisory behaviors" (FSSB) as the behavior's shown by supervisors that are family supportive and consist of actions taken by the supervisors to restructure the working hours or make them more flexible so that the effectiveness of the employee can be enhanced on both the fronts. Although "family supportive supervisory behaviors" (FSSB) sounds more likely to be a concept that is mostly influenced by the family, recent developments have clarified that the concept is one of the non-work domains (Crain & Stevens, 2018). "Family supportive supervisory behaviors" (FSSB) when a supervisor is perceived as a support system specifically the social support in a given organisation and is an aspect of organisational support too (Yragui et al., 2017). Family supportive supervisors are the ones who are aware of the workers need to sort balance between the personal or family life and work life (Thomas & Ganster, 1995). As a result, the "family supportive supervisory behaviors" (FSSB) is capable of functioning as a link between the organisation and the worker. Over the past 30 to

40 years, there has been a significant shift in the responsibilities that employees and their families play, and there has also been a shift in the way that work, and home life are related to one another. The growing percentage of families that are supported by dual incomes, the rising number of workers who have multiple responsibilities for their families, the increase in the number of single parents who are working and the increased gender integration into organisations are all indicators of these changes (Hammer et al., 2009). There are occasions when the hours someone spends at workplace is greater than the hours that person spends with their family. As a result, there is always the possibility that an employee's treatment at work will follow them to the social contexts in which they interact (Conrad, 1988). "Family supportive supervisory behaviors" (FSSB) has evolved as a valuable resource to assist the well-being and growth of the employee. This is accomplished by minimizing the impact of any potential stress that may have been triggered because of an imbalance in personal and work life. "Family supportive supervisory behaviors" (FSSB) have proven their effectiveness in delimiting the work-family conflict, which ultimately leads to an increase in employee and organisation wellness. Supervisor support of employee's family demands are more effective in predicting work-family outcomes than the generalized support, thus supporting the linkage between the two and also identifying "family supportive supervisory behaviors" (FSSB) unique contribution to the workplace (Hammer et al., 2009). The "family supportive supervisory behaviors" (FSSB) framework can be conceptualized using these four dimensions.

1.1.1. Emotional support:

This is based on the perception of an employee, where the employee feels comfortable while communicating with the supervisor. The employee perceives that his or her feelings are being taken care of and that proper care has been provided to him. Emotional supervisory behavior's that are supportive include talking to the employee and being aware of the employee's non-work commitments and personal needs.

1.1.2. Instrumental support:

Instrumental supervisors' support is more of a reactive type, as the supervisor here responds to the day-today non-work commitments of the employees in, for example, rescheduling working hours or maintaining a flexible work routine, etc.

1.1.3. Role modeling behaviors:

This is based on the social learning theory (Bandura, 1977). The theory states that humans learn by observing the behaviors of others rather than through direct experience. Individual employees observe their supervisors and, through role modelling, learn to integrate workplace and family behaviors that will help them achieve desirable work life- personal life outcomes.

1.1.4. Creative work-family management:

This is a more proactive approach in which the supervisor initiates a restructuring of working hours or location based on the specific employee's request in order to get the most out of that employee both on and off the job. Unlike the instrumental approach, this approach is more strategic and innovative, and it necessitates proactive action.

1.2 "Family supportive supervisory behaviors" (FSSB) have consequences.

"Family supportive supervisory behaviors" (FSSB) can boost employee's creativity by motivating them and providing resources that aid in creativity; additionally, supportive supervision provides employees with a work participation opportunity that can stimulate employees' creative thinking (Zhou et al., 2022). "Family supportive supervisory behaviors" (FSSB) are also linked to enhanced job engagement and job satisfaction (Rofcanin et al., 2017).

1.3 Factors influencing the effectiveness of "family supportive supervisory behaviors."

There are many factors that have some influence on the effectiveness of Supervisor support (Ferguson et al., 2012), culture of both family and work organisation (Eisenberger et al., 2021), and gender of the worker (Jiang et al., 2020) all influence the efficacy of "family supportive supervisory behaviors" (FSSB). Support from supervisors is an essential component influencing the efficacy of "family supportive supervisory behaviors" (FSSB). Ferguson et al., (2012) discovered that supervisor support strengthens the positive impact of "family supportive supervisory behaviors" (FSSB) on staff overall well-being and job satisfaction. There is a correlation between supervisor support and "family supportive supervisory behaviors" (FSSB) and improved work-family balance and work outcomes for employees. Work-family culture is an additional crucial factor influencing the efficacy of "family supportive supervisory behavior's" (FSSB). Eisenberger et al. (2021) discovered that FSSB is more effective in organisations with a family friendly work culture. Supervisors whose work exhibit "family supportive supervisory behaviors" (FSSB) are more likely to work for organisations that value balance between work and family life and implement policies to support it. The gender of employees is also a crucial factor influencing "family supportive supervisory behaviors" (FSSB) efficacy. Jiang et al. (2020) discovered that "family supportive supervisory behaviors" (FSSB) benefits female employee's more than male employees. "Family supportive supervisory behavior's" (FSSB) are associated with improved work-family balance, employment satisfaction, and organisational commitment among female employees. Female workers have grown into a vital component of the global labor force (Hackett & Betz, 1981) since they often demonstrate more concern, compassion, and circumspection on the job than male employees. Nonetheless, as a result of the reasons that follow, female employees face significantly more challenges than male employees. The initial reason is a professional disruption caused by physiological factors. Pre-natal, natal, post-natal, and menopausal changes, as well as menstruation, continuously interfere with women's career psychology and work schedule. Pregnancy, nursing, and parenthood are

inescapable natural tendencies that have a deleterious impact on the options available to women, especially in terms of professional viability (Grunert & Bodner, 2011). It must be noted that family supportive leadership influences the way in which employees cultivate their sense of self-efficacy in a positive manner (Mills et al., 2014). A family supportive leader assists female employees in juggling work and family responsibilities via innovative management techniques such as flexible working hours, an evolving workplace, and an adaptive working approach (Alias et al., 2020). Consequently, female employees may experience success, and their self-efficacy will increase. Observing how a family-friendly manager handles workplace challenges may also boost the self-confidence of female employees. As a result of the supervisor's influence and communication, female employees feel more confident in their ability to manage workplace problems. Employees are continually confronted with a multitude of post pandemic-related challenges. Several employees work from home, with their families frequently accompanying them. It is now more important than ever before to have leaders who support family and personal lives. Therefore, the concept of "family supportive supervisory behaviors" (FSSB) and how it may benefit employees is prevalent. "Family supportive supervisory behaviors" (FSSB) are supervisor acts that acknowledge employees' struggle to reconcile work and family responsibilities (Crain & Stevens, 2018). Through their research and writings, Don Drennon-Gala and Francis Cullen, who aimed to link juvenile criminal behavior with negative relationships with peers, inspired the birth of the social support theory (Butler & Habecker, 2018). Micro and macro illustrations were used to illustrate how the theory pertains to social interactions between individuals. Once adolescent offenders were connected with individuals who actively boosted their self-esteem and confidence, it appeared that their outlook on reintegration towards society improved. Consideration was also given to larger groups with existing social networks. In neighbourhoods with greater resources, neither aggression nor involvement with the juvenile courts was as prevalent. According to the coping and stress theory, the concept of social support is founded on the notion that humans have an innate tendency to first determine whether a stranger is trying to harm them or aid them "the warmth dimension" and then decide whether or not they can

actually carry out this perception of a purpose "the competence dimension". People or groups who are perceived as rivals to an in-group or to one's self over resources (such as employment, housing, or water) are typically viewed negatively. While privileged social groups and individuals (those with more money or education, for instance) occupy the highest level on the competence scale, they are also at the cold end of the warmth continuum. In turn, ratings of warmth are anticipated by a sense of security, while ratings of competence will be determined by conspicuous status indicators. Competitors who are perceived as frigid and allies who are perceived as warm are the structural causes of perceptions of competence and warmth; high standing exerts competence and low social status exerts incompetence. The organisation of affective, cognitive, and behavioral responses, such as ambivalent prejudices, is supported by perceptions of warmth and competence (Cuddy et al., 2008). Mills et al., (2014) suggested that "family supportive supervisory behaviors" (FSSB) could result in positive health outcomes, such as an increase in subordinates' subjective well-being and confidence and a reduction in fatigue, depression, and stress (Koch & Binnewies, 2015; Yragui et al., 2016). Recent studies have examined strategies for reducing role conflict-related tension and strain in the food service, health care and hospitality industry workforce. The findings indicate that "family supportive supervisory behaviors" (FSSB) decreased workers emotional exhaustion (EE) and associated intentions to resign. In addition, it was also found that this association was more significant for female workers, shedding light on the potential role that worker gender may play in how "Family supportive supervisory behavior's" (FSSB) is perceived and how employees react to it. Since women keep up with the majority of domestic and non-work caring responsibilities, supervisory actions that encourage a balance between work and non-work demands may have a more positive effect on them (Jolly et al., 2021).

1.4. Well-being

Well-being includes the physical, emotional, social, and spiritual dimensions of health. To achieve comprehensive well-being, one must pay attention to all of these dimensions and make deliberate efforts to maintain life balance. Physical health is a vital aspect of well-being. It refers to the condition of being physically strong and disease-free. Physical health requires regular exercise, a nutritious diet, and sufficient rest (Harvard Health Publishing, 2021). Emotional health is also a crucial component of overall well-being. It is the capacity to control one's emotions and deal with distress. Mindfulness and meditation are practices that can enhance emotional health (Mayo Clinic, 2021). Social health is an important aspect of comprehensive well-being. It is the capacity to establish and preserve and maintain positive relationships with others. (Cohen & Wills, 1985) found that social support has a positive effect on well-being, including reducing stress and enhancing mental health. Beyond material objects, spiritual health refers to a sense of purpose and meaning in life. It incorporates meditation, prayer, and meaningful activity (Fitchett & Canada, 2020). Several positive outcomes, including enhanced physical health, decreased stress, and greater life satisfaction, have been linked to well-being (Ryff, 2014). Keyes et al. (2014) discovered that individuals with higher levels of well-being seemed more unlikely to suffer from depression and anxiety and had improved physical health. Well-being also comprises the presence of pleasant feelings and moods (for example, contentment, happy), the absence of negative emotions (for example, depression, anxiety), and life satisfaction, fulfilment, and positive functioning. Employee wellness (EW) is the component of an employee's total happiness that is predominantly affected by employment (Nomaguchi et al., 2005) and may be improved by workplace interventions (Gupta et al., 2017).

1.4.1 Psychological Well-being:

Positive psychological functioning can be defined as the state in which an individual feels that he or she is functioning well in a variety of domains, including self-acceptance, environmental mastery, personal growth, and positive relationships (Ryff, 2014). Psychological well-being can be understood as the degree to which an individual is able to convince himself or herself that they are functioning well in these various domains. Psychological well-being can be summed up as a positive mental state. Feeling happy, feeling worth it, feeling satisfied, etc. is some of the important facets of being psychologically healthy. Although there are vast studies focusing on psychological well-being, its relationship with socioeconomic status is gaining traction in the research world recently. A person who is free of any illness is considered to be healthy. This formula sometimes equates to psychological well-being, as one who is free from anxiety, stress, depression, or any other psychological ailment is referred to as psychologically sound, but by going through recent trends, many researchers have pointed out that psychological well-being is the presence of positivity in an individual; positive feelings towards others and towards our own selves will determine how psychologically well we are. Carol Ryff was one of the first to create a systematic model of psychological well-being back in the 1900s. The model was so comprehensive that it is one of the most widely accepted models of psychological well-being even today. The six dimensions listed below served as the basis for the term "six factor model" of psychological well-being.

1.4.2 Self-Acceptance.

Self-acceptance is the ability of an individual to have a positive attitude and reaction to oneself regardless of the circumstances, having a positive self-image is a sign of psychological well-being. Self-acceptance is not mere an acceptance of positive side of one's personality, rather it is unconditional. Acceptance of one's weaknesses by himself/herself is also a characteristic feature of self-acceptance. Hence, we can say that self-acceptance is an ability to recognize both strengths and

weaknesses within the individual and accepting them both. This in turn can give an individual an idea of his/her abilities and limitations to act accordingly. It's also about embracing ownership of earlier mistakes and evolving from them rather than sulking in a state of self-doubt or guilt. Self-acceptance cultivates a deep sense of calmness and resilience, allowing people to face challenges in life with sincerity and confidence. Individuals who embrace what they are without self-judgment can help open the path for genuine self-love and a greater ability to connect meaningfully with others. Ultimately, self-acceptance is about embracing one's humanness in all its complexities, as well as the process of self-discovery and growth.

1.4.3. Personal growth.

If an individual is able to see growth in his or her potential and knowledge, if an individual is able to learn from experiences and use that learning effectively, this creates a sense of personal growth and in turn enhances psychological well-being. It frequently entails venturing outside of one's comfort zone, addressing obstacles, and accepting change. Individuals can improve their resilience, confidence, and empathy skills via experiences, reflection, and constant work. Finally, personal growth is about wanting to be the best version of oneself, constantly changing, and finding fulfillment in the process of self-improvement. Personal growth is a continuous process of self-discovery, acquiring knowledge, and growth that people engage in throughout the course of their lives. It entails broadening one's understanding of oneself, polishing skills and talents, and developing a stronger sense of awareness of oneself and purpose. Personal development includes psychological, cognitive, spiritual, and physical elements. Individuals who engage in personal development pursuits such as learning new skills, developing and attaining objectives, and cultivating self-awareness frequently report higher levels of life satisfaction and fulfillment. This journey of growth promotes a feeling of purpose and direction, which leads to enhanced confidence in oneself and resilience in facing all of life's obstacles. Furthermore, personal development encourages people to broaden their viewpoints, embrace

change, and adapt to new experiences, resulting in improved emotional, mental, and physical well-being. Individuals who consistently strive for personal improvement have a greater awareness of themselves and their values, promoting a more profound feeling of fulfillment and significance in their life.

1.4.4. Purpose in life.

Every individual should have some sort of life goal, which gives direction and purpose to being alive. If an individual has a goal and direction in life, that helps give meaning to life and is characteristic of a psychologically healthy person. The goal in life operates as a guiding force, giving people direction, and meaning, and an overall feeling of accomplishment. Discovering one's purpose, whether via individual passions, relationships, or societal achievements, gives one's life a profound sense of meaning. Having a defined purpose in life is strongly associated with improved well-being and psychological wellness. Those who believe they have a purpose report greater degrees of satisfaction with life, resilience in the face of adversity, and a general sense of contentment. Furthermore, a feeling of purpose can boost motivation, drive, and a positive view on life, allowing people to overcome adversity and find meaning even in adverse situations, while also contributing to the development of stronger, more resilient communities and cultures. Meaning and direction in life is more than just a high ideal; it is an essential component of human existence. It is a beacon that guides people through the intricacies of life, providing clarity in the midst of ambiguity and strength in the face of misfortune. A sense of purpose has a substantial impact on one's mental and emotional well-being, in addition to personal satisfaction. As we seek to traverse life's journey, understanding and developing our purpose may be a transforming activity, broadening what we experience and adding up to a more significant existence for ourselves and others.

1.4.5. Positive relations.

Healthy relationships with others create a sense of trust, empathy, and affection, which helps in the better understanding of human relationships and

improves mental well-being. Healthy relationships are essential for overall well-being, providing support, affection, and emotional nutrition. The quality of our relationships, whether with family, friends, love partners, or colleagues, has a significant impact on our overall psychological and emotional well-being. Good relationships have consistently been shown in research to have a good impact on well-being, including lower stress levels, improved happiness, and a greater sense of belonging and purpose. Strong and healthy relationships create a safe environment for self-expression, susceptibility, and personal development, generating feelings of validation and acceptance. Furthermore, meaningful relationships with others boost resilience, allowing people to face life's problems with greater comfort and optimism. Cultivating and cultivating strong relationships becomes critical not only for individual pleasure, but also for developing a supportive network of acquaintances that contributes to society's overall well-being.

1.4.6. *Environmental mastery.*

Positive environmental interactions foster a sense of control over external activities such as creating opportunities to meet personal needs. Environmental mastery can be characterized as a person's capacity to effectively handle and adapting to their physical environment, having an influence over their surroundings rather than just passively influenced by it. This includes the ability to identify and pursue goals, solve issues, and make informed judgments in one's environment. There is an important association between environmental mastery and well-being, with people who have more environmental mastery reporting higher life satisfaction, fewer stress, and better overall mental health. Individuals who adapt effectively to their surroundings can develop a sense of stability, autonomy, and competence, all of which are necessary components of well-being. Furthermore, actively engaging with and molding one's environment can build a feeling of purpose and meaning in life, hence increasing psychological resilience and leading to a more fulfilling life. Thus, gaining environmental mastery skills not only benefits personal well-being but also enables individuals to positively

impact the world around them, resulting in a more resilient and harmonious connection with their surroundings. Individuals who cultivate the ability to shape and adapt to their environment can develop a sense of autonomy, and fulfillment. As we work to improve personal and community well-being, developing environmental mastery skills becomes increasingly important. Through proactive interaction with our environment, we not only improve our own quality of life, but also help to create healthier, more sustainable communities and a more peaceful planet for future generations.

1.4.7. Autonomy.

A sense of being independent is directly proportional to psychological well-being. Low autonomy can create a vacuum where social pressures can hamper the decision-making ability of an individual. Autonomy, the ability to manage or govern oneself and make independent decisions, is critical to promoting one's own well-being. When people have the flexibility to make decisions based on their beliefs, convictions, preferences, and intrinsic motives, they feel a strong sense of independence and fulfillment. Research repeatedly shows a strong positive relationship between autonomy and well-being, with those who consider themselves to have greater freedom reporting greater degrees of life happiness, self-esteem, and overall mental health. Autonomy allows people to pursue goals that are important to them, which fosters a sense of meaning to them and motivate them to overcome life challenges. Furthermore, autonomy is deeply related to psychological resilience, as people who feel in charge of their lives are better able to handle adversity and deal with pressures successfully. Fostering autonomy not only improves individual well-being, but also fosters a more equal and just society in which people are empowered to live real and satisfying lives. Thus, acknowledging and encouraging autonomy is critical for promoting overall well-being at both the individual and society levels. Autonomy is an essential component of well-being, allowing people to live real and fulfilled lives. By respecting people's right to self-determination, society can create circumstances

conducive to growth. Embracing autonomy not only increases individual satisfaction and resilience, but it also fosters a more egalitarian and prosperous future for everyone. Nurturing autonomy unlocks the possibility for a really successful life.

1.5. Psychological Distress:

Psychological distress is a psychological state in which a person exhibits symptoms like anxiety, stress, depression, and emotional breakdown. In other words, psychological distress is a state in which a person feels sick without being sick in a medical sense. Psychological distress is more often defined in the context of strain, stress, and distress than as a distinct concept (Ridner, 2004). In a given organisation, role conflict, threats, and violence can give rise to psychological distress, especially in nurses (Eriksen et al., 2006). Nursing is a profession that demands physical as well as emotional hardship and sometimes leads to increased levels of stress due to the high patient count and inability to cope with home and work. These increased levels of stress can have a negative effect on the overall well-being of nurses and, over time, can lead to emotional exhaustion (Huynh et al., 2008). When an individual is unable to cope effectively with the stressor, a situation that arises due to this inability to cope is called psychological distress, and this can give rise to a range of psychological problems like anxiety, stress, and burnout.

1.5.1. Consequences of psychological distress:

Arvidsdotter et al., (2016) to get an in-depth insight into the consequences of psychological distress, interviewed several individuals who were diagnosed with psychological stress and found that psychological distress can lead to several negative emotions like anxiety, worry, and physical exhaustion. On the emotional front, these individuals express their inability to cope with the expectations of others. Individuals experiencing psychological distress also revealed that their inability to meet their daily work requirements had a negative impact on their self-image and forced them to isolate themselves from others as a coping mechanism, leading to

feelings of loneliness. Apart from social isolation, other negative impacts that were elucidated within the context of the above study were disorientation, self-depreciation, disturbed emotional life, inferiority complex, and losing zest for life.

Normal healthcare workers are subjected to a variety of occupational and personal stressors that can impair their performance. Psychological distress in health care workers, in particular, can have short-term or long-term adverse effects, including decreased patient care, increased conflicts among colleagues, cognitive impairment, and a high intention to leave the organisation (Sirois & Owens, 2021). Recent research has also shown that the well-being of an employee at the higher end is also related to decreased absenteeism and higher chances of promotion (Achor, 2012). Employee well-being is beneficial to the employee as well as to the employer. This is why many organisations readily invest in their employees' well-being. According to a leading trade association in India adopting a corporate wellness program can reduce absenteeism by 1%, help prevent employees from developing chronic and lifestyle diseases, and save up to 140 rupees per employee by spending only 1 rupee per employee.

1.6 Employee well-being:

Employee well-being is how an employee perceives himself in the organisation in which he is working. The effectiveness of the organisation is sometimes based on employee well-being. Organisations around the world are striving to ensure employee well-being to enhance organisational well-being. Intensive research in the area of employee well-being dates back to the late 19th century. This was the time when researchers realized that workers spend most of their time at work, and the treatment they receive there may have accompanied them to their other social settings (Conrad, 1988) thus making workplace well-being an important issue to be looked at by mainstream organisational researchers (Danna & Griffin, 1999). Every individual wants to have a work environment in which one can excel professionally (Renee, 2008). Workers with less well-being are more likely to become less effective at work and get less indulged in

organisational goals; they no longer remain good at decision-making and are constantly absent from work (Price & Hooijberg, 1992). Thus, it is pretty evident that employee well-being is beneficial to the individual employee and at the same time is a predictor of healthy organisational well-being (Page & Vella- Brodrick, 2009). The word "strain" is also sometimes used as a synonym for "employee well-being." A strain is a reaction to different stressors that are present in an organisation (Le Fevre et al., 2003). The reaction can be physical, psychological, and behavioral. These stressors have a tendency to influence the well-being of an employee to a great extent. Stressors are the conditions and various challenges that are present in an organisation and have to be tackled with adaptive responses (Jex, 1998). If the employee reacts to these stressors positively or even shows a neutral reaction to them, then there is no strain (Cooper et al., 1999), but a negative response to the stressors has serious impacts on the well-being of an employee. Researchers have recently shown a keen interest in the field of employee well-being, evolving the concept of well-being at work as a more multidimensional concept. The notion of well-being seen in an organisational context has changed altogether, enhancing the focus of researchers in the field of positive psychology, particularly on the said concept. Due to the increasing and emerging research into the well-being of an employee in an organisational setting, it was found that employees showing traits of being in a state of good overall well-being are more supposed to be engaged fully at work and also more creative in their approach (Jaiswal & Arun, 2020).

1.7 Positive aspects of employee health

There are numerous advantages to promoting employee wellness at work. For example, personnel with an elevated sense of wellness are far more likely to be productive, engaged, and happy at work (Siddiqui & Islam, 2019). Employees with high levels of well-being are more engaged and productive at work (Siddiqui & Islam, 2019). According to a study conducted by (Halbesleben & Buckley, 2004), job satisfaction, a crucial aspect of employee well-being, is positively correlated with job performance. When workers are content with their employment, they tend

to be driven, dedicated, and willing to exert extra effort, resulting in higher levels of productivity. Absenteeism and presenteeism, a situation in which employees come to work but are not entirely productive because of physical or mental health issues, are significant concerns for employers. The promotion of employee wellness has been shown to decrease absenteeism along with increased presenteeism (Furlan et al., 2018). Brennan et al., (2019) discovered, for instance, that workplace social support and mentoring programs were positively associated with employee well-being and job satisfaction, leading to decreased absenteeism. Both mental and physical outcomes for employees can be enhanced by promoting employee wellness. Brenner et al., (2019) discovered that job-related social assistance and mentoring programs were associated with enhanced mental health outcomes, such as decreased depression and anxiety signs. In addition, workplace health and wellness programs that promote physical activity and healthy eating can enhance physical health outcomes, such as lowering the risk of chronic diseases (Furlan et al., 2018). Engagement and retention of staff members can be enhanced through the promotion of employee wellness. Siddiqui & Islam, (2019) found that workers who feel appreciated and encouraged have a greater likelihood to be engaged with their job and dedicated to their organisation. This can result in higher staff retention rates and decreased turnover-related expenses for the organisation. Improved organisational reputation Promoting employee well-being can enhance a company's image as a socially responsible workplace. This can improve the company's capability to recruit and keep top talent, as well as increase consumer loyalty (CIPD, 2021).

1.8. Strategies to improve employee health and wellness.

Enhancing the well-being of workers is a crucial component of any organisation. Promoting employee well-being has been associated with increased productivity, decreased absenteeism, improved physical and mental health outcomes, enhanced retention and engagement of staff, and an improved organisational reputation (Brennan et al., 2019; Furlan et al., 2018; Halbesleben & Buckley, 2004; Siddiqui & Islam, 2019).

1.8.1 Promoting appropriate balance:

Advising workers to keep an appropriate balance between workplace and family life is crucial for enhancing their health. For instance, businesses may offer working from home, time flexibility, and shared jobs (CIPD, 2021). These arrangements can assist employees in balancing workplace and family obligations, reducing work-related tension, and enhancing job satisfaction.

1.8.2 Providing options for growth:

Employees who perceive that their organisation is giving them the opportunity to grow and excel professionally are more engaged and satisfied with their jobs. Organisations can provide opportunities for professional development, such as training and development programs, mentoring, and coaching (Brennan et al., 2019). These opportunities can help employees develop new skills, increase their job satisfaction, and improve their overall well-being.

1.8.3 Encouraging healthy environment at workplace:

The physical and social environment of the workplace can influence well-being of employees up to a great extent. By providing natural light, comfortable workstations, and ergonomic furniture, organisations can foster a healthy work environment (CIPD, 2021). In addition, organisations can foster a positive work environment by promoting social support and team-building activities (Brennan et al., 2019).

1.8.4 Health and wellness programs should be encouraged in organisation:

Organisations can offer health and wellness programs to assist employees in maintaining their physical and mental well-being. Furlan et al. (2018) these programs may include fitness programs, mental health support, as well as access to nutritious food options. Such programs can aid in lowering the risk of chronic illnesses, enhancing mental health outcomes, and decreasing absenteeism.

1.8.5 Recognition and feedbacks:

Recognizing and appreciating employees on a regular basis can help them feel valued and admired. Organisations may begin implementing performance appraisal mechanisms that provide workers with regular performance feedback along with possibilities for reward and recognition (Siddiqui & Islam, 2019). This can increase employee engagement, motivation, and job satisfaction.

1.9. Consequences of psychological well-being at work:

In today's world, the well-being of employees is an important tool to enhance the productivity of an individual employee as well as ensure organisational well-being. Mentally healthy employees are an asset to organisations and society as a whole and psychological well-being has a positive impact on the working front for both the employees and the organisations. Some of the positive effects of employee well-being are enumerated by (Hati & Pradhan, 2021)

1.9.1 Employee commitment.

Psychological well-being enhances employees who are committed towards the organisation and work and can yield better performance results. Employees with high commitment are also emotionally involved with the organisational goal, which in turn can influence turnover intentions (Jain et al., 2009).

1.9.2 Turn over intention.

Employee well-being is positively related to employee retention in the organisation deteriorated well-being can predict enhanced levels of turnover intention (Hati & Pradhan, 2021)

1.9.3 Absenteeism.

Individuals with enhanced psychological well-being are healthier, which positively affects their attendance at work. As the employee's health has an impact on work attendance, being healthy also predicts more productivity and lower health care costs for the employer and employee.

1.10 Work Engagement:

Work or job engagement is characterized as a state in which an individual demonstrates vigor, shows determination, and gets absorbed in the work one is doing, it is also characterized by a positive, pleasurable, work-related attitude (Schaufeli et al., 2002). When people feel invested in their employment, both employee and business success are enhanced. Employers and managers can improve worker satisfaction and efficiency by gaining a deeper comprehension of the factors that contribute to engagement at work. Work engagement has been associated with numerous positive outcomes, such as increased job satisfaction (Schaufeli & Bakker, 2004), enhanced performance at work (Bakker et al., 2005), and fewer absences from work (Halbesleben et al., 2004). Moreover, engagement at work has been shown to be a predictor of employee attrition and client retention (Halbesleben & Wheeler, 2008). Several factors can influence an individual's commitment to their work (Xanthopoulou et al., 2009). It is hypothesized that job requirements i.e. burden and time pressure and job resources i.e. social support, influence employee engagement at work (Bakker & Demerouti, 2007). If employees feel valued, have access to resources, and have some autonomy in their work, are more likely to be invested in their professions (Bakker & Albrecht, 2018). Therefore, an operational definition of work engagement might refer to a psychological state characterized by vigor, dedication, and absorption in work-related activities (Schaufeli et al., 2002). "Employees with higher levels of energy and are mentally strong while working" is one definition of "vigor" (Bakker & Demerouti, 2008). A "strong sense of involvement, excitement, and commitment towards one's work" is one method to operationalize the concept of dedication (Bakker & Demerouti, 2008). Absorption can be defined as "being so engrossed in one's work activities that the moment seems to pass swiftly, and one loses awareness of external stimuli." Absorption can be understood as a state in which a worker is completely immersed in and intent on his or her work tasks (Bakker & Demerouti, 2008). Engaged workers are always in demand in modern businesses because these companies require employees who are enthusiastic and dedicated.

These companies anticipate that their employees will take initiative and take responsibility for their own personal growth (Bakker & Leiter, 2010). Employees are considered to be engaged when they are fully involved and enthusiastic while doing their work. Engagement is described as the "effective utilization of employees' strength for their prosperity and at the same time betterment of the organisation". In engagement, people utilize and articulate themselves cognitively, physically, mentally, and emotionally while performing role performances (Kahn, 1990). A psychometric tool was also created based on this description to assess three aspects of engagement: mental, emotional, and physical (May et al., 2004). On the one hand, there are two separate schools of thought in today's culture on the meaning of the word "work engagement. "Leiter & Maslach, (1999) believed that there is continuity between burnout and engagement as extreme opposites to each other. There is another school of thought contends that participation should be viewed as an aim in itself, acting as a preventative measure against burnout (Bakker & Demerouti, 2007). This method defines work engagement to be a pleasant, rewarding, psychological state which is related to one's job and can be represented by vigor, devotion, and immersion. Engagement at work is described as a good, gratifying psychological state relating to one's job. When a person is totally attentive and joyfully involved in their task, time flies fast and it is difficult to disengage oneself from their work. Dedication occurs when a person is fully interested in their profession and feels a sense of importance, passion, glory inducement, pride, and the urge to overcome challenges. The capability to be in a state of high levels of energy, as well as the motivation to put effort into one's job and the will to persevere adversity, are all components of vigor.

1.10.1. Antecedents of work engagement:

According to the findings of research, there are two primary categories of factors that influence employee engagement at work:

1.10.1.1 Job resources:

Job resources such as having supportive co-workers and superiors social support, regular feedback of performance, autonomy, work diversity, opportunity to learn new things and chances to develop new skill through trainings have been found to enhance the levels of employee engagement at work. These tools are beneficial in lowering the impact of working demands on strain, but they are also beneficial in achieving work goals and stimulating learning as well as developing oneself. One recurring result is that the motivating potential of work resources is especially relevant in settings with high job demands (Bakker & Demerouti, 2008). Researchers discovered that employment resources contributed to job engagement, which in turn influenced the amount of one's own initiative and, therefore, the creative capacity of the work unit in a study that tracked the same group of employees over time.

1.10.1.2 Personal resources:

Individuals with an optimistic approach, possessing higher levels of self-efficacy and resilience are more likely, to control one's environment and influencing it successfully. Having these and some other personal resources are a vital aspect of work engagement. In addition, engaged workers share several personality traits that set them apart from employees who are less engaged. Extraversion, conscientiousness, and emotional stability are some examples of these traits. It would appear that psychological capital is connected to work engagement as well. Xanthopoulou et al., (2007) conducted a study to examine the relation between job engagement and different personal resources among Dutch technicians (self-efficacy, organisational-based self-esteem, and optimism).

According to the findings, these resources were associated with employee engagement at work.

1.10.2. Measurement:

Psychometric tool “Utrecht work engagement Scale (UWES)”, a freely available tool, which is available in twenty languages throughout the world, is used to evaluate the three components of work engagement: vigor, dedication, and absorption. In addition, a student version and a shorter form of the UWES are both available. Numerous studies provide evidence of the reliability and validity of the UWES (Kataria et al., 2013). Apart from UWES, there is one more psychometric tool “Oldenburg burnout inventory (OLBI)” that can be used to determine how engaged an individual is in their work. It consists of two dimensions, which are cynicism and dedication, and exhaustion and vigor (Demerouti et al., 2008).

1.10.3. Relationship with Performance:

There is a correlation between engagement and improved performance. Customers at a restaurant where a contract worker was actively engaged produced the impression that they were provided with a higher quality of service (Salanova et al., 2005). Salanova et al., (2005) conducted a study on university students and revealed that students will have a higher-grade point average the following year if they feel more engaged in their studies. When flight attendants have enhanced levels of job engagement, their overall job performance during the flight is better (Xanthopoulou et al., 2009). When restaurant workers have a higher level of engagement, the financial turnover of the shift is higher (Xanthopoulou et al., 2009). Other research, such as that conducted by (Bakker & Bal, 2010), demonstrated that supervisor ratings given to the teachers based on their performance resulted in enhancing the levels of work engagement shown by teachers and same was the case with administrative workers working in financial services industry. Yalabik et al., (2013) discovered a positive correlation between organisational resources, employees' level of job engagement, and job performance of those employees. There are several potential explanations for why engaged employees exhibit higher levels of performance than employees who are not

engaged.

- a) They have positive emotional experiences.
- b) They enjoy improved physical health.
- c) They are more likely to be self-sufficient in terms of both employment and personal resources; and
- d) They are more likely to share their enthusiasm with others (cross-over)

1.10.4. Downside:

The disadvantage of work engagement is that there is always the risk of becoming "over-engaged." When employees, for instance, bring work home with them, this can throw off their healthy work life balance. Over-engaging in one's work can also result in work holism.

1.10.5. Models of Work Engagement:

Engagement at work can result in several desired outcomes that can benefit individual worker and the effectiveness organisation as well. Small changes in daily working routine workers and organisation as well can enhance and encourage better employee engagement in due course of time. Different models on how to encourage work engagement at workplace have been put forward from time to time some of the widely popular models of encouraging work engagement are as follows.

1.10.5.1. The JD-R model:

This model can be used by the organisations in case there are signs of increased strains among the employees at workplace in order to enhance the levels of work engagement (Bakker & Demerouti, 2007). As per the JD-R model job demands (various strains at workplace) and job resources (support systems available at workplace) are important elements to encourage work engagement and there should be a balance between both if high levels of engagement are to be achieved.

1.10.5.2. The Deloitte models.

The Deloitte model was developed by one of the biggest accounting firms in the world known as Deloitte Touche Tohmatsu Limited. After a thorough and regressive interview process with their company employees resulted in the making of Deloitte model. The elements which are emphasized in the model for fostering employee engagement are.

Meaningful work: Employees should consider that the work they were doing in the organisation is contributing to the organisation goals. They should feel a sense of autonomy.

Management: The management should be skill full enough to work as a team and keep their teammates engaged. Leaders should be encouraged to showcase leadership qualities by giving goals which are clear and achievable in nature work environment, employees should be provided with the positive work environment to enhance well-being and help to achieve work-life balance.

Growth opportunity: Is essential for employees as part of their satisfaction. Organisations should provide employees with the grown opportunities within the organisation and also recognize.

Leadership: Strong and skill full leadership is essential for enhancing employee engagement.

1.10.5.3 Gallup model:

This model was developed by Gallup after a regressive 50 years into the research on employee engagement. The Gallup model consists of 12 questions which are based on 4 basic needs and also known as Q12 pyramid. 12 elements that are based on Teamwork, growth, basic and individual need. The Gallup Model of Work Engagement focuses on three key components for developing an extremely engaged workforce: psychological relevance, psychological safety, and

psychological availability. Psychological relevance refers to employees who believe their work is personally significant and linked with their ideals. Psychological safety entails building an environment in which employees feel comfortable taking chances, sharing ideas, and expressing concerns without fear of negative consequences. Psychological availability refers to ensuring that employees have the physical, emotional, and cognitive resources to fully engage in their work. Prioritizing these characteristics allows firms to foster a workplace culture that fosters employee well-being, productivity, and overall success.

1.10.5.4 The Hewitt model:

This model is based on the outcomes of the engagement and states that organisations should aim basically for 3 types of outcomes.

- 1.10.5.4.1 Say: engaged employees are ambassadors of the organisations where they are working.
- 1.10.5.4.2 Their perception of the organisation is important internally as well as externally.
- 1.10.5.4.3 Stay: Employee Turnover is an indicator of lower employee engagement and can prove very costly to the organisation in the long run. If an employee stays with the organisation this indicates a healthy relationship between the organisation and employee.
- 1.10.5.4.4 Strive: Engaged workers strive for success which in turn can result in profitability and sustainability for the organisation.

To achieve the above listed desired outcomes, management had to adjust the following engagement drivers.

- 1.10.5.4.5 Basic needs: Basic needs like work-life balance and a positive workplace environment should be taken care of.
- 1.10.5.4.6 Company practices: Organisations' programs and initiatives should be focused on encouraging enough to keep its employees striving for success.
- 1.10.5.4.7 The work: achievable targets should be given to the employees and

Employees should be given the resources they need to attain the goals that have been set for them in order to get the greatest output out of them.

1.10.5.4.8 Brand: Positive brand image should be ensured.

1.10.5.4.9 Leadership: Is an important aspect of getting the desired outcomes of engagements. Leadership should influence the minds of workers in a positive way and workers should perceive their leaders as role models and as resources.

1.10.5.4.10 Performance reviews: Employees should have that sense of significance when they are putting that effort in the work. This makes recognition an essential indicator of employee engagement.

1.10.5.5 The Zinger model:

This model was developed by David Zinger and focused on relationships at the workplace. These relationships can be between the employees or employee and employer or an employee to customer or even with the self-job performance. The model has four fundamental components: engagement, zest, focus, and fusion. At its core, engagement refers to an employee's emotional investment in their work and commitment to attaining company goals. This includes feeling purposeful, autonomous, and competent in their roles, as well as having strong connections with coworkers and supervisors.

Second, zest emphasizes the value of energy, passion, and vigor in the job. Employees with zest are motivated, enthusiastic, and resilient, providing a sense of life to their jobs and inspiring others to follow suit. This component emphasizes the necessity of having a work atmosphere that energizes and revitalizes individuals rather than draining them. Third, focus signifies guiding one's focus and energy toward certain goals and objectives.

Finally, fusion is the convergence of individual and corporate beliefs, goals, and identities. When employees have an intense feeling of fusion, they identify with the company's goals and principles, believe their work is significant and important, and are dedicated to contributing to its success. This component emphasizes the necessity of developing a common sense of purpose and belonging

in the organisation, where employees feel appreciated, respected, and linked to something bigger than them. This model provides a comprehensive frame work to enhance work engagement among the employees in an organisation.

1.11. Workplace Aggression:

Aggression is described as a set of physical or verbal behaviors or acts that have the potential to cause harm, discomfort, hurt or injure another person, irrespective of whether harm is actually incurred, or the goal is obvious. Nursing is a profession that is always prone to encountering aggression in the workplace, both physically and psychologically. Apart from a heavy workload, nurses experience a lot of other stressors like aggression from patients and co-workers, which in turn hampers their overall well-being (Lim et al., 2010). Aggression at work in nurses has also become a barrier to recruiting and retaining nursing staff, resulting in a nursing workforce shortage (Jackson et al., 2002). Workplace aggression can be psychological (shouting or spreading rumors) or physical in nature. Aggressive behavior's at the workplace are grouped into three categories by (Baron et al., 1999).

1. Expressing hostile behaviors that can be verbal or symbolic in nature can also be called "silent treatment."
2. Causing obstructions at work hampers the performance of the target. This is most accomplished by refusing or obstructing access to the resources required to complete a task.
3. Overt aggression manifested as destruction of office property or physical assault on the on individual. Based on the link between the perpetrator and victim of the workplace aggression. Aggression at the workplace is divided into four different types (Mireille LeBlanc & Barling, 2004).

Type1. There is no legitimate relationship between the perpetrator and the targeted employees.

The aggressive act being carried out can be termed a criminal act, for example,

robbery.

Type2. If the perpetrator is having a licit relation with the victim employee or the organisation. This type includes the perpetrators who show aggression at the workplace while being served by the organisation. Service-providing organisations like hospitals, schools, etc. are at higher risk for type 2 aggressions, with perpetrators mostly being frustrated or unsatisfied customers.

Type3. In this type of workplace aggression, the assailant is typically from within the organisation or has served the organisation at some point, or in other words, is an insider. This type of workplace aggression is also called "insider-initiated aggression."

Type4. When the assailant has an ongoing or previous legitimate relationship with the target, this type of workplace aggression has been kept under Type 4 workplace aggression.

1.12. Physical Aggression:

Physical aggression in the workplace is a major problem that may cause both mental and physical injury to workers, as well as property damage and reduced productivity. Physical aggression is defined as any behavior involving the use of physical force or violence towards another person, such as striking, shoving, slapping, kicking, or any other type of physical contact intended to inflict injury (Barling & Frone, 2017). Physical aggression in the workplace is a common occurrence that impacts individuals in a variety of businesses and jobs. Physical aggression among employees ranged from 1.4% to 30.5%, according to a meta-analysis of 52 research papers on workplace violence (Sun et al., 2020). Physical aggression is more prevalent in specific areas, such as healthcare, social services, and education, where people are more likely to encounter aggressive behavior from clients, patients, or pupils (Sun et al., 2020). In recent years, reports of aggression from patients or next of kin in the form of physical threats and verbal abuse have become increasingly common in settings associated with the provision of healthcare (Reknes et al., 2017). When a patient first awakens from anesthesia, whenever a patient must be administered a vaccine, or if a patient needs to be transported from their wheelchair to his bed these are just a few of the instances that put hospital employees at risk of getting a hostile treatment from the patient or next of the kin. There are also additional critical circumstances that put hospital employees at risk of hostile behaviors. Patients were also frustrated because of the lengthy wait times and the complicated admissions process, and they would sometimes take out their frustration on staff members (Arnetz et al., 2015). The nurses have reported that one of the most common forms of aggression they have faced on the job comes from the patients themselves, specifically in the form of verbal abuse (Farrell et al., 2006). The problem of patient aggression towards nurses has persisted for a long time in many nursing specialties. A report published by the Bureau of Labor Statistics says that health care workers are almost four times more vulnerable to becoming victims of workplace violence as compared to employees in any other sector (BLS). Although there are more reports on the consequences of acts of physical aggression, the effects that are not physical

cause a great deal of suffering (Needham et al., 2005).

1.13 Psychological Aggression:

Psychological aggression in the workplace is a severe problem that can have substantial consequences for employee well-being and organisational efficiency. Psychological aggression is described by the American Psychological Association (APA, 2016) as verbal or nonverbal behavior that is meant to hurt another individual's emotional well-being, self-esteem, or image. Threats, intimidation, isolation, and humiliation are all kinds of aggressiveness that can occur in a variety of sectors and jobs. Psychological workplace aggression can result in a variety of negative effects for employees, including anxiety, depression, decreased job satisfaction, and increased absenteeism. Furthermore, greater personnel turnover and healthcare expenditures might result in lower organisational efficiency and financial losses. Psychological aggression is also known as co-worker psychological aggression. The term "bullying" refers to the behavior of an individual that consists of undermining, intimidating, and frightening another person by dominating them psychologically and emotionally, and at times it can also become physical (Einarsen et al., 2020). The perpetrators of bullying tend to repeat this behavior, which has repercussions not only for the target but also for the organisation. Bullying behaviors start in school, where teenagers indulge in bullying behavior's and become potential bullies in the future. This kind of behavior does not stay confined to schools alone (Einarsen et al., 2020). The phenomenon of bullying in the workplace has evolved into a serious problem in recent years and has been the focus of increased research efforts around the world since the final decade of the 19th century (Björkqvist et al., 1994). Bullying in the workplace typically involves both an aggressor and a victim. Bullying in the workplace can have negative effects on targets, particularly on those targets who have reported experiencing mental health issues at an early stage in the behavior's onset. Negative emotional reactions such as not being able to concentrate, having mood swings, elevated anxiety, despair, and fear are

accompanied by psychosomatic symptoms such as headaches, gastrointestinal catarrh, hypersensitivity to noises, respiratory and cardiac issues, hypertension, and bodily discomfort (Hallberg & Strandmark, 2006). Long-term bullying has been linked to several serious outcomes, including symptoms of post-traumatic stress disorder and mental health issues. Aside from that, co-worker psychological aggression has been shown to increase levels of intention to leave an organisation while decreasing levels of job satisfaction and organisational commitment (Nielsen & Einarsen, 2012). Aside from the serious consequences of co-worker psychological aggression on the targets, there has been an increasing trend of research into the prevalence of the same as well as the consequences on the targets. Recent research has also shown the serious impacts of workplace hostility on the perpetrators (Jenkins et al., 2012). As the perpetrators and targets are mostly from the same organisation, the adverse impact of workplace aggression is likely to impact the organisation as well. Thus, there is a dire need to curb this menace and look for different ways to reduce the consequences of co-worker psychological aggression.

1.14 Antecedent of workplace aggression:

Workplace aggression is a complex measure, but researchers in the last two decades have tried to explain this phenomenon through various models and theories. There can be lot of predictors which can lead to workplace aggression and can be present at both individual as well as organisational level. One of the oldest and most comprehensive models of aggression was developed by (Dollard, 1939).

This model illustrates that frustration which arises due to blockage to get something results in aggression as outcome. Apart from frustration, job stress is also linked to lead to aggressive behaviors at work. Organisational injustice is a perceived notion of an individual towards the treatment one is getting in the organisation. Perceived organisational injustice can lead to both physical and psychological aggression at workplace (Greenberg & Barling, 1999). Reciprocal aggression also acts as the predictor of aggression at workplace as the target of

aggressive behavior may elicit more serious aggressive response towards the assailant. Nurses encounter two main types of aggressors at the workplace which have been studied previously and they are patient-initiated aggression and psychological aggressions from the co-workers in the form Bullying.

1.15 Consequences of workplace Aggression's:

Workplace aggression can prove fatal for both the organisation and the individual employee. The consequences of exposure to workplace aggressions can lead to negative outcomes and have a long-lasting effect on an individual's physical as well as psychological health (Di et al., 2003). Physical consequences can range from minor injuries to death, although physical abuse, which in turn can cause physical injuries, is reported less as compared to psychological outcomes (Merecz et al., 2009). In a review of more than 50 articles from 2000 to 2012 on workplace aggression, (Piquero et al., 2013) concluded that exposure to workplace violence or aggression can have serious consequences and can result in higher turnover intentions, job dissatisfaction, in security, increased levels of stress, low job engagement, and emotional exhaustion. There is also an increase in absenteeism and an increased frequency of sick leave applications due to ill health because of the exposure of employees to workplace aggression. At the organisational level, organisations may suffer a great deal of harm due to the prevalence of workplace aggression (Stagg et al., 2013). Organisations suffer due to poor job engagement and increased absenteeism as the productivity of the employees decreases. There is also an increased cost of retaining an employee or recruiting a new one due to turnover. Extra costs can also arise due to the payment of social security and insurance premiums.

1.16 Workplace aggression in an Indian context:

Most of the research on workplace aggression has been done in developed countries; countries like India are no exception to this phenomenon. The problem with underdeveloped and developing countries is that there is a scarcity of literature when it comes to empirical data on the prevalence of workplace

aggression. Another issue is that workplace aggression is underreported because there are no specific reporting mechanisms in place. As industrialization has accelerated in recent decades, research into workplace aggression has grown in importance in developing countries. The Raghvan Committee, which has recently given recommendations to deal with bullying and ragging at the school level, is one of the benchmarks in this regard in India. In 2015, CBSE came up with the idea of setting up anti-bullying committees to deal with bullying. With the advancement of technology, cyber bullying is one of the most talked about topics in India today, and there are numerous laws in place to prevent it, but we still have a long way to go when it comes to other workplace aggressions. The case of *Vishaka v. State of Rajasthan*, 1997, was one of the very first times that the Supreme Court of India dealt with the issue of co-worker psychological aggression and laid down some criteria for the protection of working women at the workplace. The prevalence of workplace aggression is as prevalent in India as it is in other parts of the globe. Davey et al., (2020) investigated the prevalence of occupational aggressiveness in emergency setup of health care settings in Indian hospitals, interviewing doctors, nurses, and other employees and discovered that more than 90% of hospital staff has been exposed to some form of workplace violence. Many employees reported being exposed to shouting or verbal abuse almost daily at work.

1.17 The Health Care System in India:

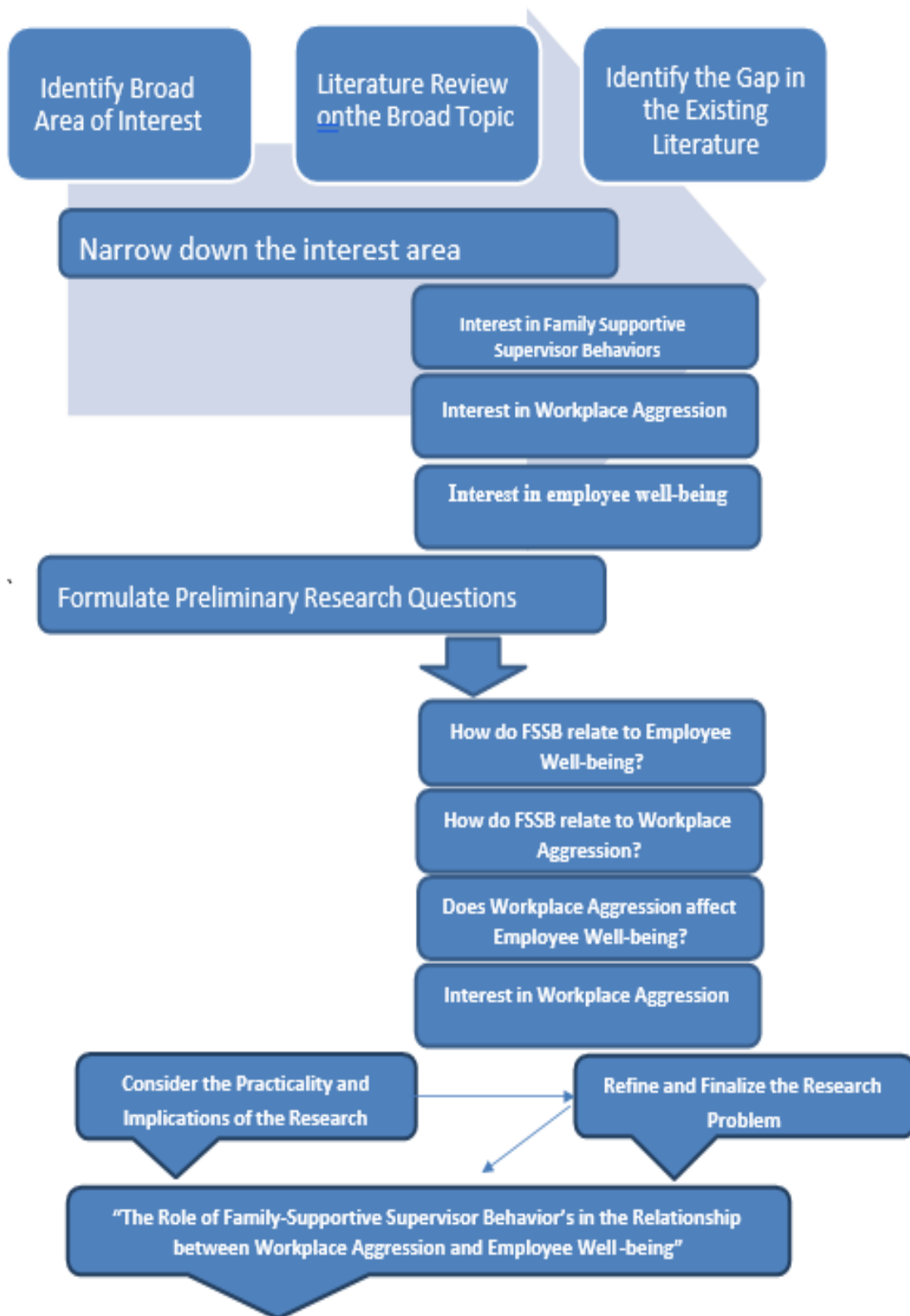
Due to a rising population, an increasing burden of non-communicable illnesses, and a scarcity of healthcare staff, India's healthcare system is experiencing considerable problems. As a result, nurses, who are a key element of the healthcare sector, have a high workload and workplace stress (Kasthuri, 2018). According to a study conducted by (Pulagam & Satyanarayana, 2021) occupational stress was a major predictor of nurse's mental health and well-being in India. The research also emphasized the importance of measures to alleviate occupational stress and improve nurses' mental health. Furthermore, (Mishra & Sharma, 2020)

discovered that nurse burnout was linked to reduced work satisfaction and a higher desire to leave the field. The research suggested ways to reduce nurse burnout, such as a better working environment and social support for nurses. Despite these challenges India's health care system is emerging fast in terms of revenue and as one of the largest employers in the country. The health care system in India comprises public and private institutes, wherein the Government of India manages the public health care system in the whole country and private players mostly cater to the urban population of tier 2 and tier 3 cities. Private healthcare infrastructure accounts for more than 60 percent of India's overall health care system, outperforming the public healthcare system managed by the government. Although there is almost the same ratio of health care infrastructure in India, there are many states like Punjab, Maharashtra, and Madhya Pradesh where the private sector's share in health care infrastructure is up to 70 percent (www.institutmontaigne.org, 2020). According to a report, private hospitals provided more than 70% of outpatient care and 60% of hospitalization care in urban India in 2020-21 (the print year). Nurses in these healthcare settings are the backbones of the system, constituting one of the largest workforce elements employed in the healthcare system globally. Although there is rapid growth in the healthcare sector of the country, there are so many impediments that are still to be addressed, and the condition of nurses is one of them. According to the prescribed strength by the WHO, there should be 3 nurses per 1000 people, but in India the ratio is 1.7 to 1000, and to meet the WHO standards, India will need 4.3 million nurses till 2024 (www.business-standard.com, 2021). Although there is a shortage of nurses in the public health care sector, various allowances, job security, and other benefits have resulted in better job outcomes as compared to the private health care sector. The private health care sector is also dealing with a shortage of nurses, and the causes are the same: low salaries, a lack of recognition, heavy workloads, and a lack of management policies to deal with workplace stressors. There is a need to look into the well-being and job outcomes of these nurses by implementing various policies at the organisational level that can benefit the organisation as well as the individual employees.

Chapter 2

Literature Review

Fig 2.1. Flow chart for designing a Literature Review



Chapter 2

Literature Review

2.2 Overview

A literature review is an important part of any research project because it provides a summary and critical examination of the current literature on an issue or topic of study. A literature review, "Systematic, clear and consistent method for identifying, assessing, and synthesizing the current body of completed and documented work created by scholars, and practitioners" (Cooper 1984). "A literature review aims to identify gaps in current literature, synthesize the findings of prior studies, and offer an in-depth assessment of the literature's quality. The literature review's objective is to give information about the research topic, identify gaps in the literature, and create a theoretical foundation for the study. A well-done literature review can make an important addition to the field by pointing out important themes and issues and putting together the results of earlier studies. Fink (2010) says that a literature review helps researchers come up with theories, find possible sources of bias, and make their research study better. This chapter deals with the review of already available and relevant literature about the current variables of the current study. These review studies will help the authors to identify the research gap and get more knowledge about the variables of the current study.

2.3 Literature Review:

Anand et al. (2016) conducted a study in a Delhi hospital to assess the level of workplace violence against the doctors working in the hospital. This study assumed that physical violence was primarily initiated by patients or visitors and emotional aggression was perpetrated by co-workers. The study finds that 40.9% of the total sample was exposed to some form of violence. More than 25 % doctors who were affected or somehow exposed to violence acts faced the same from co-

workers side. The study also suggested future researchers carry out similar studies on other health care employees, such as nurses.

Balamurugana and Nandakumar (2012) conducted descriptive research on nurses working in a mental hospital in Bangalore, Karnataka, India, with the goal of determining the intensity of violent acts against nurses. While comparing physical acts of violence with that of verbal violence revealed that 87.2% of the subjects were exposed to some sort of patient-initiated violence and suggested proper recruitment and training will reduce the violent acts at workplace, improve confidence in patient care. While workplace aggression is a phenomenon that is present globally in all kinds of organisations, the industry that is worst hit is the service industry, where nurses throughout the world have reported more instances of workplace aggression.

Berlanda et al. (2019) carried out a study on health care workers in Italy. The purpose of the study was to investigate the experience of violent acts in a number of emergency departments in Italian hospitals. The results of the study were intended to provide an indication of the frequency with which patients and visitors commit such acts. This study's findings also show that healthcare staff confronts a significant danger of abuse from patients as well as visitors, which has a negative correlation to their degree of job satisfaction. Preventive approaches and interventions, according to the study's findings, are critical to minimising such acts of abuse. Additionally, the study suggests that effective efforts can be taken to prevent violence; nevertheless, future research should investigate collaborative patterns and perceived levels of social support among members of the healthcare staff.

Bernardes et al. (2021) while working on the presence of types of aggressions at the workplace studied a sample of more than 50 nurses working at a private hospital and found that almost 90% of the total participants of the study had been involved in at least some aggressive episode at workplace. Results of the study also

revealed that the perpetrators of these aggressive behavior's are mostly patients, their family members, and other co-workers.

Bouleh et al. (2022) investigated the connection between family supportive supervisor behaviors and psychological suffering. For the study, four separate employment demographics were considered: IT, healthcare, military Veterans, and National Guards. The findings demonstrated that family supportive supervisor behaviors were adversely connected with psychological suffering, with military veterans having the most substantial association. Authors also highlighted the significance of family supportive supervisor behavior's for old staff member's psychological suffering in civilian workplaces, as well as the value of family supportive supervisor behavior's to worker mental health across a wide range of occupational demographics, in this study. Implications for practice include offering opportunity for leaders to learn ways for establishing a healthy work environment and encouraging their workers' mental health and well-being both in and out of the office.

Brunetto et al. (2013) conducted cross-sectional research. The goal of this study was to use social exchange theory and a self-report questionnaire to evaluate the correlations between supervisor-nurse relationships, teamwork, psychological health, and turnover intentions for nurses who work in the United States of America. Over 700 completed replies were received. According to research, supervisor-nurse relationships, teamwork, and nurse welfare account for about half of a nurse's devotion to their hospital besides their desire to quit. In addition, the study also highlighted the generational effect in the perceived higher levels of well-being and commitment, as well as a lower intention to quit the organisation. Family-supportive supervisory behavior's (FSSB) are a type of social support provided by supervisors to their subordinates in order to help them manage both work and family life by providing some flexibility in working hours. These behaviors can be beneficial in mitigating the effects of workplace strains such as aggression on employee well-being. The main focus of the present study is to assess

the moderation effect of "family supportive supervisory behaviors" (FSSB) in the relationship between workplace aggression and employee well-being.

Cabrera et al. (2020) reviewed several studies from 2004 to 2019 in order to examine the impact of workplace aggression on nurses working in health care settings. The main aim of the study was to suggest ways for human resources to develop strategies to curb the negative effects of workplace aggression. Analysis of this review suggested that workplace aggression can hamper the overall well-being of individual nurses, which in turn is responsible for poor job engagement and job satisfaction. Workplace aggression is also hampering the quality of patient care and needs to be looked at by human resources. The authors of the study also suggested that HR departments implement certain training modules to enhance well-being and curb the ill effects of workplace aggression and also provide a support system so that underreported violent acts can be checked in. Workplace aggression can have a negative impact on employees' overall well-being and have other outcomes such as poor work engagement and higher turnover intentions, which can negatively affect the individual employee and the organisation as well. The prevalence of aggressive behavior's at work is much higher in health care settings than in any other profession.

Chambel et al. (2022) did a study to investigate the function of family supportive supervisor behavior's as a significant resource for assisting employees in balancing the interchange of work and personal domains and improving well-being while tele-working. The survey was conducted during the COVID-19 epidemic, when the majority of businesses chose to tele-work and the majority of employees were forced to work from home. The authors examined the intensity of tele-work as a limit to determine whether family supportive supervisor behavior's would be used as a resource for workers who work from home. This study included two studies: a cross-sectional study with workers from a bank who used tele-work for seven months, and a two-wave survey with respondents from another bank after ten months of lockdown. Both research findings indicate that

family friendly supervisor behaviour is associated with favourable work family and well-being outcomes.

Cheng et al. (2020) used multilevel moderated analyses to examine a sample of 36875 employees working in various settings of the healthcare industry. The main aim of the study was to study the effect of patient-initiated aggression and co-workers-initiated aggression on health, turnover intention, and work engagement. Another goal was to investigate the effect of the source of aggression, employee characteristics, and the presence of organisational impact. The analyses revealed that workplace aggression has a negative impact on health, turnover intention, and work engagement. Other findings of the study suggested that aggression initiated by co-workers has an almost double effect on health, turnover intention, and work engagement as compared to patient aggression. Another important finding of this study is that the authors suggested that organisation support has some buffering effect on the relationship between workplace and health, turnover intention, and work engagement, but this may not be sufficient alone and organisations should look into new ways like counselling and other supportive measures to deal with the negative impacts of workplace aggression in health care settings.

Clairmont (2022) conducted a study to analyze the interaction between family supportive supervisor behavior's, work engagement and work family conflict. Results of the study revealed that presence of family supportive supervisor behavior's can increase work engagement considerably and can buffer the negative impact of work family conflict.

Coetzee and van Dyk (2017) In order to check the mediating role of work engagement, we studied a sample of 373 employees of a South African organisation. Structural equation modelling and mediation analysis showed that strong perceptions of co-worker psychological aggression are associated with high turnover intentions and provide empirical evidence that low work engagement is also related to a higher intention to leave the organisation.

Crain et al. (2014) studied IT teams at a Fortune 500 organisation. Participants completed surveys about teamwork. This study examines family supportive supervisory behaviour (FSSB) as a precursor of sleep quality and quantity and a mediator of work–family conflicts and sleep outcomes. Work–family conflict and "family supportive supervisory behaviors" (FSSB) did not interact to affect sleep results, surprising researchers. However, moderating effects are most probable when stresses, resources, and strains are all cognitive, emotional, or physical (de Jonge & Dormann, 2006). This may explain the study's findings as sleep is physical and "family supportive supervisory behaviors" (FSSB) is cognitive.

Nguyen et al. (2020) conducted a study on 149 hospitality workers in New Zealand to assess the impact of "family supportive supervisory behaviors" (FSSB) on turnover intentions and job satisfaction. The moderation method was for data analysis using process macros revealed that "family supportive supervisory behaviors" (FSSB) can hinder turnover intentions and be positively related to job satisfaction.

Danny and Catherine (2013) in a review study of already published research, it was observed that 75% of clinical practitioners are exposed to verbal aggression and 29% have been exposed to physical aggression from patients. This chapter focuses on the prevalence and consequences of workplace aggression, which includes physical aggression from patients or their companions and psychological aggressions from co-workers. In the present study, family supportive supervisors' behaviors, which have been studied under the facets of social support, will serve as job resources in the workplace, and mental health and work engagement will be elucidated as employee well-being. Relationships among the variables will be assessed using multi-theoretical models based on conservation of resources theory, social exchange theory, and the job demand resource model.

Davey et al. (2020) having this assumption that most of the studies pertaining to workplace violence were conducted in developed nations and the scenario can be different in developed nations. Authors carried out a qualitative analysis using

interview methods to explore workplace violence in India. Results of the study revealed that verbal aggression is something which is more frequent to them and most of the times healthcare employees including resident doctors are exposed to workplace violence from the persons who accompany patients to healthcare settings. Health care workers in the study also revealed that this exposure to strain like workplace violence interferes in patient care and results in negative consequences like de-motivation and intention to leave. Financial pressures, poorly enforced hospital rules, and the overwhelming prevalence of violence from patient family members and attendants were all identified as distinct challenges to Indian ED providers in this qualitative study. Authors further suggested that there is a need to explore more into preventative measures.

DePasquale (2020) investigated if family-supportive supervisor behaviour affects work behaviour and non-work well-being in long-term health care males. 122 US nursing facility males were analyzed using a multiple linear regression model. The study indicated that "family supportive supervisory behaviors" (FSSB) favorably affects both. Family-supportive supervisor behaviour affects the work behaviour and non-work welfare of males with and without non-work care duties in the long-term care profession, which benefits employees and organisations.

Dusseau et al. (2016) with the help of a pre- and post-test quasi-experimental design, surveyed 143 employees in health care settings over a 10-month period. Between survey periods, the authors implemented a "family supportive supervisory behaviors" (FSSB) training module for the participants' supervisors. When pre- and post-test scores were compared, it was discovered that post-test scores on many job outcomes, such as job engagement, job satisfaction, and job performance, had significantly increased.

Edward et al. (2014) reviewed different studies to evaluate different aggressive behavior's encountered by nurses in different departments and found that verbal aggression is the type of aggression that is most commonly reported by these nurses. Results also revealed that most of the physical assaults were reported by

the nurses working in psychiatry, nursing homes, and emergency departments, while more verbal aggressive behavior's were reported by general line nurses; again, the perpetrators of these aggressive behavior's were family members of the patients or colleagues. Another finding of this study was that lack of social support was the main reason several cases go unreported, and there should be a mechanism to provide support to these nurses.

Edward et al. (2014) in a systematic review examined 84 papers from the databases of MEDLINE, CINAHL, and Psyc INFO to determine the many forms of aggressiveness that may be experienced by nurses while on the job. More than 80 studies investigated patient aggressiveness toward nurses and other health professionals, while more than 30 papers investigated and reported aggression toward one another as well as violence between nurses and other health professionals (also known as horizontal aggression). Most of the developed were all represented in the evidence for this review, and the findings suggested that nurses are frequently exposed to physical and verbal aggression in the workplace by patients, which is in turn responsible for poor health and intentions to leave the profession.

Ford et al. (2016) conducted an online survey to examine the vulnerability of work engagement to workplace aggression. The sample consisted of 475 employees from different industries in North America. The authors proposed a vulnerability hypothesis, which was proven, stating that more engaged employees were more vulnerable to the negative effects of workplace aggression and that low social capital can cost organisations money. Work engagement is seen as part of employee well-being at work and has been associated with aspects such as job performance, job satisfaction, and organisational commitment; thus, it is very important on the part of organisations to look into this aspect.

Fujishiro et al. (2011) conducted a cross-sectional survey on general-line nurses in the Philippines to assess the relationship between self-reported workplace aggression and self-reported health issues. Most nurses reported psychological

workplace aggression from co-workers as well as physical aggression from patients. The authors concluded that the nurses who reported workplace aggression also reported poor physical and psychological health. Victims of co-worker psychological aggression have a high intention to leave (Berthelsen et al., 2011).

Gull et al. (2022) evaluated the moderating role in between work life and personal life conflict and its effect on emotional exhaustion on a population of healthcare professionals in China using conservation of resource theory. This was a time-lag study in which data was gathered with a time lag and then analysed using a moderation mediation analysis. According to the findings, individuals who reported higher levels of family supporting supervisor behaviour reported lower levels of emotional weariness, whereas those who reported lower levels of family supportive supervisor behaviors reported higher levels of emotional exhaustion.

Gull et al. (2018) investigated the influence of "family supportive supervisory behaviors" (FSSB) in the link between family and work conflict and physician turnover intentions. A sample was taken from two hospitals in Pakistan's main cities. The data was analysed using multiple regression and correlation. The major purpose of this quantitative study was to identify the issues that doctors experience in terms of work and family life conflict, as well as if they reach a point where they wish to quit the organisation where they work. Results of the study revealed that supervisory support can encourage doctors to stay at their current job for a longer period of time and can also.

Hamblin et al. (2015) implemented a Qualitative content analysis on a sample of nurses in American hospital settings. Results revealed that Workers' frustration with one another's conduct, with company policy, or with time and resource constraints has led to acts of violence and incivility. Workers' dissatisfaction and frustration are palpable in these accounts, which likely stem from a lack of effective communication and teamwork that poses a threat to workplace productivity.

Hauge et al. (2010) studied a representative sample of the Norwegian work force, which consisted of 2539 respondents. The data was collected through questionnaires. The results of the study confirmed that co-worker psychological aggression is a potent social stressor that is negatively related to individual and work-related well-being. Although the job-related stressors were controlled in the study, co-worker psychological aggression was still significantly related to elevated levels of stress and depression.

Heyns et al. (2022) investigated the relationship between supervisor support, self-determination, job engagement, emotional exhaustion, and intention to leave in pharmaceutical employees. Present study assumed that Employee disengagement and neglect of employee well-being have financial consequences for industries with high job demands. Results of this quantitative, cross-sectional study revealed that improved supervisory support can positively predict job engagement. Further investigations also revealed that job engagement can in turn have a positive influence on psychological well-being and satisfaction through self-determined needs.

Holm et al. (2023) examined the association of witnessing co-worker psychological aggression and bystander's role with work related outcome like work engagement, perceived patient care and intention to leave in health care. Results of this longitudinal study through structural equation modelling revealed that witnessing co-worker psychological aggression is negatively associated perceived patient care and positively associated with intention to leave. The findings also found that if the witness acts as a defender, witnessing occupational bullying is favourably connected to work engagement; however, if the witness acts as an outsider or assistant, experiencing co-worker psychological aggression is adversely associated with work engagement.

Itzhakiet al. (2018) conducted a study to evaluate the influence of workplace aggression on job strain among nurses working in mental wards and discovered that exposure to mental and/or physical aggressiveness is related to work stress. The data used to measure workplace violence was gathered retroactively. The research

also proposed that businesses should use the strategies to reduce frequency of workplace aggression episodes. Employers can take the lead in reducing WPV by prioritising employee safety and creating policies to safeguard health care employees through making affirmative policies that can reduce the frequency of workplace aggression instances.

Jaiswal and Dhar (2019) conducted research to investigate the role of family supportive supervisor behavior's in between relation of job resources and job engagement among Indian employees. According to the findings of the study, family supportive supervisor behavior's can modulate the link between job resources and work engagement, implying that "family supportive supervisory behaviors" (FSSB) can increase the favorable impacts of job resources on work engagement.

Saha (2023) conducted a study to examine the relationship between family-supportive supervisors and job out comes. Study conducted on female police personnel of Kolkata found that family-supportive supervisors have a significant positive relationship with job out comes like work engagement and job satisfaction.

Lavanika et al. (2023) conducted a study on service sector employees in India to see the relationship between family-supportive supervisor behaviour's, work-family conflict and work engagement. Results of the study revealed a positive relationship between supportive supervisor behaviour's and work engagement. Furthermore there was a negative relationship between family-supportive supervisor behaviour's and work family conflict.

Johnson et al. (2018) through secondary data from 101 hospitals, examined the relationship between hospital effectiveness and hospital acquired infections and found that hospitals where there are high instances of workplace aggression have more patients with hospital acquired infections. The authors explained this effect with employee engagement as the moderator. Employees working in hospitals with higher rates of aggressive acts attribute the violent act to the organisation's systemic failure, which results in lower levels of work engagement and workplace

negligence, which has led to an increase in cases of hospital-acquired infections. This study has also highlighted the importance of work engagement from an organisational point of view, while most empirical studies have focused on employee engagement as an individual trait.

Jolly et al. (2021) examined the role of family-supportive supervisor behavior's in employee turnover and emotional exhaustion. The study was carried out on food industry employees and the main highlight of this study was the role of family supportive supervisor behavior's in relationship with employee turn-over and emotional exhaustion. Authors through a theoretical perspective that women employees have to look after the home and work at the same time and are vulnerable when it comes to the negative effects of strains at workplace will be having a conflict between work and family life. Results of the study revealed a negative relationship between family supportive supervisor behavior's (FSSB) and employee turnover and emotional exhaustion.

Kibunja et al. (2021) in a cross-sectional study on nurses, concluded that more than 80% of the participants were exposed to workplace aggressive behaviors. Out of the total reported cases of workplace aggression, 63 involved verbal abuse and 14 involved physical violence. Victims of workplace aggression reported that this exposure to aggressive behavior's had a significant negative impact on their psychological well-being, as feelings of disappointment, low self-esteem, and lower levels of job engagement were prevalent after the exposure to aggressive behaviors.

Kim et al. (2020) explored the function of psychological safety as a moderator in the connection between family supportive supervisor behavior's and work engagement among South Korean employees. The study discovered that psychological safety mediated the association between family supportive supervisor behavior's and work engagement, implying that family supportive supervisor behavior's can improve work engagement by boosting employees' perception of psychological safety at work.

Komlenac et al. (2022) based on job demand and job resource model assessed the role of family supportive supervisor behavior's as job resource in relationship between work stress and emotional exhaustion. This study was carried out in Austrian academicians and results revealed that family supportive supervisor behavior's can be a good job resource to deal with various strains at workplace. The authors further suggested that organisations should adopt implementation of more supportive strategies to enhance productivity of employees and organisations as well.

Leger et al.(2022) conducted a study to assess the implication of an intervention based on family supportive supervisor behavior's to increase the supportive behavior's of supervisors and see the effect of the same on deviant workplace behavior's of employees. The findings of the study suggest that improving supervisor support and scheduling flexibility might lead to more positive emotional reactions to common workplace stressors, which in turn can improve employee health and well-being.

Liu et al. (2021) investigated the effect of psychological safety as a moderator in the link between family supportive supervisor behavior's and workplace violence. According to the findings of the study, psychological safety moderated the association between family supportive supervisor behavior's and workplace aggressiveness, implying that family supportive supervisor behavior's can promote a pleasant work environment and lower workplace aggression by boosting workers' sense of psychological safety.

Maertz Jr et al. (2007) to examine the effect of perceived supervisory support on turn over intention and organisational commitment conducted a study on social service workers. Results of the study revealed that perceived supervisory support directly affects turnover intention of the employee. Results of the study further revealed that there is a negative relation between perceived supervisor support and turnover.

Marescaux et al. (2020) the study was conducted on a sample size of 559 employees and supervisors' pairs. The results of the study suggested that turnover intentions are lowest when employees perceive that their supervisor exhibits family-supportive behaviors. Results of this study also suggest that family supportive supervisor behavior's are important for employer well-being as much as they are for employee well-being.

Matthews et al. (2014) conducted a study in order to find a relationship between family supportive supervisor behavior's and employee engagement and well-being. The findings of the study suggested that family supportive supervisor behavior's do have an immediate impact on the degree to which employees feel engaged, which in turn has an impact on their subjective well-being. The authors of this study have also made the suggestion that future research ought to investigate whether Family supportive supervisor behaviors are best characterised as episodic coping mechanisms. The current study suggests that encouraging managers to demonstrate behavior's that are supportive of families is likely to result in a more engaged workforce. In light of the fact that family supportive supervisor behavior's are considered a talent that can be learned, businesses ought to give serious consideration to implementing it, possibly as part of an organisational requirements analysis.

Mura et al. (2023) while studying the role of secure workplace attachment in work engagement of healthcare employee revealed that giving secure workplace to health care workers will increase work engagement considerably. Results of this study further revealed that having difficult relationships with the patients are linked to poor work engagement. Further investigations revealed that perceived environmental comfort mediated the relationship between secure workplace attachment and work engagement.

Nagoji and Mackasare (2023) conducted a study to explore the relationship of work engagement to various parameters like pay, co-worker support, compensation, resilience, optimism, and performance. Results of the study

conducted on higher education teachers in India revealed that there is positive relationship between work engagement and co-worker support, compensation, personal resilience, optimism, and performance.

Neto et al. (2017) carried out a cross-sectional study on 350 service industry employees in Portugal. An online poll was used to obtain data on the association between bullying at work and employee well-being. The study's findings demonstrated a substantial negative association between bullying at work and emotional weariness, which has an adverse impact to an individual's psychological well-being. On further analysis of the data, it was noted that all three variables—co-worker psychological aggression, emotional stability and negative well-being were associated with lower levels of concentration at work. In another study, a meta-analysis of a sample was conducted to establish a relationship between co-worker psychological aggression and mental health. The data consisted of more than 45 studies already published, with more than 30% of the sample coming from the nursing industry. Samples selected from various working populations confirmed that co-worker psychological aggression is positively related to stress-related psychological complaints, thereby disturbing and negatively affecting employees' psychological well-being.

Nielsen et al. (2012) conducted a longitudinal study to examine the association between exposure to co-worker psychological aggression and symptoms of psychological distress in a representative sample of 1775 Norwegian employees. Results of the study revealed that co-worker psychological aggression, and psychological distress were involved in a cycle where these variables exhibit negative effects on the mental health of an individual.

Nowrouzi and Huynh (2016) conducted a literature review on the 50 most-cited workplace violence-related articles and found that 46.4% of the sampling population in these top articles involved nurses. Nurses are the most vulnerable population when it comes to workplace aggression. This is evident from the existing literature that nurses encounter aggression in the form of physical and

psychological threats, and potent perpetrators of both these forms can be patients coming to the healthcare settings for treatment, people accompanying them, or co-workers working in the same organisation irrespective of their hierarchical positions. Apart from many other stressors, workplace aggression has emerged as a potential threat to the well-being of the nurses, which in turn is hampering their productivity and effectiveness on and off the job. There is a dire need to look into the well-being of nurses, as nurses are the main pillars of the fast-growing health care sector and society as well. Family-supportive supervisor behavior (FSSB) can play a vital role in the relationship between workplace aggression and the well-being of nurses in organisational settings, as the majority of nurses are female, and they have to manage family life as well in a country like India. "Family supportive supervisor behaviors"(FSSB) can definitely moderate the effects of workplace aggression on the well-being of nurses.

Pekurinen et al. (2017) performed cross-sectional research using a sample of over 5,000 nurses from various departments in Finland. The study sought to determine the prevalence of patient initiated and co-worker-initiated aggressiveness in psychiatry and general care. The study's findings demonstrated that psychiatric nurses displayed all sorts of aggressiveness, but general line nurses reported greater verbal and physical abuse from patients as well as their families. Non-psychiatric nurses reported greater levels of psychological discomfort and physical disruptions such as sleep disturbances, whereas psychiatric nurses reported lower levels of job capacity.

Rahi (2021) conducted a study to assess the impact of psychological well-being, transformational leadership, and psychological empowerment on work engagement of employees working in private organisations. Furthermore, HR compensation and training were also taken into consideration for the same. Results of the study revealed that psychological well-being, transformational leadership, and psychological empowerment were having positive impacts on work engagement and further suggestion were given to enhance these parameters to increase employee engagement and commitment towards work.

Rahmatika and Parahyanti (2017) used a quantitative cross-sectional design to investigate whether work-family conflict negatively affects job satisfaction and whether a family-supportive supervisor could mitigate this effect on working mothers. The study found that work-family conflict negatively affects job satisfaction, but family supportive supervisor behaviour did not moderate this relationship. The authors believe this is owing to little work-family friction, which is needed to sort support. Job characteristics and organisational policies moderate these results since employer background affects supervisor opinions and assessments (Suhaimi et al., 2013).

Rai and Agarwal (2017) investigated the link between co-worker psychological aggression and job engagement via psychological contract violation. Participants included 875 employees from various Indian organisations in the manufacturing and service industries. The study's findings revealed a significant negative relationship between co-worker psychological aggression and work engagement, as well as the fact that PCV mediated the relationship. Another significant finding of this study was that co-worker psychological aggression has both direct and indirect negative consequences.

Rajahonka et al. (2022) highlighted the importance of family supportive supervisor behavior's in today's life as the authors have defined today's working class as sandwich generation as the employees are stuck in between work and life. Based on the women employees particularly the authors have advocated the implementation of family supportive supervisor behavior's training to supervisors. Authors through this article also revealed that family supportive supervisor behavior's can be a good option to increase overall well-being of employees.

Rofcanin et al. (2017) conducted a study in a financial organisation to analyze the effects of "family supportive supervisory behaviors" (FSSB) on job performance and the engagement of the subordinate employees. A study performed with the participation of 134 subordinates suggested that "family supportive supervisory

behaviors" (FSSB) positively correlate with work engagement and enhance the job performance of the employees through work engagement.

Sahin et al. (2021) studied 511 Nigerian and Turkish nurses. Family-supportive supervisor behaviour reduced work-to-family friction and improved psychological well-being. The research also suggested formal family-friendly measures to improve supervisory family support.

Salim et al. (2020) A sample of more than hundred employees from various organisations in Pakistan were researched to determine the influence of workplace aggressiveness on employee engagement. A structural equation model was used to analyse the data, and it was shown that more than 80% of employees had been exposed to some form of violent behaviour in the previous 12 months. Furthermore, a negative association between workplace aggressiveness and employee engagement was found and a supportive work environment was discovered to moderate this relationship.

Simbula et al. (2023) conducted a longitudinal study based on social exchange theory. Aim was to assess the impact of supervisory and colleague support on work engagement, results revealed that more is the support from supervisor and the co-workers more will be the work engagement of the employee, however the distinguished finding of the study was that when the employees identifies himself/herself to the organisation the critical role of support from supervisor and the co-workers in predicting work engagement is less intensive. Authors through finding of this study suggested increasing the identification and social exchange relations in organisations.

Straub (2011) asserted in a conceptual study that family supportive managers are critical for employee well-being and organisational success and hypothesised that family supportive supervisor behavior's has a positive correlation with employee outcomes such as improved health, job and career satisfaction, and job performance. When these characteristics come together at the group level, they

contribute to the promotion of teamwork relations, which leads to improved team performance.

Wang et al. (2022) while studying the impact of psychological well-being and work engagement on immunity of Asian teachers concluded that psychological well-being and work engagement are positively related to the immunity of teachers. The concept of immunity was taken as shield which can prevent teachers from detritions of well-being. After the data was analyzed through structural equation modeling it was further advised to increase work commitment of teachers so that overall well-being of teachers cannot be compromised.

Wijn et al. (2022) studied work-engagement, job satisfaction and intention to leave as components of employee well-being and the impact of stress out comes on employee well-being work engagement, job satisfaction and intention to leave). Results of the study were contrary to the available studies as it was revealed that nurses who reported high on stress related outcomes were also high in work engagement and job satisfaction. Further it was also revealed that although the intention to leave was prevalent nurses were engaged and satisfied with the job. Further investigation revealed that emotional exhaustion was more linked to aggression related incidents and increased work engagement was associated to developmental opportunities.

Wolf et al. (2016) conducted a study on emergency nurses using a mixed method of inquiry. The participants in the study designated lateral and vertical violence as causes and effects of mental and physical exhaustion. Nurses further reported that this state of fatigue has been negatively affecting personnel life, the job environment, and patient care. Some of the participants in the above study also stated that job engagement can be a solution to the problems arising out of lateral or vertical violence. Previous research has shown that workplace aggression can have a negative impact on employee health and engagement (Cheng et al. 2020).

Yragui et al. (2016) studied how family-supportive supervisor behaviour moderated the association between patient-initiated physical violence and co-worker-initiated psychological abuse and employee well-being and job results. After analyzing data from over 400 healthcare workers in two North-western US psychiatric hospitals, the researchers found that family supportive supervision may reduce work stressors like patient and co-worker aggression. Family-friendly administrators also mitigate the health and productivity impacts of workplace conflict.

There is a basic assumption that stress can induce a reaction that can push an employee to perform better, although recent studies and the emerging field of positive psychology have highlighted some hidden costs incurred due to this stress. In an article published in the Harvard Business Review, the authors have highlighted some of the major reasons why stressors at the workplace need to be tackled more strategically and efficiently to ensure employee as well as organisational well-being. Some of the major findings of the article are that stress in an organisation can lead to increased health care expenditures of up to 50 percent more than in any other organisation with low stress. According to researchers, co-worker psychological aggression is a more severe social stressor than any other social stressor in the workplace. Workplace aggression has been linked to a number of negative impacts that can have a detrimental impact on an individual employee and the organisation as well. The prevalence of workplace aggression is one of the most researched topics in recent decades in the field of employee and organisational well-being.

2.10 Research Gap:

After a thorough review of the literature, the findings have highlighted major research gaps. There is a scarcity of research into workplace aggression (physical and psychological), and although there are some studies that have attempted to explain workplace aggression using either physical abuse from patients or psychological aggression from co-workers, there is a need to study both aspects of workplace aggression simultaneously so that interventions can be planned accordingly. There is also a need to study physical aggression in general-line nurses in India, as most of the studies have focused on psychiatric nurses, but today general-line nurses are also prone to physical abuse from patients as well as other people accompanying the patient. Family supportive supervisor behavior's is currently under-researched in health care settings and has not received adequate attention from Indian researchers. Yargui et al., (2017) conducted the first study to investigate the influence of family-supportive supervisor behaviours on the relationship between two forms of workplace aggression (patient-initiated and co-worker initiated psychological and physical aggression) and employee outcomes. This investigation was also conducted on nurses working in psychiatric wards. There is a paucity of research in India on physical abuse by patients and next of kin on general care nurses. This study will significantly add new knowledge to the existing literature.

- Psychological abuse in the form of co-worker psychological aggression has gained much attraction in recent years, but most of the research into this facet is having the focus on the prevalence of aggression in the workplace and directly addressing aggression prevention and reduction. This study will be significant in providing a new way that can be easily employed to deal with the negative effects of workplace aggression.
- Although family supportive supervisor behavior's has been studied and its buffering effect in relation to various workplace challenges and workplace well-being has been established, its application in healthcare settings has not been thoroughly researched. As per the author's knowledge, not even a

single research article is present in the Indian context, although there are some in other parts of the world that too have focused on psychiatric nurses. The main objective of the current research is to analyze “the moderating effect of family supportive supervisor behavior’s in the relationship between workplace aggression and workplace well-being” in general nurses, because limited research is available in this context.

- Limited literature is available when it comes to studying both the parameters of workplace aggression, i.e., physical from patients and psychological from co-workers. Addressing both types of workplace aggression at the same time has a significant research gap. This research will address this research gap and significantly add new knowledge to the existing literature.
- Because of job instability, low compensation, an enormous workload and bad management, private hospitals have a substantially greater attrition rate than government hospitals (Dasgupta, 2015). Nurse attrition is costly and disruptive at the same time since hospitals are constantly recruiting, training, and placing nurses only to watch them quit. This research will be crucial in this case scenario as it will provide a trainable resource to assist overcome the detrimental effects of workplace hostility.
- Health care employees, especially nurses, are one of the most vulnerable populations to workplace aggression. There is a dire need to investigate the well-being of nurses as they have to manage a lot of things other than the daily work. There are significant research gaps when it comes to research in this area in the Indian context. This research will open new avenues for future researchers to explore more factors related to nurses' well-being and factors hampering it. This research will provide intervention techniques that can be easily implemented by hospitals.

CHAPTER 3

METHOD

3.1 Overview:

Research methods are the organized and scientific ways that researchers study a topic or topic of study and collect data on it. The methods used depend on the study question, the type of data that needs to be collected, and the tools that are available. Babbie, (2016) says, "Research methods are the tools that investigators use to collect and analyze data." The type of data to be gathered and the research question determine which research method to use. For example, a quantitative research method might be used to collect numbers, while a qualitative approach to study might be used to get individuals' personal, in-depth thoughts. Mixed methods, which blend both quantitative and qualitative study methods, can also be used to get more complete information. Through this chapter research design, tools to be used and other important methods such as sampling techniques etc. will be introduced.

3.2 Objectives:

1. To find out the relationship between family supportive supervisor behavior's (FSSB) and employee well-being.
2. To find out the relationship between aggression from patients or next of kin and employee well-being.
3. To find out the relationship between co-worker psychological aggression and employee well-being.
4. To find out the moderating effect of family supportive supervisor behaviors (FSSB) in the relationship between aggression from patients or next of kin and employee well-being.

5. To find out the moderating effect of family supportive supervisor behaviors (FSSB) in the relationship between co-worker psychological aggression and employee well-being.

3.3 Hypothesis

H_{A1}: Family supportive supervisor behavior's (FSSB's) will be positively related to employee well-being.

3.3.1. H_{A1a}: Family supportive supervisor behavior's (FSSB's) will be positively related to general health.

3.3.2. H_{A1b}: Family supportive supervisor behavior's (FSSB's) will be positively related to work engagement.

H_{A2}: Aggression from patients or next of kin will be negatively related to employee well-being.

3.3.3. H_{A2a}: Aggression from patients or next of kin will be negatively related to general health.

3.3.4. H_{A2b}: Aggression from patients or next of kin will be negatively related to work engagement.

H_{A3}: Co-worker psychological aggression will be negatively related to employee well-being.

3.3.5. H_{A3a}: Co-worker psychological aggression will be negatively related to general health.

3.3.6. H_{A3b}: Co-worker psychological aggression will be negatively related to work engagement.

H_{A4}: Family supportive supervisor behavior's (FSSB's) will have moderating

effect in relationship between aggression from patients or next of kin and employee well-being.

3.3.7. HA4a: Family supportive supervisor behavior's (FSSB's) will moderate the relationship between aggression from patients or next of kin and general health.

3.3.8. HA4b: Family supportive supervisor behavior's (FSSB's) will moderate the relationship between aggression from patients or next of kin and work engagement.

HA5: Family supportive supervisor behavior's (FSSB's) will have moderating effect in relationship between workplace aggression and employee well-being.

3.3.9. HA5a: Family supportive supervisor behavior's (FSSB's) will moderate the relationship between aggression from work place aggression or next of kin and general health.

3.3.10. HA5b: Family supportive supervisor behavior's (FSSB's) will moderate the relationship between aggression from work place aggression or next of kin and work engagement.

3.4 Research Design:

Research design can be defined as the blueprint of the research that a researcher intends to carry out. It is a general framework and works as a map for the systematic collection, analyzing and obtaining the meaningful outcomes of the data. In the present study Cross-sectional research design has been used. An ex-Cross-sectional research design is an ideal replacement of experimental research design in social settings to test the hypothesis for correlational or cause and effect studies (Simon & Goes, 2013). Cross-sectional research design is perfect alternative to experimental research when characteristics like human behavior are to be studied where pure experimentation is unethical and not possible. Data for the present study was collected using survey method through the standardized questionnaires on the variables below.

3.5 Operational definitions:

An operational definition clearly defines a concept, variable, or phrase so it may be assessed, observed, or tested. It describes the methods used to measure or determine the notion or variable under inquiry. Operational definitions let researchers objectively measure and evaluate abstract or complicated topics. Researchers can ensure uniform and repeatable measurements by creating operational definitions. This validates their results and lets other researchers build on them. An operational definition allows researchers to objectively observe and derive relevant conclusions from abstract or theoretical concepts.

3.5.1. Family supportive supervisor behavior's:

Family supporting supervisor behavior's (FSSB) are acts made by managers to support their workers' family lives and assist them in balancing work and family duties. Family supporting supervisor behavior's can refer to a variety of distinct behavior's, such as employees flexible work schedules, or other concessions that allow them to better combine their work and family duties. Offering employee's much needed emotional assistance as well as empathy when they face family related issues or stressors. Providing informational support include informing employees about family-related resources and services, such as

childcare possibilities or eldercare assistance. Providing instrumental support entails giving employee's practical assistance, such as financial assistance or time off to deal with family concerns. Modeling healthy work-family balance behaviors, such as taking time off for family events or prioritizing family duties is part of this. Overall, Family supporting supervisor behavior's may be defined as a set of behaviors that supervisors engage in to help their employees support their family lives and efficiently balance their work and family duties. Supervisors can increase employee well-being and happiness, boost productivity and job performance, and create a good and supportive work environment by providing employees with the assistance and tools they need to manage their family lives.

3.5.2. Work engagement:

Work engagement is a good, fulfilling, and work-related mental state characterised by vigor, dedication, and immersion. It refers to the degree to which employees are emotionally invested in and committed to their work, have a sense of purpose and fulfilment in their work, and are completely immersed in their work activities. The worker's level of energy, excitement, and resilience in their work is referred to as vigor. An employee that is highly engaged is likely to be active, enthusiastic, and willing to put out effort in their work activities. Employee dedication relates to their sense of significance, pride, and excitement for their work. A highly engaged person is likely to be passionate about what they do, to find a purpose and significance in their employment, and to be dedicated to meeting work-related objectives. Absorption refers to an employee's level of concentration and participation in their task. A highly engaged individual is likely to be completely

immersed in their work, to lose track of their time while working, and to experience a sense of flow or profound interest in their work. Overall, work engagement can be defined as a mental state in which individuals are totally immersed in and committed to their work, have a sense of purpose and fulfilment, and are completely absorbed in their work activities. Organisations can enhance employee motivation, job satisfaction, productivity, and overall performance by fostering work engagement.

3.5.3. Workplace aggression:

Workplace aggression is defined as any behavior in the workplace that is designed to physically or psychologically harm or injure someone. Physical violence, verbal abuse, harassment, intimidation, and bullying are all examples of workplace aggressiveness.

Workplace aggression has the following elements.

Intent: The deliberate quality of the behavior is referred to as intent. Workplace aggression refers to intentional behavior's that are meant to cause harm or injury to another individual.

Harm: The negative repercussions of the behavior are referred to as harm or injury. Workplace aggressiveness refers to behavior's that cause harm or injury to another individual, whether physically or psychologically.

Form: Physical violence, verbal abuse, harassment, intimidation, and bullying are all examples of workplace aggressiveness. Overall, workplace aggressiveness is a serious and detrimental workplace behavior that can have negative implications for both the individual being targeted and the organisation as a whole.

3.6 Employee well-being:

Employee well-being is the state of physical, mental, and emotional health in which an employee can work efficiently and feel fulfilled in their personal and professional lives. Physical health, emotional health, job happiness, work-life balance, and general life satisfaction are all issues to consider.

Employee well-being includes the following elements.

Physical health relates to an employee's physical condition, which includes their degree of fitness, energy levels, and capacity to fulfil job obligations.

Mental health relates to an employee's emotional and psychological status, including stress, anxiety, and overall mental well-being.

Job satisfaction refers to an employee's level of job satisfaction, which includes engagement, motivation, and a sense of fulfilment.

Job-life balance: Refers to an employee's capacity to balance their job commitments with their personal life, including time management, task prioritization, and maintaining healthy relationships.

Overall life satisfaction refers to an employee's overall degree of contentment with their life, which includes their relationships, health, wealth, and general sense of

purpose and fulfilment. Employee well-being can be viewed as a holistic notion that includes a variety of physical, mental, and emotional components. Organisations can increase employee motivation, job satisfaction, productivity, and overall performance through fostering employee well-being, as well as contributing to their employees' general health and well-being.

3.7 Variables

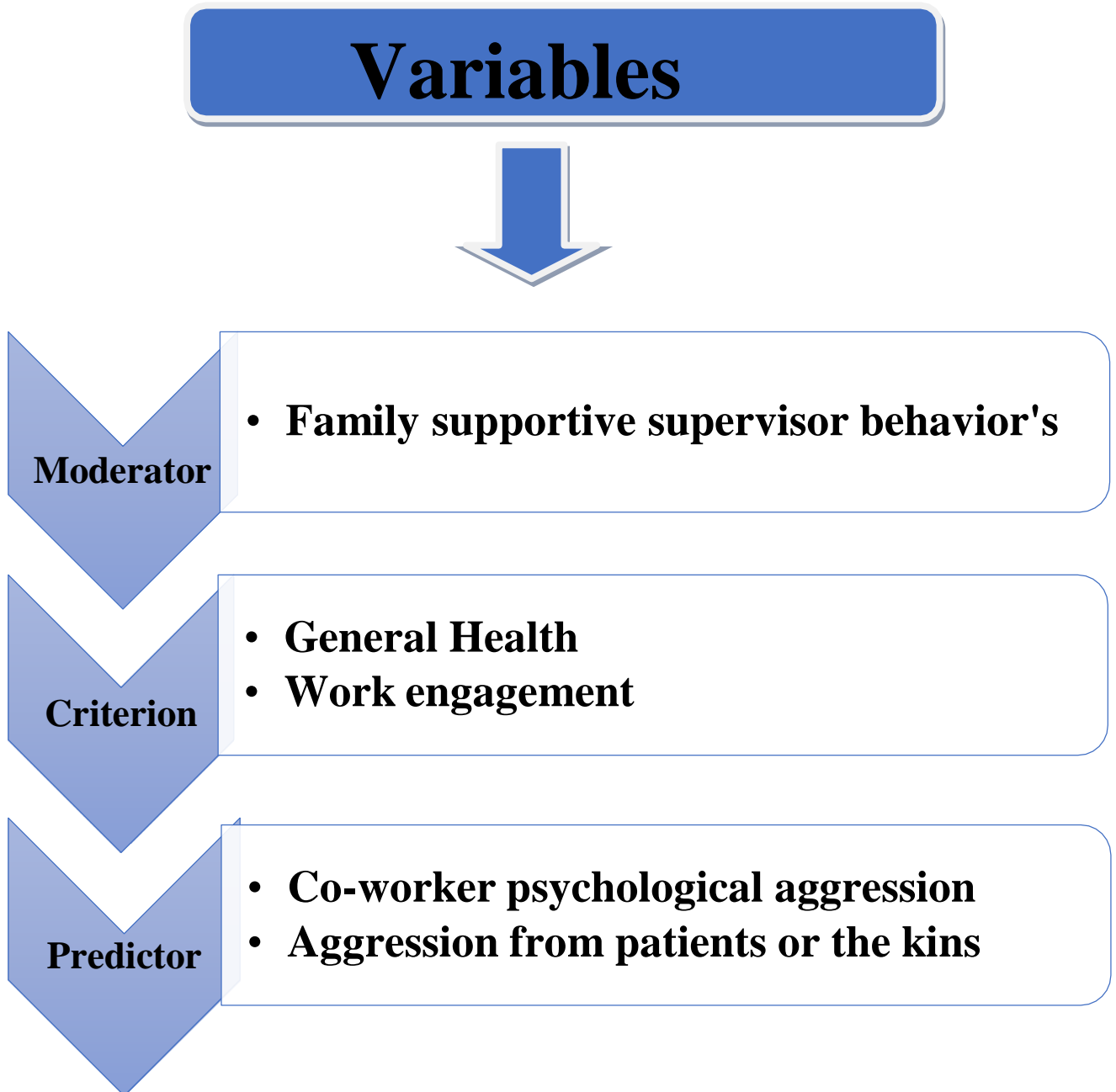


Fig: 3.5 Flow chart of variables

3.8 Statistical Analyses:

Moderation analysis with the help of linear regression analyzing the moderating role of family supportive supervisor behavior (FSSB) in the relationship between workplace aggression and employee well-being. The correlation using SPSS is used to find out the relationship among the study variables. Descriptive Statistics like frequency, mean, standard deviation etc. are used to describe data characteristics.

3.9 Participants

Participants for the present study were 400 nurses working in different Private hospitals of Jammu and Chandigarh Tricity. The age group of the participants will be 20 to 45 years. Purposive and convenient sampling techniques are employed to extract the sample from the study population. To collect the data the questionnaires were distributed among the nursing professionals after taking the verbal consent and explaining the purpose of the research to the participants. Due official permission for collecting the data for the present study was sought from the hospitals, while some of the hospitals provided the official permission to the researcher some were hesitant. As some higher authorities of some hospitals were skeptical about the official permission, Researcher has used the doctors and personal references for the collection of the data. A total of 523 response sheets were obtained and processed. All the incomplete or irrelevant response sheets were omitted in due course.

3.10 Inclusion Criteria:

- ✦ Both male and females working in nursing professionals will be taken as participants.
- ✦ Only those nurses with an experience of 6 months in their current organisation will be taken as participants for the study.
- ✦ Only those nurses will be taken as participants who will participate in the study voluntarily.

3.11 Exclusion Criteria:

- ✦ Those nurses who are not willing to participate in the study.

3.12 : Tools:

3.12.1. Negative Act Questionnaire NAQ-R:

Co-worker psychological aggression will be assessed by using the revised version of the negative act questionnaire (NAQ-R: Einarsen et al., 2009). It is 22 items questionnaire with responses on the five-point scale ranging from never to daily. The NAQ is one of the widely used questionnaires in assessing co-worker psychological aggression throughout the world, as co-worker psychological aggression needs to be assessed in the Indian context. Indian organisations are reluctant to give access to their organisational settings due to the negative nature of co-worker psychological aggression. Sometimes employees are also reluctant to

report bullying due to fear of consequences, thus there was dire need of an indirect measure to assess bullying behavior's. NAQ-R is short in length and its reliability and validity are also established in the Indian context (Gupta et al., 2017).

3.12.2 Family Supportive Supervisor Behaviour's Questionnaire:

Family supporting supervisor behavior's will be assessed with a 14-item measure by (Hammer et al., 2009). The measure includes four subscales:

- Emotional support assessed with 4 items.
- Instrumental support assessed with 3 items.
- Role model assessed with 3 items.
- Creative work-family management assessed with 4 items.

The items were rated on a five-point Likert-type scale 1 to 5 with higher scores indicating greater "family supportive supervisory behaviors" (FSSB).

3.12.3 Aggression from patients or next of kin tool:

Aggression from patients or next of kin" will be measured with three items asking how often, Responses were given on a 5-point scale from 1 *Never to 5* Daily. Cronbach 's alpha for this scale was .81 (Reknes et al.,2017)

3.12.4 General Health Questionnaire:

Well-being will be assessed by using GHQ-12 by (Goldberg & Williams, 1988). This is a standardized and reliable self-reporting tool. This tool has been used for the screening of Psychological Distress and has been in used since long in primary

care research. GHQ has been extensively studied concerning almost every methodological aspect whether it is reliability or validity or cross-cultural differences. This scale has also been validated in different languages, cultures and diverse settings. Data from previous GHQ-12 validity studies have shown that age, gender and education level have no effects on the validity of GHQ-12 Goldberg et al. (1997).

3.10.5. Utrecht Work Engagement scale UWES-9:

Work Engagement will be assessed with Utrecht Work Engagement scale UWES-9 (Schaufeli et al., 2006). UWES-9 contains three sub-scales: Dedication, vigor, and absorption. Responses will be recorded on a 7-point scale ranging from 0*= never to 6*=always. Cronbach's alpha for this measure was .91.

CHAPTER 4

RESULTS AND

DISCUSSION

CHAPTER 4

RESULTS AND DISCUSSION

The methods for the current study were explained in the preceding chapter. This section discusses the current study's findings and discussions. It previews the descriptive and inferential statistics that have been used in the current study. Under each Table, the data tabulated in the Tables has been discussed and explained. The study's findings have been analysed in light of the objectives. The demographic profile of the participants is appended in Table 4.1.

Table 4.1 Demographic Profile

Percentage	No.	
Gender (N=400)		
[1] Male	71	17.75
[2] Female	329	82.25
Marital Status (N=400)		
[1] Married	353	88.25
[2] Unmarried	47	11.75
Age Group (N=400)		
[1] Between 25-30 years	158	39.5
[2] Between 23-35 years	112	28
[3] Between 35-40 years	108	27
[4] Between 40-45 years	22	5.5
Qualifications (N=400)		
[1] ANM	72	18
[2] GNM	157	39.25
[3] MMPW	6	1.5
[4] BSc Nursing	165	41.25

Table 4.2 Descriptive Statistics

Variable	N	M	SD
Co-worker psychological aggression	400	44.19	16.58
Aggression from Patients or Next of Kin	400	8.64	2.94
Work-Engagement	400	28.93	14.40
FSSB's	400	48.53	14.75
Well-being	400	13.59	7.78

Table 4.2 demonstrates the mean and standard deviations of the study variables. Workplace bullying score is having a mean of (M= 44.19, SD=16.58). Mean score of Aggression from Patients or Next of Kin scale is (M= 8.64, SD=2.94). Work engagement scale has a mean score of (M= 28.93, SD=14.40). Mean score of Family Supportive supervisor behaviors is (M= 48.53, SD=14.75). Well-being (General Health) scale has a mean score of (M= 13.59, SD=7.78).

Table 4.3 Correlations for Study Variables

Variable	Co-worker psychological aggression	Aggression from Patients or Next of Kin	Work Engagement	FSSB	Well-being
Co-worker psychological aggression	1	–	–	–	–
Aggression from Patients or Next of Kin	.20**	1	–	–	–
Work-Engagement	-.51**	-.59**	1	–	–
FSSB's	-.67**	.41**	.59**	1	–
Well-being	.52**	.64**	.72**	-.68**	1

** $p < 0.01$.

Table 4.3 showed that Family supportive supervisor behavior's were found to be negatively correlated with nurses' well-being ($r = -.68, p.01$). This signifies that an increase in Family supportive supervisor behavior's leads to a decline in general health scores. Since higher scores on the general health scale stand for poor general health, in this context, the negative correlation between Family supportive supervisor behavior's and general health will mean otherwise. As a result, it must be concluded that having higher Family supportive supervisor behavior's determines better overall health in this study. Therefore, the hypothesis stating "Family supportive supervisor behavior's are positively related to employee well-being" is supported. Furthermore, Table 4.3 clearly shows that Family supportive supervisor behavior's are positively correlated ($r = .59, p.001$) with nurses' work engagement. Therefore, the hypothesis stating "family supportive supervisor behavior's (FSSB) will be positively related to work engagement" stands supported. Is it true that Family

supportive supervisor behavior's have an impact on general health among nurses or other individuals working in various sectors? This question has tempted scientists and researchers over the last decade to conduct studies to find out an answer. Many studies have been conducted in this direction, and the relationship has been found to be positive. However, understanding the complicated nature of studies of this kind has always been a challenge. Simultaneously, years ago, research studies were also conducted to understand Family supportive supervisor behavior's in relation to organisational climate, job satisfaction, burnout, etc. Han and Mclean (2020) conducted a study to investigate the impact of Family supportive supervisor behavior's and organisational climate on employees' work-family conflict, job satisfaction, and intention to leave. It was found that Family supportive supervisor behavior's have a significant impact on work-family conflict and organisational work-family climate. Furthermore, work-family conflict mediated the relationship between Family supportive supervisor behavior's and employees' turnover intentions to some extent. Hand in hand, the organisational work-family climate also showed a little but significant mediating effect between Family supportive supervisor behavior's and job satisfaction or turnover intentions. In the context of the current study, we are bound to conclude that the increase in general health can be significantly determined by Family supportive supervisor behavior's, but this is also complicated by the fact that many of the studies have shown mixed results, which makes it difficult to stick to one single conclusion. This compels researchers to come to the conclusion that Family supportive supervisor behavior's cannot always help in doing better in all work-related dimensions.

This is also the fact that Family supportive supervisor behavior's must be encouraged among industries, along with many other positive behavioural patterns. In our study, Family supportive supervisor behavior's have been studied in the context of nurses, which really demands a good amount of attention and is also a vulnerable population to work-place strains. Many of the countries around the world are in a serious struggle to maintain their health care

systems, and maintaining a good number of quality nurses is an inevitable component of the health care model that these countries are trying to develop. A good health care system is not possible unless and until the cost of compromising on the quality of patient care becomes unaffordable, and providing quality patient care is inevitably impossible without an adequate number of quality nurses with good physical and mental health. The burden nurses carry in their work lives is gaining much attention, and realizing their importance is the beginning of positive change. The researchers have understood that understanding the problems and identifying the solution in the context of the work lives of nurses is important, and that is how the change has already begun and is quite noticeable. According to (Evanoff et al., 2020) family-supportive supervisor behavior's are positively related to the general health and well-being of employees. Crain and Stevens (2018) discovered at least nine research articles on the relationship between family supportive supervisor behavior's and well-being related constructs in a review study and discovered that family supportive supervisor behavior's are negatively related to stress and burnout. Johnson (2014), in a study conducted on higher education teachers in the United States, examined the relationship between the "family supportive supervisory behaviors" (FSSB), job satisfaction, organisational commitment, and subjective well-being. This study was significant in a way that the results revealed a positive relationship between Family supportive supervisor behavior's and work engagement, and at the same time, Family supportive supervisor behavior's are also significantly related to subjectivewell-being indirectly through work engagement.

Family supportive supervisor behavior's demonstrate that supervisors care about their subordinates' needs and well-being by allowing them to devote time and energy to their lives outside of the family, thereby improving their overall health. Family supportive supervisor behavior's also communicate to employees that their managers are sympathetic, approachable, and willing to assist them with family-related issues. In the nursing population, which mostly consists of females, and in a country like India, where females are supposed to

take care of the family along with their professional duties, a workplace resource that can handle these aspects directly or indirectly is beneficial to the health care industry. Rofcanin et al. (2020) studied the dual-earner couples in their study to demonstrate the relevance of Family supportive supervisor behavior's and their importance to managing work-life conflict and overall perceptions of health. According to the findings of the preceding study, Family supportive supervisor behavior's can be used as a workplace resource to manage work-family conflict and improve employees' overall well-being. In the same table it is indicated that aggression from patients or next of kin is also positively correlated with employee well-being ($r=.64$ $p<0.01$). The interpretation of the scores in this case will also be done following the above-mentioned logic. So, this makes us conclude that the hypothesis saying "Aggression from Patients or Next of Kin will be negatively related to employee well-being" supported. The table 4.3 also reveals a negative correlation between aggression from patients or next of kin and work engagement ($r=-.59$, $p<.001$). Therefore, the hypothesis "Aggression from Patients or Next of Kin will be negatively related to Work Engagement" stands supported. So eventually it can be concluded that the major hypothesis stating "Workplace aggression will be negatively related to employee well-being" along with all its parts mentioned above stands supported. Both general line nurses and psychiatry nurses are prone to aggression from patient side and co-worker psychological aggression, and nurses reporting the exposure to either of aggression also reported decline in work ability and detritions in general and psychiatry health (Pekurinen et al., 2017). Cheng et al. (2020) in a study conducted on health care workers revealed that both the forms of aggression i.e. workplace bullying and aggression from patients have a negative effect on work outcomes like work engagement. Another study conducted by (Lam, 2002) intends to investigate the exposure of aggressiveness and its impact on psychological health of nurses working in different hospitals; nurses were exposed to different levels of aggression from patients at least once prior to four weeks before the survey. Forty percent of the nurses were exposed very

frequently as compared to others. The study concluded that forty percent of nurses started suffering from psychological distress. Ten percent suffered moderate to severe levels of depression. It was concluded that frequent exposure of nurses to various aggressive patients is horrifying for the health of nurses including their other dimensions of work. Like ours this research study also advocates the importance of support system to the nurses and other health care professionals. Patient aggression is a common occurrence in the workplace for many health care workers. Schablon et al. (2018) conducted a survey to investigate the frequency, nature, and handling of aggressive behavior by facility management. According to this cross-sectional study conducted across 81 different healthcare facilities and over 1900 employees, 94.1% of health care employees have experienced verbal abuse and 69.8% have experienced physical aggression. Aggression was most commonly encountered on hospital grounds, and the consequences were that one-third of the employees experienced high levels of stress as a result.

The table 4.3 talks about co-worker psychological aggression and employee well-being also. It demonstrates that co-worker psychological aggression is positively correlated with general health ($r=.52$ $p<.0.01$). The higher scores of the scale used to measure co-worker psychological aggression indicates higher psychological aggression but at the same time the higher scores of general health scale are interpreted differently. The higher scores in well-being scale refer to lower or deteriorated general health in actuality. So, this means the scores obtained by the general health scale are interpreted in an opposite direction. Therefore, hypothesis claiming “Co-worker psychological aggression will be negatively related to employee well-being” stands supported. The correlation results between Co-worker psychological aggression and work engagement are mentioned in table 4.3 as well. The scores indicate a negative correlation between co-worker psychological aggression and work engagement ($r=-.51$, $p<.001$). Thus, the hypothesis “Co-worker psychological aggression will be negatively related to Work Engagement” is supported. Aggression at workplace is very important dimension within as well as outside the

organisation which generally is intended to harm the workers physically or psychologically in work place context. This behavior may take various forms depending upon the intention, the victim and the circumstances. A study conducted in Germany identified the existence of exposure of healthcare workers to aggression at higher levels. They concluded that in last twelve months eighty percent of health care workers are exposed to various forms of aggression among which ninety-four percent were exposed to verbal aggression and almost seventy percent witnessed physical aggression. There is no consensus on the exact percentage when going through other studies, but it has been clearly identified across the research studies that, health care workers have been the victim of physical and psychological aggression which significantly effects their general health, work engagement, adjustment, productivity and job satisfaction. Many of the studies have particularly focused on the impact of aggression on nurses. A number of studies stand as a testimony that aggression or violence of any kind impacts the health worker's mental health. Specifically, some studies have concluded that the nurses if exposed to workplace aggression and violence can affect their work engagement, general health and other positive dimensions. A study conducted by Sylvie et al. (2020) revealed that the exposure of nurses to the violence or aggression of verbal or physical in nature enhances their emotional exhaustion, personal accomplishment and depersonalization. In the same study researchers have identified the importance of counselling in case of critical episodes of aggression has a potential to moderate the relationship between the various forms of aggression and all dimensions of burnout, though the study did not find any moderating effect for emotional exhaustion and personal accomplishment.

The findings of this research study echo the research which were conducted previously and similarly goes in consistency with the current research study. Aggression and violence are very common. This is an issue that healthcare facilities are increasingly dealing with. Raising awareness is likely to increase the number of incidents reported. In a similar study, Antón et al. (2022)

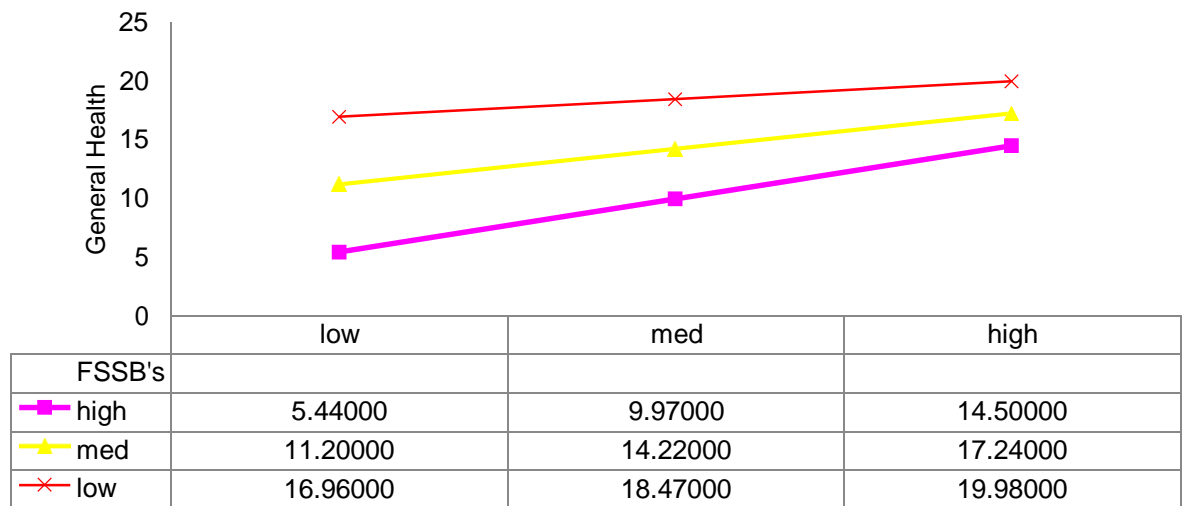
while conducting a study to assess the prevalence and consequences of workplace aggression in police department in Spain, revealed that law enforcement officers are at a very susceptible position when it comes to exposure to workplace aggression. Results of the study also revealed that there is a high prevalence of workplace aggression in the organisations and workplace aggression is having a negative impact on overall well-being and job satisfaction of the employees. While going through a systematic review study on workplace violence, Hossain et al. (2020) reviewed more than one thousand articles on prevalence of workplace violence revealed that more than 60% of the healthcare workers were exposed to workplace violence and the biggest perpetrators of the same are the persons accompanying the patients. This makes us conclude that necessary steps should be taken in order to contain this, and interventions should be devised to check and limit the negative consequences workplace violence is going to have on overall well-being and work outcomes of the employees.

Table 4.4 Moderation of family supportive supervisor behaviors between aggression from patients or next of the kin and general health

Variables	Model 1			Model 2		
	B	β	S. E	B	β	S. E
Constant	13.59		.23	14.22		.24
Physical Aggression	3.38	.435	.26	3.02	.38	.25
FSSB's	-3.93	-.506	.26	-4.25	-.55	.25
FSSB's \times Physical Aggression				1.21	.195	.23
R ²	.628			.664		
Δ R ²				.036		

Table 4.4 shows that general health in model 1 the R^2 value .62 revealed that the predictors explained the 62% variance in the outcome with $F(2,396) = 334.3$, $p < .001$. The findings revealed that physical aggression from patients or accompanying attendant positively predicted general health scores ($\beta = .435$, $p < .001$) and "family supportive supervisory behaviors" (FSSB) negatively predicted the scores of the general health ($\beta = .506$ $p < .001$). In model 2, The R^2 value .66 that the predictors explained the 66% variance in the outcome with $F(3, 395) = 295$, $p < .001$. The findings revealed that physical aggression from patients or attendants positively predicted the scores of general health ($\beta = .38$, $p < .001$). "Family supportive supervisory behaviors" (FSSB) negatively predicted the scores of the general health ($\beta = -.54$ $p < .001$) and Co-worker psychological aggression \times FSSB's ($\beta = .195$ $p < .001$) is having a moderation effect. The ΔR^2 value of .036 revealed a change of 3.6% in the variance of model 1 and model 2 with $\Delta F(1,395) = 42$ $p < .001$. The findings showed that FSSB's has moderated in the relationship between physical aggression from patients or attendants and general health.

Figure 4.5 Mod-graph with Moderating Effect of Family Supportive Supervisor Behavior's between Physical Aggression from patients or next of kin and General Health.



Note. The figure is based on the sample of private hospital nurses.

Finding also revealed that under the conditions where the nurses had reported high levels of “Family supportive supervisory behaviors” (FSSB) and lower levels of physical aggression from patients or attendants have demonstrated an improved level of general health. Whereas, nurses who had reported higher levels of physical aggression from patients or attendants the effect of “family supportive supervisory behaviors” (FSSB) is diminishing which resulted in deteriorated general health. Although there is a moderating effect of “family supportive supervisory behaviors” (FSSB) in relationships between physical aggression from patients or attendants and general health of nurses the findings revealed that “family supportive supervisory behaviors” (FSSB) served as a more effective protective cover against low levels of patient aggression towards nurses. Findings of the current study also revealed that higher levels of physical aggressions from patients or attendants towards nurses are a strong workplace strain that has limited the influence of “family supportive supervisory behaviors” (FSSB). Although overall the findings of the current study also demonstrated that “family supportive supervisory behaviors” (FSSB) are

having a buffering effect when it comes to the relationship between aggression from patients or next of kin and general health of the nurses”.

Table 4.6 Moderation of family supportive supervisor behaviors between aggression from patients or next of the kin and work engagement.

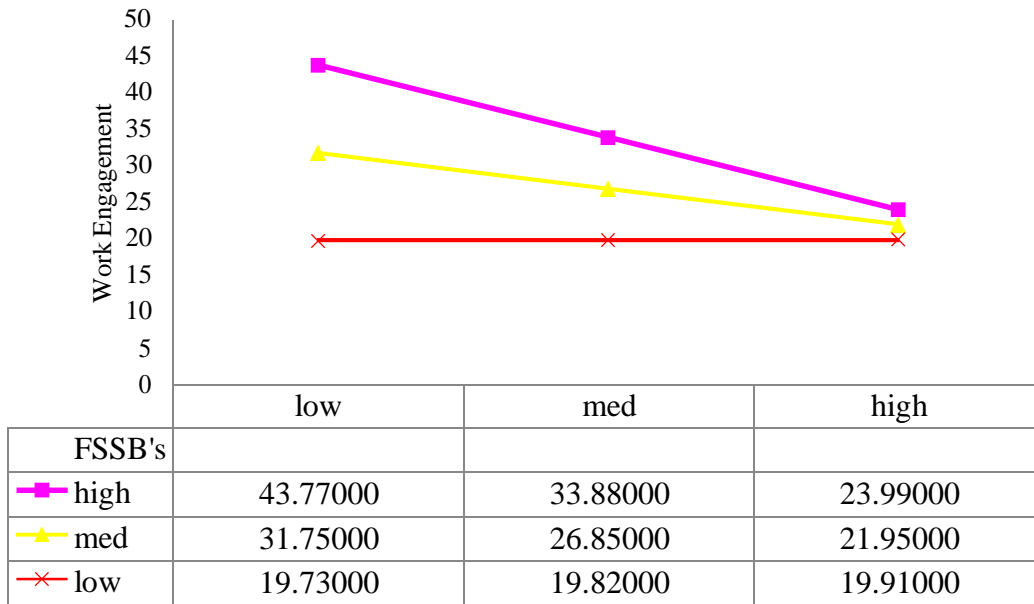
Variables	Model 1			Model 2		
	B	β	S. E	B	β	S. E
Constant	28.93		.51	26.85		.49
Physical aggression	-6.10	-.424	.56	-4.90	-.341	.50
FSSB's	5.99	.416	.56	7.03	.488	.50
FSSB's \times Physical aggression				-4.99	-.347	.032
R2	.500			.613		
Δ R2				.113		

Table 4.5 clearly shows that in model 1 the R² value .50 of work engagement revealed that the predictors explained the 50% variance in the outcome with F (2,396) = 197.99, $p < .001$. The findings revealed that physical aggression from patients or accompanying attendant negatively predicted work engagement ($\beta = -.424$, $p < .001$) and "family supportive supervisory behaviors" (FSSB) positively predicted the work engagement ($\beta = .416$, $p < .001$). In model 2, The R² value .61 that the predictors explained the 61% variance in the outcome with F (3, 395) = 208, $p < .001$. The findings revealed that physical aggression from patients or accompanying attendant negatively predicted work engagement ($\beta = -.341$, $p < .001$). "Family supportive supervisory behaviors" (FSSB) positively predicted the work engagement ($\beta = .488$, $p < .001$) and FSSB's \times physical aggression from patients or accompanying attendant ($\beta = -.347$, $p < .001$) negatively predicted work engagement. The Δ R² value of .113 revealed a change of 11.3% in the variance of model 1 and model 2 with ΔF (1,394) = 75.09, $p < .001$. The findings showed that "family supportive

supervisory behaviors" (FSSB) has moderated the relationship between physical aggressions from patients or accompanying attendant and work engagement.

The findings of the study were in line with already available literature. Family supportive supervisor behavior's were found to moderate the association between work-family conflict and outcomes like employee engagement in a study conducted by Hammer et al. (2009). Employees whose supervisors demonstrated family-supportive behavior's had higher rates of engagement on the job, even after accounting for the impact of work family conflict. Previous research findings also suggest that family supportive supervisor behavior's can mitigate the detrimental influence of patient hostility on work engagement. Rössler et al. (2010) investigated the moderating influence of supervisor support on the connection between patient hostility and work engagement among healthcare workers. Findings suggested that supervisor support, including behavior's that are family supportive, attenuated the unfavorable association between patient hostility and work engagement. This implies that when employees perceive high levels of family supporting supervisor behavior's, the negative impacts of patient aggressiveness on work engagement are minimized. Stamm et al. (2011) conducted research on the moderating effect of family supportive supervisor behaviors, on the relation between patient aggressiveness and job satisfaction among healthcare professionals. Even though the study did not explicitly measure work engagement, it did suggest that supervisor support attenuated the unfavorable association between patient hostility and job satisfaction. As a component of supervisor support, family supportive supervisor behaviors may assist in building work engagement by mitigating the negative impact of patient aggressiveness on job satisfaction. Cai et al. (2018) investigated the impact of job demands and job resources on burnout among nurses and work engagement, as well as the moderating effects on personal and work-related resources. According to the findings of the study, supervisor support may have a moderating role in promoting work engagement and minimising the negative consequences of job expectations, which might include patient aggression too.

Figure 4.7 Mod-graph with Moderating Effect of Family Supportive Supervisor Behavior's between aggression from patients or next of the kin and work engagement



Note. The figure is based on the sample of private hospital nurses.

Mod graph analysis from Figure 4.2 makes it clear that, family supportive supervisor behavior's prominently influence the relationship between patient aggression and work engagement. Although the results of the study also demonstrated that the moderating effect of family supportive supervisor behavior's is less pronounced if nurses reported higher severe exposure to the aggressive behavior's from patients or next of the kin

Table 4.8 Moderation of family supportive supervisor behaviors between co-worker psychological aggression and work engagement.

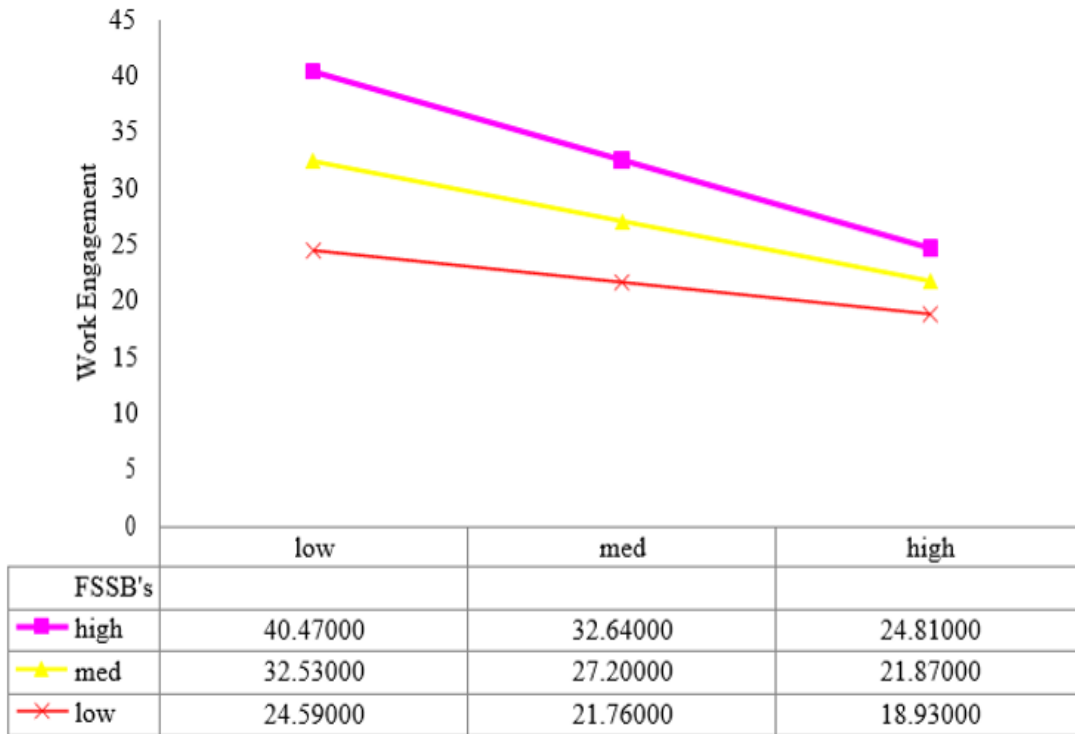
Model 1			Model 2			
Variables	B	β	S. E	B	β	S. E
Constant	28.93		.57	27.20		.68
Workplace bullying	-3.12	-.217	.77	-5.33	-.370	.91
FSSB's	6.44	.448	.77	5.44	.378	.78
FSSB's × Workplace bullying				-2.58	-.205	.60
R2	.614			.637		
ΔR^2				.028		

Table 4.6 exhibits that in model 1 the R^2 value .61 of work engagement revealed that the predictors explained the 61% variance in the outcome with $F(2,396) = 120.02, p < .001$. The findings revealed that co-worker psychological aggression negatively predicted work engagement ($\beta = -.21, p < .001$) and "family supportive supervisory behaviors" (FSSB) positively predicted the work engagement ($\beta = .44, p < .001$). In model 2, The R^2 value .63 that the predictors explained the 63% variance in the outcome with $F(3, 395) = 89.73, p < .001$. The findings revealed that co-worker psychological aggression negatively predicted work engagement ($\beta = -.37, p < .001$). "Family supportive supervisory behaviors" (FSSB) positively predicted the work engagement ($\beta = .378, p < .001$) and Co-worker psychological aggression \times FSSB's ($\beta = -.205, p < .001$) negatively predicted work engagement. The ΔR^2 value of .028 revealed change 2.8 % in the variance of model 1 and model 2 with $\Delta F(1,395) = 18.52, p < .001$. The finding of the study revealed that "family supportive supervisory behaviors" (FSSB) has moderated the relationship between co-worker psychological aggression and work engagement. Several studies have shown that family supportive supervisor behaviors reduce the detrimental impact of workplace hostility. Results of the current study revealed a moderating effect of family supportive supervisor behavior's which is supported by the already available

literature. Wayne et al., (2013), investigated the moderating effect of family supportive supervisor behaviors on the correlation between aggression at work and employee well-being. Employees who perceived their supervisor behaviors as family supportive experienced lower levels of negative affect and higher levels of satisfaction with their work, even in the context of workplace aggressiveness, according to the research. Family supportive supervisor behaviors served as a buffer, decreasing the negative impacts of workplace aggression on well-being. Furthermore, Demsky et al. (2015) investigated the influence of family supportive supervisor behaviors in the association between workplace aggressiveness and work-family conflict. The findings revealed that the presence of family supportive supervisor behaviors decreased the favourable relationship between workplace aggressiveness and work-family conflict. This shows that employees who perceive their supervisors' assistance in coping with workplace violence may have less work-family conflict, leading to improved well-being. Carlson et al. (2000) investigated the link between work-family conflict and workplace well-being. Although the study does not explicitly evaluate the moderating influence of family supportive supervisor behaviors, it does imply that lowering work-family conflict can lead to improved well-being among employees who are subjected to workplace aggressiveness. Breevaart et al. (2014) explored the influence of family supportive supervisor behaviors in regulating the connection between co-worker psychological aggression and job engagement. According to the findings, family supportive supervisor behaviors mitigated the negative relationship between co-worker psychological aggression and job engagement. This implies that when employees perceive the actions of their supervisor as family supportive, the negative impacts of co-worker psychological aggression on job engagement are minimized. Einarsen et al. (2011) conducted a study to investigate the moderating effect of support from supervisors on the link between co-worker psychological aggression and well-being of workers. While the study does not directly address family supportive supervisor behaviors, it does imply that social support from supervisors can mitigate the detrimental impact of co-worker psychological aggression on employee well-being. Supportive acts, understanding, and flexibility displayed by supervisors towards workers' family and personal life duties are examples of family supportive supervisor behaviors. These behaviors have been linked

to favorable employee outcomes such as work engagement. Supervisory behaviors that are supportive of family members may potentially have a moderating influence in the association between co-worker psychological aggression and job engagement (Hammer et al., 2011).

Figure 4.9 Mod-graph with Moderating Effect of Family Supportive Supervisor Behavior's between coworker psychological aggression and Work Engagement.



Note. The figure is based on the sample of private hospital nurses.

Mod graph plotted to see the moderating effect of "family supportive supervisory behaviors" (FSSB) in relationship between co-worker psychological aggression and work engagement revealed that the nurses who reported low co-worker psychological aggression in presence of high "family supportive supervisory behaviors" (FSSB) are having increased levels of reported work engagement. On the other hand, nurses reporting high levels of co-worker psychological aggression are having low levels of work engagement

even in presence of high "family supportive supervisory behaviors" (FSSB). The findings suggested that the positive effect of high "family supportive supervisory behaviors" (FSSB) on work engagement tends to decrease in presence of high levels of co-worker psychological aggression as high.

"Family supportive supervisory behaviors" (FSSB) are having less pronounced positive interaction between co-worker psychological aggression and work engagement in presence of high workplace bullying. Family supportive supervisor behavior's were found to moderate the association between work-family conflict and outcomes like employee engagement in a study by (Hammer et al., 2005). Employees whose supervisors demonstrated family-supportive behavior's had higher rates of engagement on the job, even after accounting for the impact of work-family conflict. Co-worker psychological aggression or workplace bullying is a serious issue that can have a negative impact on nurse's well-being and job engagement. Recent study, however, has shed light on the moderating impact of family supportive supervisor behaviors in this connection, demonstrating their varying influence according on the severity of co-worker psychological aggression faced. When employees confront significant levels of co-worker psychological aggression, the impact of supporting supervisor behaviors tends to be less prominent. Employees in such hostile work circumstances may feel increased stress, psychological discomfort, and lower engagement as a result of constant exposure to bullying behaviors (Einarsen et al., 2011; Nielsen et al., 2020). Employees may struggle to find relief from the bullying scenario, which may overshadow the potential good benefits of family supporting supervisor behaviors (Aryee et al., 2007; Nielsen et al., 2010). Understanding these disparities is critical for organisations seeking to eliminate co-worker psychological aggression while also promoting employee well-being and engagement. In high risk bullying situations, organisations should prioritize implementing comprehensive anti-bullying strategies, such as establishing a zero-tolerance policy, providing training on respectful workplace behaviors, and establishing reporting mechanisms (Einarsen et al., 2017; Nielsen et al., 2020). While family supportive supervisor behaviors are still vital, addressing the

underlying reasons of workplace violence is critical for creating a safe work environment.

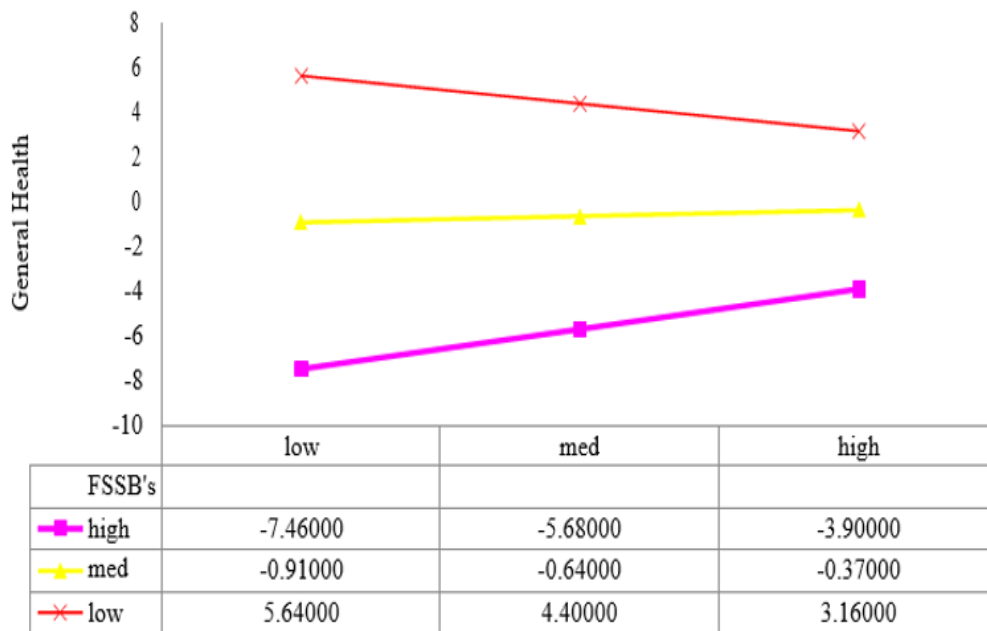
Table 4.10 Moderation of family supportive supervisor behaviors between co-worker psychological aggression and general health.

Model 1			Model 2			
Variables	B	β	S. E	B	B	S. E
Constant	13.59		.28	13.16		.34
Workplace bullying	.83	.10	.38	.27	.036	.46
FSSB's	-4.79	-.61	.38	-5.0	-.647	.05
FSSB's \times Workplace bullying				-.646	-.095	.30
R ²	.478			.484		
Δ R ²				.006		

Table 4.7 demonstrates that general health in model 1 the R² value .478 revealed that the predictors explained the 47% variance in the outcome with F (2,396) = 181.2, $p < .001$. The findings revealed that Co-worker psychological aggression positively predicted general health scores ($\beta = .10$, $p < .005$) and "family supportive supervisory behaviors" (FSSB) negatively predicted the scores of the general health ($\beta = -.61$, $p < .001$). In model 2, The R² value .484 that the predictors explained the 48% variance in the outcome with F (3, 395) = 123.2, $p < .001$. The findings revealed that co-worker psychological aggression positively predicted the scores of general health ($\beta = .036$, which is not statistically significant. "Family supportive supervisory behaviors" (FSSB) negatively predicted the scores of the general health ($\beta = -.64$, $p < .001$) and Co-worker psychological aggression \times FSSB's ($\beta = -.095$, $p < .005$) which negatively predicted the scores of general health. The findings showed that "family supportive supervisory behaviors" (FSSB) has moderated the relationship between co-worker psychological aggression and general health although the moderation is weak, but we can accept the hypothesis partially and conclude

that "family supportive supervisory behaviors" (FSSB) can have some effect on the relationship between co-worker psychological aggression and general health. The ΔR^2 value of .006 revealed a negligible change of 0.6% in the variance of model 1 and model 2 with $\Delta F(1,395) = 4.56 p < .001$.

Figure 4.11 Mod-graph with Moderating Effect of Family Supportive Supervisor Behavior's between coworker psychological aggression and General Health



Note. The figure is based on the sample of private hospital nurses.

As seen in the graphical representation this is very clear that there is a moderating effect and of "family supportive supervisory behaviors" (FSSB) effect in the relationship between co-worker psychological aggression and general health. It is also clear that high levels of "family supportive supervisory behaviors" (FSSB) while interacting with high levels of bullying behaviors are increasing the general health which signifies an improvement in general health. Several employee outcomes, such as decreased rates of planned turnover and increased rates of work satisfaction, have been associated to "family supportive supervisory behaviors" (FSSB) (Hammer et al., 2009, 2011; Odle-Dusseau et

al., 2012). Job-related resources, according to the COR theory, may mitigate the effects of job demands on stress reactions like burnout. "Family supportive supervisory behaviors" (FSSB) is a tool at the workplace that can prevent further dwindling of available resources. The impacts of workplace violence on both individual and organisational outcomes were found to be mitigated by the presence of organisational support, according to research by (Schat & Kelloway, 2003). Although the moderating effect of "family supportive supervisory behaviors" (FSSB) in the relationship between psychological aggression by co-workers and well-being is almost negligible i.e., less than 1 %, relevance of the same job resource cannot be denied. Similar results were obtained by (Yargui et al., 2017) in a study conducted on psychiatry nurses where "family supportive supervisory behaviors" (FSSB) only moderated in relationship between workplace bullying and physical symptoms, without having any moderation effect with any of other health outcomes. In current study although there is a moderation effect but that is very low i.e., less than 1 percent.

Discussion

The results of the current study draw attention towards some fascinating finding regarding the influence of family-supportive supervisor behaviors in relationship between patient aggression and work engagement is highlighted. Recent research has shown that the impact of these behaviors varies based on the level of aggression encountered in the workplace, with distinct effects observed in high and low aggression situations. When nurses experience high levels of patient hostility, it shows that the impact of family supportive supervisor behaviors on job engagement is less prominent. Employees in such demanding conditions may already be stressed and emotionally exhausted as a result of repeated meetings with hostile patients. As a result of the tremendous demands of coping with violence, the influence of family supportive supervisor behaviors such as understanding, aid, and resource supply may be

overshadowed (Demskey et al., 2019; Sulea et al., 2019). In contrast, in circumstances with low levels of patient hostility, the impact of family supportive supervisor behaviors on work engagement becomes more pronounced. Employees may feel relieved and regard their work environment as reasonably controllable when hostility is uncommon or mild. The presence of supportive supervisors who give empathy, help, and resources can have a more pronounced beneficial influence on workers' job engagement under these conditions (Bakker & Demerouti, 2017; Halbesleben et al., 2014). Understanding these disparities is critical for hospitals seeking to properly assist their staff particularly dealing with situations of patient aggression. When aggressiveness levels are high, health care organisations must concentrate on additional efforts to deal with the adverse effects of aggression, such as giving training programmes on coping skills or enacting policies to prevent patient hostility. Organisations, on the other hand, should recognize the probable impact of family supportive supervisor behaviors on work engagement in low aggression scenarios and invest in encouraging a supportive environment at work that fosters well-being for workers (Bakker & Demerouti, 2017; Halbesleben et al., 2014). Employees who have access to "family supportive supervisory behaviors" (FSSB) report increased levels of job satisfaction and engagement at work, and better overall health and well-being (Rofcanin et al., 2020). Lower absenteeism and reduced plans to leave are other benefits of FSSB's (Kossek et al., 2011). Companies benefit from "family supportive supervisory behaviors" (FSSB) since they lead to increased rates of employee retention and output (Rofcanin et al., 2020). The success of "family supportive supervisory behaviors" (FSSB) could be affected by several external variables. One such aspect is gender; women, who often take on a larger part of family obligations and report higher levels of work-family conflict, are more likely to benefit from "family supportive supervisory behaviors" (FSSB) than males (Rofcanin et al., 2020; Hammer et al., 2011). An additional consideration is cultural norms; research has shown that "family supportive supervisory behaviors" (FSSB) is more influential in societies that either prioritize resolving

work-family conflicts or place a high priority on maintaining work-life harmony (Kossek et al., 2011; Rofcanin et al., 2020).

Employee outcomes like work satisfaction, organisational commitment, and retention are positively influenced by supervisors who demonstrate "family supportive supervisory behaviors" (FSSB), according to the literature (Kossek et al., 2011). Employees can find a better balance between work and family life if their managers provide options like telecommuting and flexible scheduling (Hammer et al., 2011). In addition, supervisors who show compassion and understanding can foster an environment where employees feel comfortable speaking up and voicing their concerns (Kossek et al., 2011). Furthermore, "family supportive supervisory behaviors" (FSSB) can be advantageous to employers and workers alike. Supervisors can increase productivity, decrease absenteeism and turnover by encouraging a healthy work-family balance (Hammer et al., 2011). Work-life balance cultures fostered through "family supportive supervisory behaviors" (FSSB) have been shown to increase a company's credibility and appeal to new hires (Kossek et al., 2011). "Family supportive supervisory behaviors" (FSSB) is an important aspect that might affect workers' work-family balance and happiness on the job. Supervisors can have a significant impact on employee outcomes for the betterment of both the people and the organisations they manage. Due to alterations in social norms, demographic trends, and technology, the distinction between work and family has become increasingly hazy over the past few decades. Consequently, employees face a variety of difficulties in balancing their work and family responsibilities. Providing family-supportive supervisor behavior's is one way in which organisations can aid employees in navigating these challenges. Family supportive supervisor behavior's refer to supervisor actions and attitudes that demonstrate sensitivity and support for the work-family requirements of their employees. This may involve offering flexible work arrangements, providing emotional support, and being sensitive to the personal situations of employees. This behavior's can have a significant impact on employee well-being and organisational success, according to research.

Family supportive supervisor behavior's (FSSB) are gaining pace in the field of organisational behavior as an important factor that can contribute towards workers work-family balance and overall happiness at work (Kossek et al., 2011).

The ability of an employee to maintain a good balance between their private and professional lives is referred to as "work-family balance" in this context. "Family supportive supervisor behavior's" (FSSB) refers to "supervisors behavior's" that demonstrates sensitivity to their employees' work-family needs while improving employees' ability to manage work and family responsibilities" (Hammer et al., 2011). According to Kossek et al., (2011), supervisors who display "family supportive supervisory behaviors" (FSSB) can have a positive impact on employee outcomes such as work satisfaction, organisational commitment, work engagement, general health, and staff retention. Managers who give flexible working arrangements, such as the opportunity to work from home or change their schedules as needed, are better able to combine the requirements of both their professional and personal lives, according to (Hammer et al., 2011). Furthermore, according to (Kossek et al., 2011), supervisors who provide emotional support to their employees in the form of understanding and empathy can help build a healthy work environment that promotes open communication and lowers stress levels in the workplace. Furthermore, "family supportive supervisory behaviors" (FSSB) can benefit both organisations and their employees. Results of this study also establish that "family supportive supervisory behaviors" (FSSB) can work as a tool to deal with various workplace strains. Several studies have been conducted to study the link between family supportive supervisor behavior's (FSSB) and workplace hostility. Employees who perceive high levels of "family supportive supervisory behaviors" (FSSB) from their supervisors are less likely to face workplace aggressiveness, such as verbal abuse, physical assault, and sexual harassment, (Liu et al., 2013). Further investigation discovered that supervisors that exhibit "family supportive supervisory behaviors" (FSSB) behavior's can contribute to a pleasant work environment, lower employee stress, and

minimized the chance of workplace aggressiveness (Grawitch et al., 2016). Results of this study also revealed that managers are more likely to report episodes of workplace hostility, if somehow, they perceive their supervisor as supportive. Further Employees who have experienced workplace violence are more likely to have a negative opinion of their supervisors' behavior's (Tucker et al., 2017).

Employees who encounter higher degrees of workplace aggressiveness, in particular, are not likely to believe that their managers support their family duties and are least likely to believe that their managers are compassionate and caring. There are numerous research that support the importance of "family supportive supervisory behaviors" (FSSB) in minimizing workplace hostility and establishing a positive work environment. Family friendly policies by organisations in shape of supportive supervision can help in mitigating the effect of high job demands like work place violence on employee well-being (Kim et al., 2023). When employees perceive high levels of "family supportive supervisory behaviors" (FSSB), the detrimental impact of job demands on workplace hostility is decreased, according to the study. Li et al., (2020) investigated the effect of "family supportive supervisory behaviors" (FSSB) in the link between employment instability and workplace aggression. According to the findings, "family supportive supervisory behaviors" (FSSB) can mitigate the harmful impact of job insecurity on workplace violence, especially for individuals who perceive high levels of organisational politics. Employee emotional weariness and workplace hostility can be moderated by "family supportive supervisory behaviors" (FSSB). According to the findings of the study, when employees perceive high levels of "family supportive supervisory behaviors" (FSSB), the harmful influence of emotional tiredness on workplace violence is mitigated. Wang et al., (2021) in a study discovered that "family supportive supervisory behaviors" (FSSB) was connected to workplace hostility and that aggression at work was related to employee well-being. The research also discovered that "family supportive supervisory behaviors" (FSSB) can mitigate the detrimental effects of workplace hostility on employee well-

being.

Liu et al., (2021) investigated the effect of psychological safety as a moderator in the link among "family supportive supervisory behaviors" (FSSB) and workplace violence. According to the findings of the study, psychological safety moderated the association between "family supportive supervisory behaviors" (FSSB) and workplace aggressiveness, implying that "family supportive supervisory behaviors" (FSSB) can promote a pleasant work environment and lower workplace aggression by boosting employees' sense of safety. "Family supportive supervisory behaviors" (FSSB) was found to be negatively connected to workplace aggression in the study, implying that nurses who perceived higher levels of "family supportive supervisory behaviors" (FSSB) from their superiors are more unlikely to engage in aggressive behavior in the workplace. Family friendly supervisor behaviors are critical in encouraging work-life balance and employee well-being, particularly in demanding industries such as healthcare.

This research investigates the relationship of family friendly supervisor behaviors in the health care industry, focusing on the advantages and consequences for of the same if implemented. As the results of the present study demonstrated that "family supportive supervisory behaviors" (FSSB) are positively related to job resources like enhanced job engagement and general health, There was also a buffering effect of the same in relationship between work place aggression and employee well-being, Hence it can be concluded here that through the direct positive relationship with general health and work engagement, "family supportive supervisory behaviors" (FSSB) can also enhance other positive aspect of an employee's life such as work-life balance, job satisfaction and reduced turnover intention. By going through the available literature review and the results of the present study it can be concluded that application of "family supportive supervisory behaviors" (FSSB) can be a fruitful implication in health care sector in India. Some of the other benefits of "family supportive supervisory behaviors" (FSSB) in the health care sectors are as follows.

Improving Work-Life Balance: Family friendly supervisor behaviors, such as scheduling flexibility and allowing time off for family commitments, contribute to enhanced work-life balance among healthcare professionals (Hill et al., 2020). These practices enable nurses to balance personal and family obligations with professional obligations. As in a country like India female employees are having an extra obligation on them to manage the family too with work, "family supportive supervisory behaviors" (FSSB) can be playing a vital role in helping nurses to manage work- life balance.

Reducing Work-Related Stress: In the healthcare industry, supportive supervisors may minimize work-related stress by offering emotional support, resources for managing job demands, and fostering open communication (Allen, 2021). Such behaviors assist nurses to cope with the demanding nature of their work and contribute to a healthy work environment.

Improving Employee Well-being: Developing a sense of empathy and support via family supportive supervisor behaviors has a good influence on employee well-being. As a result, turnover and burnout intentions among healthcare personnel are reduced. Providing self-care services and encouraging work-life integration helps to enhance physical and mental health results.

Increased Job Satisfaction: Healthcare professionals who work for a family-supportive supervisor report better levels of job satisfaction and general well-being (Grzywacz et al., 2017). When managers prioritize employees' needs and help, it creates a good work atmosphere and increases job satisfaction.

Reduced Turnover: In the healthcare industry, family supportive supervisor behaviors relate to decreased turnover rates (Allen, 2021). Supervisors build a supportive workplace culture by appreciating the value of workers' personal life and giving flexibility, minimising the probability of people seeking employment elsewhere.

Improved Organisational Performance: When healthcare organisations encourage family supportive supervisor behaviors, staff morale and engagement improve (Kossek et al., 2011). Employees that are engaged are more likely to

offer high-quality treatment, which leads to improved patient outcomes and overall organisational effectiveness. The current study also investigates the connection between work engagement and workplace conflict. Work engagement is a good, gratifying, and energetic state of mind that people experience when doing their jobs. Workplace aggressiveness includes behaviors such as verbal abuse, physical assault, and psychological harassment directed at employees in the workplace. Understanding the link between job engagement and workplace aggressiveness is critical for fostering a positive work environment and improving the well-being of nurses. This is a very well-established fact that nurses are one of the most vulnerable populations when it comes to the aggressive behaviors, which can include psychological aggression from the co-workers or physical aggression from the patients or next of the kin. Work engagement for nurses is very important as less engaged nurses can negatively influence care giving. Workplace Aggression and Workplace Engagement in the Healthcare Sector:

Research indicates a negative association between work engagement and workplace violence in the healthcare industry. Engaged healthcare workers who are dedicated, enthusiastic, and immersed in their job are less likely to engage in or be targets of workplace violence (Bakker & Demerouti, 2007; Hoel et al., 2001). Work involvement functions as a barrier against the occurrence and consequences of workplace hostility.

Impact of Organisational variables: Within the healthcare industry, organisational variables can impact the link between job engagement and workplace aggressiveness. Workplace violence may be reduced by supportive leadership, organisational culture, and enough resources (Elovainio et al., 2017). High workload, insufficient support systems, and poor communication, on the other hand, might reduce job engagement and raise the likelihood of workplace aggressiveness.

Burnout's Mediating Role: In the healthcare industry, burnout, a condition of emotional weariness, cynicism, and impaired professional efficacy,

may moderate the association between job engagement and workplace violence (Leiter & Maslach, 2004). When job engagement falls and burnout rises, healthcare workers may become more exposed to workplace aggression because exhaustion weakens their capacity to deal with unfavorable encounters successfully. In the healthcare industry, work engagement is negatively connected to workplace violence. Healthcare organisations may develop a good work environment, improve employee well-being, and minimize workplace aggressiveness by encouraging job engagement and addressing organisational issues that lead to aggression. Prioritizing work engagement and building a supportive organisational culture are critical for healthcare organisations' overall performance and survival. The association between Family Supportive Supervisor Behaviors (FSSB), job engagement, and workplace aggression is investigated in this study. Understanding the relationship between "family supportive supervisory behaviors" (FSSB), job engagement, and workplace aggressiveness is critical for creating a healthy work environment and improving employee well-being.

"Family supportive supervisory behaviors" (FSSB) and Job Engagement: Research indicates a favorable association between "family supportive supervisory behaviors" (FSSB) and job engagement in the healthcare industry (Hammer et al., 2013). Supervisors who demonstrate supportive behaviors, such as giving employee's autonomy, recognizing their accomplishments, and promoting work-life balance, correlate to better levels of job engagement among healthcare professionals. "Family supportive supervisory behaviors" (FSSB) increases employees' passion and excitement for their jobs, resulting in higher workplace engagement.

Workplace aggressiveness and "family supportive supervisory behaviors" (FSSB): "Family supportive supervisory behaviors" (FSSB) has been found to be adversely linked with workplace aggressiveness in the healthcare industry (Kelloway et al., 1999). Healthcare workers perceive lower levels of workplace aggressiveness when their bosses exhibit supportive

behaviors. "Family supportive supervisory behaviors" (FSSB) leads to a pleasant work atmosphere characterized by respect, trust, and open communication, which protects healthcare workers from hostile behavior.

Job Engagement as a Mediator: In the healthcare sector, job engagement may act as a mediator between "family supportive supervisory behaviors" (FSSB) and workplace hostility. Positive emotions, job satisfaction, and organisational commitment are more probable among engaged healthcare professionals, acting as buffers against aggressiveness from co-workers and superiors (Demerouti et al., 2001). Higher levels of job engagement may attenuate the detrimental impacts of workplace aggression by increasing the resilience and ability of healthcare workers to cope with violent behaviors.

CHAPTER 5
SUMMARY,
CONCLUSION,
RECOMMENDATIONS,
SUGGESTIONS AND
LIMITATIONS

CHAPTER 5

SUMMARY, CONCLUSION, RECOMMENDATIONS, SUGGESTIONS AND LIMITATIONS

In the previous chapter data was analyzed, hence this chapter will be dealing with the findings obtained from the analyzed. The limitations, implication of the present study will be discussed in this chapter and furthermore, recommendations and suggestions for future researchers will also be discussed in detail.

5.1 Summary and conclusions

Certain findings and conclusions were obtained based on the results of the present study. Summary of each finding based on the objectives and hypothesis is discussed in detail below.

Objective 1: To find out the relationship between family supportive supervisor behaviors (FSSB) and employee well-being.

Results demonstrated that Family supportive supervisor behavior's (FSSB) are positively related to employee well-being. Family supportive supervisor behavior's (FSSB) are having a significant positive.

H_{A1}: Family supportive supervisor behavior's (FSSB) will be positively related to employee well-being.

H_{A1a}: Family supportive supervisor behavior's (FSSB) will be positively related to general health.

H_{A1b}: Family supportive supervisor behavior's (FSSB) will be positively related to work engagement.

On the other hand, Family supportive supervisor behavior's (FSSB) are having a significant negative correlation with general health, which signifies that the family supportive supervisor behavior's (Family supportive supervisor behavior's) are positively related to general health and the positive correlation is due to the nature of the tools used for the current study.

Objective 2: To find out the relationship between aggression from patients or next of kin and employee well-being.

H_{A2}: Aggression from patients or next of kin will be negatively related to employee well-being.

H_{A2a}: Aggression from patients or next of kin will be negatively related to general health.

H_{A2b}: Aggression from patients or next of kin will be negatively related to work engagement.

Based on the sign value of 0.01 results of the present study revealed that aggression from patients or next of kin is negatively related to overall well-being of nurses. This suggests that increase in the aggression from patients or next of kin will have a negative impact on the well-being of nurses. Furthermore, aggression from patients or next of kin is negatively associated with both the parameters of well-being taken into consideration for the present study. Aggression from patients or next of kin has a significant negative correlation with work engagement and significant positive correlation with general health.

Objective 3: To find out the relationship between co-worker psychological aggression and employee well-being.

H_{A3}: Co-worker psychological aggression will be negatively related to employee well-being.

H_{A3a}: Co-worker psychological aggression will be negatively related to general health.

H_{A3b}: Co-worker psychological aggression will be negatively related to work engagement.

Findings of the current study after analyzing the data with the help of Pearson's Correlation method reveal that Co-worker psychological aggression is negatively related to employee well-being. Results demonstrated a significantly negative correlation between Co-worker psychological aggression work engagement. Results also demonstrated a significantly positive correlation between Co-worker psychological aggressions and general health.

Objective 4: To find out the moderating effect of family supportive supervisor behaviors (FSSB) in the relationship between aggression from patients or next of kin and employee well-being.

H₄: Family supportive supervisor behavior's (FSSB) will have moderating effect in relationship

between aggression from patients or next of kin and employee well-being.

H4a: Family supportive supervisor behavior's (FSSB) will moderate the relationship between aggression from patients or next of kin and general health.

H4b: Family supportive supervisor behavior's (FSSB) will moderate the relationship between aggression from patients or next of kin and work engagement.

Results of the current study demonstrated that Family supportive supervisor behavior's (FSSB) have a moderating effect in the relationship between aggression from patients or next of kin and well-being of the nurses. Furthermore, results reveal a moderating effect of Family supportive supervisor behavior's (FSSB) in the relationship between aggression from patients or next of kin and general health. Results also demonstrated a moderating effect of Family supportive supervisor behavior's in the relationship between aggression from patients or next of kin and work engagement.

Objective 5: To find out the moderating effect of family supportive supervisor behaviors (FSSB) in the relationship between co-worker psychological aggression and employee well-being.

H4a5: Family supportive supervisor behavior's (FSSB) will have moderating effect in relationship between workplace aggression and employee well-being.

H_{A5a}: Family supportive supervisor behavior's (FSSB) will have a moderating effect on the relationship between co-worker psychological aggression and general health.

H_{A5b}: Family supportive supervisor behavior's (FSSB) will have a moderating effect on the relationship between co-worker psychological aggression and work engagement.

Results of the current study demonstrated that Family supportive supervisor behavior's (FSSB) have a moderating effect on the relationship between co-worker psychological aggression and well-being of the nurses. Furthermore, results reveal a moderating effect of Family supportive supervisor behavior's (FSSB) in the relationship between co-worker psychological aggression and general health. Results also demonstrated a moderating effect of Family supportive supervisor behavior's in the relationship between co-worker psychological aggression and work engagement.

5.2. Recommendations:

Based on the results of the present study and literature review following recommendations are made by the authors:

- **Implement nurse supervisor training programmes:** Provide specialized training for nurse supervisors on recognizing and dealing with workplace aggressiveness, improving communication skills, and fostering supportive

behavior. This training should also stress the need to create a pleasant work environment that prioritizes employee well-being.

- **Create guidelines and develop policies:** In order to combat aggressiveness in the workplace and foster an atmosphere of respect and professionalism, healthcare organisations should develop specific anti-harassment policies and operational processes. The hospitals should make sure that these policies are presented to each member of the staff, and that they contain reporting systems, investigative processes, and suitable repercussions for aggressive behaviors.
- **Improve both lines of communication and methods for receiving feedback:** It is important to foster communication that is both open and honest between nurses and their managers. This will help to create an environment in which nurses may confidently report episodes of workplace hostility without worrying that they will be punished for doing so. This will also help to establish routine feedback mechanisms, such as performance assessments or check-ins, in order to give assistance, resolve problems, and acknowledge the contributions made by nurses.
- **Promote the balance of work and personal life:** This will help in recognizing the nature of the nursing job which is very demanding and the possible impact of workplace aggressiveness on employee well-being. The hospitals should implement efforts that promote work-life balance through flexible scheduling of working hours, access to supportive policies, and

- self-care opportunities. Encouraging nurses to take breaks, participate in stress-relieving activities, and prioritize their own health.
- **Foster a positive and supportive working environment:** Encourage a supportive, collaborative, and respectful culture among healthcare teams also encourage cooperation, multidisciplinary collaboration, and shared decision-making opportunities. The need for supportive and cohesive connections between nurses and other healthcare workers should be emphasized.
 - **Provide mental health services to staff:** Make counselling services or staff support programmes available to nurses in order to address their emotional and psychological well-being. These programmes can assist nurses in coping with the impacts of workplace hostility by providing a secure area for them to speak about their issues and seek treatment.
 - Implementing the above-mentioned recommendations can be very vital from the point of view of the overall well-being of the nurses. Providing organisational support in the shape of supportive supervisors can enhance the well-being directly and indirectly too.

5.3. Suggestion for future researchers:

Future researchers interested in investigating the moderating effect of family supportive supervisor behaviors on the association between workplace aggression and nurse well-being can consider the following recommendations.

- **Examine the effect of indifferent healthcare settings:** Examine the moderating influence of family supportive supervisor behavior in diverse healthcare settings, such as hospitals, elderly care institutions, or outpatient clinics. Examining the effect of family supportive supervisor behaviors in minimizing the impact of workplace aggressiveness on nurse well-being that too in different contexts can give a more thorough understanding of the phenomenon.
- **Examine different dimensions:** Family supportive supervisor behaviors include emotional support, instrumental support, and support for work-family balance. Future studies should look at the exact characteristics of family supportive supervisor behaviors that are most effective at mitigating the negative impacts of workplace aggressiveness on nurse well-being. This can give important insights into the exact processes behind this behavior.
- **Consider how individual attributes play a role:** Examine the significance of individual qualities like resilience, coping techniques, and seeking social support in the association between workplace aggressiveness, family supportive supervisor behavior, and nurse well-being. Viewing how individual characteristics combine with supportive supervisor behavior in the family might give a more comprehensive view of the underlying processes.
- **Examine the long-term consequences:** Investigate the long-term effects of supportive family supervisor behavior on nurse well-being and work outcomes. Investigate if long-term family friendly supervisor behavior

promotes nurse retention, work satisfaction, and general well-being. Longitudinal research can give important insights into the long-term effects of this behavior.

- **Explore cross-cultural viewpoint:** Examine the moderating influence of family supportive supervisor behavior on workplace aggressiveness and nurse well-being in diverse cultural situations. Workplace conventions, expectations, and cultural values can all have an impact on the efficacy of family supportive supervisor behavior. Comparative research may shed light on cultural differences and give direction to healthcare organisations in a variety of situations.
- **Examine the role of organisational environment and interventions:** Family supportive supervisor behaviors and workplace hostility in healthcare settings using interventions and organisational practices. Examine the effects of training, supporting policies, and workplace positivity methods. Evaluate these treatments on nurse well-being, work satisfaction, and organisational results.
- **Evaluate other outcomes:** Extend the scope of the study to investigate the influence of family supportive supervisor behavior on outcomes other than nursing well-being. Examine the impact on patient happiness, quality of treatment, team relationships, and overall organisational success. This larger viewpoint can give a thorough grasp of the possible benefits of family supportive supervisor behavior in hospital settings.

5.4. Limitations of the study:

As per the author's knowledge, the current study is one of the first comprehensive study the moderating effect of family supportive supervisor behaviors on job outcomes in India. Still, there are certain limitations that must be taken care of by future researchers.

- **Generalizability:** Current study has used a small sample size from a specific healthcare environment, and a limited demographic area which may limit the finding's generalizability to other settings or populations of nurses.
- **Cross-sectional design:** Current study has used a cross-sectional design; it merely takes a snapshot of data at a single point in time. A cross-sectional design restricts the capacity to demonstrate causal links or represent the variable's dynamic character across time.
- **Self-report surveys:** Current study has used self-report measures to examine the moderating effect of moderating effect of family supportive supervisor behaviors in the relationship between workplace well-being and workplace aggression. Self-report measure has this tendency to generate bias. The most prevalent bias that can have a potential impact on the results of the research is common method bias or social desirability bias.
- **The risk of common-source bias:** The sample for the current study was homogenous in nature and can give rise to common-source bias (e.g., nurses' self-reporting), where the shared technique of measurement may exaggerate the apparent connections across variables.

- **Bidirectional effect:** Consider that the current study emphasizes the moderating influence of family supportive supervisor behavior. However, there might be bidirectional or reverse causal links between workplace aggressiveness, nurse well-being, and supervisor behaviors. The current study lacks an alternative model to explain this phenomenon.
- **Social desirability bias:** As the current study deals with workplace aggression and perceived support from supervisors this makes the research highly sensitive in nature, individuals may respond in ways that they perceive to be socially acceptable. This bias may have an impact on the accuracy and dependability of the data obtained.

References:

- Achor, S. (2012). Positive intelligence. *Harvard Business Review*, 90(1–2), 100–102, 153.
- Alias, E. S., Abd Razak, A. Z. A., Samsudin, N., Abas, B., Wahab, N. N. A., & Darmawan, A. (2020). The Moderating Effect of Supervisor Support on Flexible Working Arrangement and Work-Family Conflict Relationship: A Conceptual Paper. *International Business Education Journal*, 13, 51-63.
- Allen, N. J., Shore, L. M., & Griffeth, R. W. (2003). The role of perceived organisational support and supportive human resource practices in the turnover process. *Journal of Management*, 29(1), 99-118.
- Allen, T. D. (2021). The work-family interface in healthcare: Supporting employees and organisations. *Journal of Applied Psychology*, 106(3), 271-283.
- Anand, T., Grover, S., Kumar, R., Kumar, M., & Ingle, G. K. (2016). Workplace violence against resident doctors in a tertiary care hospital in Delhi. *National medical journal of India*, 29(6).
- Antón, C., Grueso-Hinestroza, M. P., Espinosa, J. C., & Turc, M. (2022). Workplace aggression, well-being, and job satisfaction: The specificity in border police organisations. *Frontiers in psychology*, 13.
- Arnetz, J. E., Hamblin, L., Essenmacher, L., Upfal, M. J., Ager, J., & Luborsky, M. (2015). Understanding patient-to-worker violence in hospitals: A qualitative analysis of documented incident reports. *Journal of Advanced Nursing*, 71(2), 338–348. <https://doi.org/10.1111/jan.12494>
- Arvidsdotter, T., Marklund, B., Kylén, S., Taft, C., & Ekman, I. (2016). Understanding persons with psychological distress in primary health care. *Scandinavian Journal of Caring Sciences*, 30(4), 687–694. <https://doi.org/10.1111/scs.12289>

- Aryee, S., Chen, Z. X., Sun, L., & Debrah, Y. A. (2007). Antecedents and outcomes of abusive supervision: Test of a trickle-down model. *Journal of Applied Psychology*, 92(1), 191-201.
- Bakker, A. B., & Bal, M. P. (2010). Weekly work engagement and performance: A study among starting teachers. *Journal of Occupational and Organisational Psychology*, 83(1), 189-206. <https://doi.org/10.1348/096317909X402596>
- Bakker, A. B., & Demerouti, E. (2007). The Job Demands-Resources model: State of the art. *Journal of Managerial Psychology*, 22(3), 309-328.
- Bakker, A. B., & Demerouti, E. (2007). The Job Demands-Resources model: State of the art. *Journal of Managerial Psychology*, 22(3), 309-328. <https://doi.org/10.1108/02683940710733115>
- Bakker, A. B., & Demerouti, E. (2007b). The Job Demands-Resources model: State of the art. *Journal of Managerial Psychology*, 22(3), 309-328. <https://doi.org/10.1108/02683940710733115>
- Bakker, A. B., & Demerouti, E. (2008). Towards a model of work engagement. *Career Development International*, 13(3), 209-223. <https://doi.org/10.1108/13620430810870476>
- Bakker, A. B., & Demerouti, E. (2017). Job demands-resources theory: Taking stock and looking forward. *Journal of Occupational Health Psychology*, 22(3), 273-285.
- Bakker, A. B., & Leiter, M. P. (2010). *Work Engagement: A Handbook of Essential Theory and Research*. Psychology Press.
- Balamurugan, G., Jose, T. T., & Nandakumar, P. (2012). Patients' violence towards nurses: A questionnaire survey. *International journal of nursing*, 1(1), 1-7.

- Bandura (Psychologe), A. (1977). Social learning theory. *Prentice-Hall*.
- Barling, J., & Frone, M. R. (2017). Physical aggression in the workplace. In *The Oxford Handbook of Workplace Violence* p. 1-19). Oxford University Press.
- Baron, R. A., Neuman, J. H., & Geddes, D. (1999). Social and personal determinants of workplace aggression: Evidence for the impact of perceived injustice and the Type A Behavior Pattern. *Aggressive Behavior*, 25(4), 281–296.
[https://doi.org/10.1002/\(SICI\)1098-2337\(1999\)25:4<281::AID-AB4>3.0.CO;2-J](https://doi.org/10.1002/(SICI)1098-2337(1999)25:4<281::AID-AB4>3.0.CO;2-J)
- Berlanda, S., Pedrazza, M., Fraizzoli, M., & de Cordova, F. (2019). Addressing risks of violence against healthcare staff in emergency departments: The effects of job satisfaction and attachment style. *Journal of clinical nursing*, 28(5-6), 1000-1010.
- Bernardes, M. L. G., Karino, M. E., Martins, J. T., Okubo, C. V. C., Galdino, M. J. Q., & Moreira, A. A. O. (2020). Workplace violence among nursing professionals. *Revista brasileira de medicina do trabalho*, 18(3), 250.
- Björkqvist, K., Österman, K., & Hjelt-Bäck, M. (1994). Aggression among university employees. *Aggressive Behavior*, 20(3), 173–184.
- Bouleh, P. G., Allen, S. J., & Hammer, L. B. (2022). Family-Supportive Supervisor Behaviors and Psychological Distress: A Secondary Analysis across Four Occupational Populations. *International Journal of Environmental Research and Public Health*, 19(13), 7845. <https://doi.org/10.3390/ijerph19137845>
- Breevaart, K., Bakker, A. B., Demerouti, E., Sleebos, D., & Maduro, V. (2014). Daily self management and employee work engagement. *Journal of Vocational Behavior*, 84(1), 31
- Brennan, S. L., Hughes, D., Williams, G. M., & Leach, M. J. (2019). Employee well-

- being and job satisfaction: The impact of workplace social support and mentoring. *Journal of Vocational Behavior*, 110, 165-17
- Brunetto, Y., Xerri, M., Shriberg, A., Farr-Wharton, R., Shacklock, K., Newman, S., & Dienger, J. (2013). The impact of workplace relationships on engagement, well-being, commitment and turnover for nurses in Australia and the USA. *Journal of Advanced Nursing*, 69(12), 2786–2799. <https://doi.org/10.1111/jan.12165>
- Cabrera, E. F., Suresh, G., & Lengacher, C. A. (2020). Workplace aggression and its impact on nurses working in healthcare settings: A systematic review. *Journal of Nursing Management*, 28(5), 1093-1104. 572.
- Cai, D., Cai, Y., Sun, Y., & Ma, J. (2018). Linking empowering leadership and employee work engagement: The effects of person-job fit, person-group fit, and proactive personality. *Frontiers in psychology*, 9, 1304.
- Carlson, D. S., Kacmar, K. M., & Williams, L. J. (2000). Construction and Initial Validation of a Multidimensional Measure of Work-Family Conflict. *Journal of Vocational Behavior*, 56(2), 249-276.
- Chambel, M. J., Castanheira, F., & Santos, A. (2022). Teleworking in times of COVID-19: The role of Family-Supportive supervisor behaviors in workers' work-family management, exhaustion, and work engagement. *The International Journal of Human Resource Management*, 0(0), 1–36. <https://doi.org/10.1080/09585192.2022.2063064>
- Cheng, H., Yang, H., Ding, Y., & Wang, B. (2020). Nurses' mental health and patient safety: An extension of the Job Demands–Resources model. *Journal of Nursing Management*, 28(3), 653-663.
- CIPD, (2021). Employee well-being. Retrieved from <https://www.cipd.co.uk/knowledge/culture/well-being/employee-well-being>

- Clairmont, J. (2022). Work-Family Conflict and Work Engagement During the Covid-19 Pandemic: The Role of Autonomy, Family Supportive Supervisor Behaviors and Family Hours.
- Coetzee, M., & van Dyk, J. (2018). Co-worker psychological aggression and turnover intention: Exploring work engagement as a potential mediator. *Psychological reports, 121*(2), 375-392.
- Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin, 98*(2), 310-357
- Conrad, P. (1988). Health and fitness at work: A participants' perspective. *Social Science & Medicine, 26*(5), 545–550. [https://doi.org/10.1016/0277-9536\(88\)90387-5](https://doi.org/10.1016/0277-9536(88)90387-5)
- Cooper, H. (1984). *The integrative research review: A systematic approach*. Sage Publications.
- Cooper, J., Jauniaux, E., Gulbis, B., Quick, D., & Bromley, L. (1999). Placental transfer of fentanyl in early human pregnancy and its detection in fetal brain. *British Journal of Anaesthesia, 82*(6), 929–931. <https://doi.org/10.1093/bja/82.6.929>
- Crain, T. L., & Stevens, S. C. (2018). Family-supportive supervisor behaviors: A review and recommendations for research and practice. *Journal of Organisational Behavior, 39*(7), 869–888. <https://doi.org/10.1002/job.2320>
- Crain, T. L., Hammer, L. B., Bodner, T., Kossek, E. E., Moen, P., Lilienthal, R., ... Buxton, O. M. (2014). Work–family conflict, family-supportive supervisor behaviors (FSSB), and sleep outcomes. *Journal of Occupational Health Psychology, 19*(2), 155-167.

- Cuddy, A. J., Fiske, S. T., & Glick, P. (2008). Warmth and competence as universal dimensions of social perception: The stereotype content model and the BIAS map. *Advances in Experimental Social Psychology*, 40, 61-149.
- Danna, K., & Griffin, R. W. (1999). Health and Well-Being in the Workplace: A Review and Synthesis of the Literature. *Journal of Management*, 25(3), 357–384. <https://doi.org/10.1177/014920639902500305>
- Danny, C., & Catherine, F. (2013). Violence against health care workers: A review of the literature. *International Journal of Nursing Studies*, 50(5), 585-597.
- Davey, K., Ravishankar, V., Mehta, N., Ahluwalia, T., Blanchard, J., Smith, J., & Douglass, K. (2020). A qualitative study of workplace violence among healthcare providers in emergency departments in India. *International Journal of Emergency Medicine*, 13(1), 33. <https://doi.org/10.1186/s12245-020-00290-0>
- De Wijn, A. N., Fokkema, M., & van der Doef, M. P. (2022). The prevalence of stress-related outcomes and occupational well-being among emergency nurses in the Netherlands and the role of job factors: A regression tree analysis. *Journal of Nursing Management*, 30(1), 187-197.
- Demerouti, E. (Eva), Bakker, A., Halbesleben, J., & Erasmus School of Economics. (2008). The Oldenburg Burnout Inventory: A good alternative to measure burnout and engagement. In *Stress and burnout in health care*. Nova Science Publishers, Inc. <https://pure.eur.nl/en/publications/e66c9942-aece-4fff-9316-4b8b8f4a9bf6>
- Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2001). The Job Demands-Resources Model of Burnout. *Journal of Applied Psychology*, 86(3), 499-512.
- Demsky, C. A., Fritz, C., Hammer, L. B., Blacksmith, N., & Brummel, B. J. (2019).

- Workplace incivility and employee sleep: The role of rumination and recovery experiences. *Journal of Occupational Health Psychology*, 24(2), 228-240.
- Hammer, L. B., Kossek, E. E., & Dyne, L. V. (2015). The moderating effects of family supportive supervisor behaviors (FSSB) on the relationship between work-family conflict and employee well-being. *Journal of Occupational Health Psychology*, 20(1), 91-103
- DePasquale, N. (2020). Family-supportive supervisor behaviour positively affects work behaviour and nonwork well-being among men in long term care. *Journal of nursing management*, 28(7), 1504-1514.
- Di, M. V., Hoel, H., & Cooper, C. L. (2003). *Preventing Violence and Harassment in the Workplace*. Eurofound. <https://research.manchester.ac.uk/en/publications/preventing-violence-and-harassment-in-the-workplace>
- Dollard, J. (1939). The Dozens: Dialectic of Insult. *American Imago*, 1(1), 3–25.
- Edward, K. L., Stephenson, J., Ousey, K., Lui, S., Warelow, P., & Giandinoto, J. A. (2014). A systematic review and meta-analysis of workplace mindfulness training randomized controlled trials. *Journal of Occupational Health Psychology*, 19(2), 128-142.
- Edward, K. L., Stephenson, J., Ousey, K., Lui, S., Warelow, P., & Giandinoto, J. A. (2014). Nursing and aggression in the workplace: A systematic review. *Journal of Nursing Management*, 22(5), 563-575
- Einarsen, S. V., Hoel, H., Zapf, D., & Cooper, C. L. (2020). *Bullying and Harassment in the Workplace: Theory, Research and Practice*. CRC Press.
- Einarsen, S., Hoel, H., Zapf, D., & Cooper, C. L. (2011). The concept of bullying at work: The European tradition. In S. Einarsen, H. Hoel, D. Zapf, & C. L. Cooper

- (Eds.), *Bullying and harassment in the workplace: Developments in theory, research, and practice* (pp. 3-40). CRC Press.
- Einarsen, S., Nielsen, M. B., Torsheim, T., & Roland, E. (2017). Co-worker psychological aggression as a predictor of disability retirement: A prospective registry study of Norwegian employees. *Journal of Occupational Health Psychology, 22*(3), 381-392. Einarsen, S., Skogstad, A.,
- Eisenberger, R., Huntington, R., Hutchison, S., & Sowa, D. (1986). Perceived organisational support. *Journal of Applied Psychology, 71*(3), 500-507.
- Elovainio, M., Kivimäki, M., & Vahtera, J. (2017). Organisational justice: Evidence of a new psychosocial predictor of health. *American Journal of Public Health, 107*(6), 854-855.
- Eriksen, W., Tambs, K., & Knardahl, S. (2006). Work factors and psychological distress in nurses' aides: A prospective cohort study. *BMC Public Health, 6*(1), 290. <https://doi.org/10.1186/1471-2458-6-290>
- Evanoff, B. A., Strickland, J. R., Dale, A. M., Hayibor, L., Page, E., Duncan, J. G., & Gray, D. L. (2020). Work-related and personal factors associated with mental well-being during the COVID-19 response: survey of health care and other workers. *Journal of medical Internet research, 22*(8), e21366. *The Handbook of Work and Health Psychology | Wiley Online Books*. (2023, January 29). <https://onlinelibrary.wiley.com/doi/book/10.1002/0470013400#page=285>
- Farrell, G. A., Bobrowski, C., & Bobrowski, P. (2006). Scoping workplace aggression in nursing: Findings from an Australian study. *Journal of Advanced Nursing, 55*(6), 778-787. <https://doi.org/10.1111/j.1365-2648.2006.03956.x> Fink, A. (2010). *Conducting research literature reviews: From the Internet to paper*. Sage Publications.

- Ferguson, M., Carlson, D., Hunter, E. M., & Whitten, D. (2012). A two-study examination of work–family conflict, production deviance and gender. *Journal of Vocational Behavior*, 81(2), 245-258.
- Fitchett, G., & Canada, A. L. (2020). Addressing spiritual needs in healthcare: A national imperative. *Journal of Pastoral Care & Counseling*, 74(3), 165-172.
- Ford, D. P., Myrden, S. E., & Kelloway, E. K. (2016). Workplace aggression targets' vulnerability factor: Job engagement. *International journal of workplace health management*, 9(2), 202220.
- Francis, A. M. (n.d.). *A Study on Work Engagement among the School Teachers*.
- Fujishiro, K., Heaney, C. A., & Johnson, T. P. (2011). Work-family conflict and social support: The importance of supervisor support and work-family policies for hourly workers. *Journal of Occupational Health Psychology*, 16(3), 361-371.
- Furlan, A. D., Gnam, W. H., Carnide, N., Irvin, E., Amick, B. C., DeRango, K., ... & Côté, P. (2018). Systematic review of intervention practices for depression in the workplace. *Journal of Occupational Health Psychology*, 23(1), 1-17.
- Grawitch, M. J., Werth, P. M., Palmer, S. N., & Erb, K. R. (2016). Positive relationships in the workplace: Assessing construct validity of the Survey of Perceived Supervisor Support. *Journal of Occupational Health Psychology*, 21(1), 3-15.
- Greenberg, L., & Barling, J. (1999). Predicting employee aggression against co-workers, subordinates and supervisors: The roles of person behaviors and perceived workplace factors. *Journal of Organisational Behavior*, 20(6), 897–913.
[https://doi.org/10.1002/\(SICI\)1099-1379\(199911\)20:6<897::AID-JOB975>3.0.CO;2-Z](https://doi.org/10.1002/(SICI)1099-1379(199911)20:6<897::AID-JOB975>3.0.CO;2-Z)
- Greenhaus, J. H., & Beutell, N. J. (1985). Sources of conflict between work and family roles. *Academy of Management Review*, 10(1), 76-8

- Greenhaus, J. H., & Powell, G. N. (2006). When work and family are allies: A theory of workfamily enrichment. *Academy of Management Review*, 31(1), 72-92.
- Grunert, J., & Bodner, T. (2011). Professional viability: A model for engineering students' success. *Journal of Engineering Education*, 100(1), 122-149.
- Grzywacz, J. G., Casey, P. R., & Jones, F. A. (2017). The effects of workplace flexibility on health behaviors: A cross-sectional and longitudinal analysis. *Journal of Occupational and Environmental Medicine*, 59(10), 881-886.
- Gull, N., Asghar, M., Bashir, M., Liu, X., & Xiong, Z. (2022). Does a family-supportive supervisor reduce the effect of work-family conflict on emotional exhaustion and turnover intentions? A moderated mediation model. *International Journal of Conflict Management*, ahead-ofprint(ahead-of-print).
<https://doi.org/10.1108/IJCMA-03-2022-0046>
- Gupta, R., Bakhshi, A., & Einarsen, S. (2017). Investigating Co-worker psychological aggression in India: Psychometric Properties, Validity, and Cutoff Scores of Negative Acts Questionnaire– Revised. *SAGE Open*, 7(2), 2158244017715674. <https://doi.org/10.1177/2158244017715674>
- Hackett, G., & Betz, N. (1981). A self-efficacy approach to the career development of women. *Journal of Vocational Behavior*, 18(3), 326-339.
- Halbesleben, J. R. B., & Buckley, M. R. (2004). Burnout in organisational life. *Journal of Management*, 30(6), 859-879.
- Halbesleben, J. R., Neveu, J. P., Paustian-Underdahl, S. C., & Westman, M. (2014). Getting to the "COR": Understanding the role of resources in conservation of resources theory. *Journal of Management*, 40(5), 1334-1364.
- Halbesleben, J. R., Wakefield, B. J., & Wakefield, D. S. (2013). Work-to-family conflict, familyto-work conflict, and health: A 10-year longitudinal study of employed

- parents. *Journal of Occupational and Environmental Medicine*, 55(5), 547-555.
- Hallberg, L. R.-M., & Strandmark, M. K. (2006). Health consequences of co-worker psychological aggression: Experiences from the perspective of employees in the public service sector. *International Journal of Qualitative Studies on Health and Well-Being*, 1(2), 109–119. <https://doi.org/10.1080/17482620600555664>
- Hamblin, L. E., Essenmacher, L., Upfal, M. J., Russell, J., Luborsky, M., Ager, J., & Arnetz, J. E. (2015). Catalysts of worker-to-worker violence and incivility in hospitals. *Journal of Clinical Nursing*, 24(17–18), 2458–2467. <https://doi.org/10.1111/jocn.12825>
- Hammer, L. B., Kossek, E. E., Anger, W. K., Bodner, T. E., & Zimmerman, K. L. (2011). Clarifying work-family intervention processes: The roles of work-family conflict and family-supportive supervisor behaviors. *Journal of Applied Psychology*, 96(1), 134-150.
- Hammer, L. B., Kossek, E. E., Anger, W. K., Bodner, T. E., & Zimmerman, K. L. (2011). Clarifying work-family intervention processes: The roles of work-family conflict and family-supportive supervisor behaviors. *Journal of Applied Psychology*, 96(1), 134-150.
- Hammer, L. B., Kossek, E. E., Yragui, N. L., Bodner, T. E., & Hanson, G. C. (2009). Development and Validation of a Multidimensional Measure of Family Supportive Supervisor Behaviors (FSSB). *Journal of Management*, 35(4), 837–856. <https://doi.org/10.1177/0149206308328510>
- Hammer, L. B., Kossek, E. E., Yragui, N. L., Bodner, T., & Hanson, G. C. (2011). Development and validation of a multidimensional measure of family supportive supervisor behaviors (FSSB). *Journal of Management*, 37(1), 47-69.

- Han, S. J., & McLean, G. N. (2020). Effects of family-supportive supervisor behaviors and organisational climate on employees. *European Journal of Training and Development*, 44(6/7), 659-674.
- Harvard Health Publishing. (2021). Exercise and fitness. Retrieved from <https://www.health.harvard.edu/topics/exercise-and-fitness>
- Hati, L., & Pradhan, R. (2021). *Antecedents and Consequences of Employee Well-Being: A Theoretical Framework* (pp. 379–394).
- Hauge, L. J., Skogstad, A., & Einarsen, S. (2010). The relative impact of co-worker psychological aggression as a social stressor at work. *Scandinavian journal of psychology*, 51(5), 426-433.
- Heyns, M., McCallaghan, S., & de Wet, E. (2022). Supervisor Support, Engagement, Satisfaction of Self-Determination Needs and Well-Being: A Contract Research Sector Perspective. In *2022 INTERNATIONAL BUSINESS CONFERENCE* (p. 1209). TSHWANE UNIVERSITY OF TECHNOLOGY.
- Higgins, C. A., Duxbury, L. E., & Irving, R. H. (1992). Work-family interface: A comparison of dual-career and traditional-career men. *Journal of Organisational Behavior*, 13(6), 689-705
- Hill, E. J., Hawkins, A. J., Ferris, M., & Weitzman, M. (2020). Finding an extra day a week: The positive influence of work-family supportive supervisors on work-family enrichment. *Journal of Family Psychology*, 34(3), 317-328.
- Hoel, H., Sparks, K., & Cooper, C. L. (2001). The cost of violence/stress at work and the benefits of a violence/stress-free working environment. Geneva: International Labor Organisation.
- Holm, K., Jönsson, S., & Muhonen, T. (2023). How are witnessed co-worker psychological aggression and bystander roles related to perceived care quality, work engagement, and turnover intentions in the healthcare sector? A longitudinal study. *International journal of nursing studies*, 138, 104429.

- Horwitz, A. V., & Wakefield, J. C. (2007). *The Loss of Sadness: How Psychiatry Transformed Normal Sorrow into Depressive Disorder*. Oxford University Press.
- Hossain, M. M., Sharma, R., Tasnim, S., Al Kibria, G. M., Sultana, A., & Saxena, T. (2020). Prevalence, characteristics, and associated factors of workplace violence against healthcare professionals in India: a systematic review and meta-analysis. *medRxiv*, 2020-01.
- Huynh, T., Alderson, M., & Thompson, M. (2008). Emotional labour underlying caring: An evolutionary concept analysis. *Journal of Advanced Nursing*, *64*(2), 195–208. <https://doi.org/10.1111/j.1365-2648.2008.04780.x>
- Itzhaki, M., Bluvstein, I., Peles Bortz, A., Kostistky, H., Bar Noy, D., Filshtinsky, V., & Theilla, M. (2018). Mental health nurse's exposure to workplace violence leads to job stress, which leads to reduced professional quality of life. *Frontiers in psychiatry*, *9*, 59.
- Jackson, D., Clare, J., & Mannix, J. (2002). Who would want to be a nurse? Violence in the workplace – a factor in recruitment and retention. *Journal of Nursing Management*, *10*(1), 13–20. <https://doi.org/10.1046/j.0966-0429.2001.00262.x>
- Jain, A. K., Giga, S., & Cooper, C. (2009). Employee well-being, control and organisational commitment. *Leadership and Organisation Development Journal, The*, *30*(3), 256–273. <https://doi.org/10.1108/01437730910949535>
- Jaiswal, N. K., & Dhar, R. L. (2017). The influence of servant leadership, trust in leader and thriving on employee creativity. *Leadership & Organisation Development Journal*, *38*(1), 2-21.
- Jaiswal, A., & Arun, C. J. (2020). *Unlocking the COVID-19 Lockdown: Work from Home and Its Impact on Employees* [Preprint]. In Review. <https://www.researchsquare.com/article/rs-34556/v1>
- Jenkins, M. F., Zapf, D., Winefield, H., & Sarris, A. (2012). Bullying Allegations from

- the Accused Bully's Perspective. *British Journal of Management*, 23(4), 489–501. <https://doi.org/10.1111/j.1467-8551.2011.00778.x>
- Jex, S. M. (1998). *Stress and job performance: Theory, research, and implications for managerial practice*. Sage Publications Ltd.
- Jiang, K., Liu, D., McKay, P. F., Lee, T. W., & Mitchell, T. R. (2020). When and how is gender relevant? Gender as a moderator of the relationship between transformational leadership and employee creativity. *Journal of Applied Psychology*, 105(4), 373-389.
- Johnson, A., Nguyen, H., Groth, M., & White, L. (2018). Workplace aggression and organisational effectiveness: The mediating role of employee engagement. *Australian Journal of Management*, 43(4), 614-631.
- Johnson, D. A. (2014). *The effects of family supportive supervisor behaviors (fssb) on work and health related outcomes* (Doctoral dissertation, Eastern Kentucky University).
- Jolly, P. M., Gordon, S. E., & Self, T. T. (2021). Family-supportive supervisor behaviors and employee turnover intention in the foodservice industry: Does gender matter? *International Journal of Contemporary Hospitality Management*, 34(3), 1084–1105. <https://doi.org/10.1108/IJCHM-02-2021-0280>
- Kahn, W. A. (1990). Psychological Conditions of Personal Engagement and Disengagement at Work. *Academy of Management Journal*, 33(4), 692–724. <https://doi.org/10.5465/256287>
- Kasthuri, A. (2018). Challenges to healthcare in India-The five A's. *Indian journal of community medicine: official publication of Indian Association of Preventive & Social Medicine*, 43(3), 141.

- Kataria, A., Garg, P., & Rastogi, R. (2013). Work Engagement in India: Validation of the Utrecht Work Engagement. *Asia-Pacific Journal of Management Research and Innovation*, 9(3), 249–260. <https://doi.org/10.1177/2319510X13519322>
- Kelloway, E. K., Gottlieb, B. H., & Barham, L. (1999). The source, nature, and direction of work and family conflict: A longitudinal investigation. *Journal of Occupational Health Psychology*, 4(4), 337-346.
- Keyes, C. L., Dhingra, S. S., & Simoes, E. J. (2010). Change in level of positive mental health as a predictor of future risk of mental illness. *American Journal of Public Health*, 100(12), 2366-2371.
- Kibunja, B. K., Musembi, H. M., Kimani, R. W., & Gatimu, S. M. (2021). Prevalence and effect of workplace violence against emergency nurses at a tertiary hospital in Kenya: a cross-sectional study. *Safety and health at work*, 12(2), 249-254.
- Kim, J., Han, G., & Jeong, H. (2020). The moderating role of psychological safety in the relationship between family-supportive supervisor behaviors and work engagement. *Frontiers in Psychology*, 11, 598273.
- Koch, M. J., & Binnewies, C. (2015). Is entrepreneurial success predictable? An ex ante analysis of the character-based approach. *Journal of Business Venturing*, 30(3), 436-454.
- Komlenac, N., Stockinger, L., & Hochleitner, M. (2022). Family Supportive Supervisor Behaviors Moderate Associations between Work Stress and Exhaustion: Testing the Job Demands– Resources Model in Academic Staff at an Austrian Medical University. *International Journal of Environmental Research and Public Health*, 19(9), 5769. <https://doi.org/10.3390/ijerph19095769>
- Kort-Butler, L. A., & Habecker, P. (2018). Framing and cultivating the story of crime: The effects of media use, victimization, and social networks on attitudes about crime. *Criminal Justice Review*, 43(2), 127-146.
- Kossek, E. E., & Ozeki, C. (1998). Work-family conflict, policies, and the job-life

- satisfactionrelationship: A review and directions for organisational behavior-human resourcesresearch. *Journal of Applied Psychology*, 83(2), 139-149.
- Kossek, E. E., Baltes, B. B., & Matthews, R. A. (2011). How work-family research can finally have an impact in organisations. *Industrial and Organisational Psychology*, 4(3), 352-369.
- Kossek, E. E., Pichler, S., & Bodner, T. (2011). Workplace social support and work-family conflict: A meta-analysis clarifying the influence of general and work-family-specific supervisor and organisational support. *Personnel Psychology*, 64(2), 289-313.
- Kossek, E. E., Pichler, S., Bodner, T., & Hammer, L. B. (2011). Workplace social support and work-family conflict: A meta-analysis clarifying the influence of general and work-familyspecific supervisor and organisational support. *Personnel Psychology*, 64(2), 289-313
- Lam, L. T. (2002). Aggression exposure and mental health among nurses. *Australian E-journal for the Advancement of Mental Health*, 1(2), 89-100.
- LaMontagne, A. D., Martin, A., Page, K. M., Reavley, N. J., Noblet, A. J., Milner, A. J., & Keegel, T. G. (2014). Workplace mental health: Developing an integrated intervention approach. *BMC psychiatry*, 14(1), 131.
<https://doi.org/10.1186/1471-244X-14-131>
- Laschinger, H. K. S., Borgogni, L., Consiglio, C., & Read, E. (2015). The effects of authentic leadership, six areas of work life, and occupational coping self-efficacy on new graduate nurses' burnout and mental health: A cross-sectional study. *International Journal of Nursing Studies*, 52(6), 1080-1089.
- Lavanika, S., Baloria, M. A. S., & Verma, M. K.,(2023) RELATIONSHIP BETWEEN FAMILY SUPPORTIVE SUPERVISOR BEHAVIORS WORK FAMILY CONFLICTS AND WORK ENGAGEMENT. *Eur. Chem. Bull.* 2023, 12(Special Issue 5), 4238 – 4243

- Lawrence T. Lam (2002) Aggression Exposure and Mental Health Among Nurses, Australian e-Journal for the Advancement of Mental Health, 1:2, 89-100, DOI: 10.5172/jamh.1.2.89
- Le Fevre, M., Matheny, J., & Kolt, G. S. (2003). Eustress, distress, and interpretation in occupational stress. *Journal of Managerial Psychology*, 18(7), 726–744. <https://doi.org/10.1108/02683940310502412>
- Leger, K. A., Lee, S., Chandler, K. D., & Almeida, D. M. (2022). Effects of a workplace intervention on daily stressor reactivity. *Journal of Occupational Health Psychology*, 27, 152–163. <https://doi.org/10.1037/ocp0000297>
- Leiter, M. P., & Maslach, C. (1999). Six Areas of Worklife: A Model of the Organisational Context of Burnout. *Journal of Health and Human Services Administration*, 21(4), 472–489.
- Leiter, M. P., & Maslach, C. (2004). Areas of worklife: A structured approach to organisational predictors of job burnout. In P. L. Perrewe & D. C. Ganster (Eds.), *Emotional and physiological processes and positive intervention strategies* (pp. 91-134). Emerald Group Publishing.
- Lim, J., Bogossian, F., & Ahern, K. (2010). Stress and coping in Australian nurses: A systematic review. *International Nursing Review*, 57(1), 22–31. <https://doi.org/10.1111/j.1466-7657.2009.00765.x>
- Liu, L., Hu, S., & Wang, L. (2013). A study on the influence of family-friendly supervisor behavior on the family-to-work conflict: The mediating role of work-to-family conflict and the moderating role of core self-evaluations. *Social Indicators Research*, 114(3), 1241-1254. *Living Meanings*. (2023, January 29). Living Meanings. <https://livingmeanings.com/>

- Maertz Jr, C. P., Griffeth, R. W., Campbell, N. S., & Allen, D. G. (2007). The effects of perceived organisational support and perceived supervisor support on employee turnover. *Journal of Organisational Behavior*, 28(8), 1059–1075. <https://doi.org/10.1002/job.472>
- Marescaux, E., Rofcanin, Y., Las Heras, M., Ilies, R., & Bosch, M. J. (2020). When employees and supervisors (do not) see eye to eye on family supportive supervisor behaviours: The role of segmentation desire and work-family culture. *Journal of Vocational Behavior*, 121, 103471.
- Matthews, R. A., Del Priore, R. E., Acitelli, L. K., & Barnes-Farrell, J. L. (2014). Work-to-family spillover and its influence on family-supportive supervisor behavior: A reciprocal process. *Journal of Occupational Health Psychology*, 19(2), 169-181.
- May, D. R., Gilson, R. L., & Harter, L. M. (2004). The psychological conditions of meaningfulness, safety and availability and the engagement of the human spirit at work. *Journal of Occupational and Organisational Psychology*, 77(1), 11–37. <https://doi.org/10.1348/096317904322915892>
- MayoClinic. (2021). Mindfulness exercises. Retrieved from <https://www.mayoclinic.org/healthylifestyle/consumer-health/in-depth/mindfulness-exercises/art-20046356>
- Merecz, D., Drabek, M., & Mościcka, A. (2009a). Aggression at the workplace— Psychological consequences of abusive encounter with co-workers and clients. *International Journal of Occupational Medicine and Environmental Health*, 22(3), 243–260.
- Mills, M. J., Culbertson, S. S., & Fullagar, C. J. (2014). Conceptualizing and measuring occupational self-efficacy across different career domains. *Journal of Career Assessment*, 22(3), 371-385.
- Mireille LeBlanc, M., & Barling, J. (2004). Workplace Aggression. *Current Directions in Psychological Science*, 13(1), 9–12. <https://doi.org/10.1111/j.0963-7214.2004.01301003.x>

- Mura, A. L., Nonnis, M., Scrima, F., & Fornara, F. (2023). Promoting the work engagement of the health worker: The role of secure workplace attachment, perceived spatial-physical comfort, and relationship with patients. *Journal of Environmental Psychology*, 85, 101937.
- Nagoji, A., & Mackasare, S. (2023). How resilience, optimism and co-workers support predict faculty work engagement in private higher education institutions: empirical evidence from India. *Current Psychology*, 1-15.
- Needham, I., Abderhalden, C., Halfens, R. J. G., Dassen, T., Haug, H. J., & Fischer, J. E. (2005). The effect of a training course in aggression management on mental health nurses' perceptions of aggression: A cluster randomised controlled trial. *International Journal of Nursing Studies*, 42(6), 649–655. <https://doi.org/10.1016/j.ijnurstu.2004.10.003>
- Neto, M., Ferreira, A. I., Martinez, L. F., & Ferreira, P. C. (2017). Co-worker psychological aggression and presenteeism: the path through emotional exhaustion and psychological well-being. *Annals of work exposures and health*, 61(5), 528-538.
- Nguyen, L. V., Haar, J., & Smollan, R. (2020). Family supportive supervisor behaviours and turnover intentions: testing a multiple mediation model in the New Zealand hospitality industry. *Labour & Industry: a journal of the social and economic relations of work*, 30(2), 156-173.
- Nielsen, M. B., & Einarsen, S. (2012). Outcomes of exposure to co-worker psychological aggression: A meta-analytic review. *Work & Stress*, 26(4), 309–332. <https://doi.org/10.1080/02678373.2012.734709>
- Nielsen, M. B., Einarsen, S., Matthiesen, S. B., & Notelaers, G. (2010). The impact of methodological moderators on prevalence rates of co-worker psychological aggression. A meta-analysis. *Journal of Occupational and Organisational Psychology*, 83(4), 955-979.

- Nielsen, M. B., Indregard, A. M. R., Øverland, S., & Solberg, M. E. (2020). Co-worker psychological aggression and sickness absence: A systematic review and meta-analysis of cohort studies. *Scandinavian Journal of Work, Environment & Health*, 46(4), 346-358
- Nomaguchi, K. M., Milkie, M. A., & Bianchi, S. M. (2005). Time Strains and Psychological Well-Being: Do Dual-Earner Mothers and Fathers Differ? *Journal of Family Issues*, 26(6), 756–792. <https://doi.org/10.1177/0192513X05277524>
- Nowrouzi, B., & Huynh, V. (2016). Citation analysis of workplace violence: A review of the top 50 annual and lifetime cited articles. *Aggression and Violent Behavior*, 28, 21-28.
- Odle-Dusseau, H. N., Hammer, L. B., Crain, T. L., & Bodner, T. E. (2016). The influence of family-supportive supervisor training on employee job performance and attitudes: An organisational work–family intervention. *Journal of Occupational Health Psychology*, 21(3), 296–308. <https://doi.org/10.1037/a0039961>
- Organisational exit pressures and role stress: Impact on mental health—Price—1992—Journal of Organisational Behavior—Wiley Online Library.* (2023, January 29). <https://onlinelibrary.wiley.com/doi/abs/10.1002/job.4030130702> Page, K. M., & Vella-Brodrick, D. A. (2009). The ‘What’, ‘Why’ and ‘How’ of Employee Well-being: A New Model. *Social Indicators Research*, 90(3), 441– 458. <https://doi.org/10.1007/s11205-008-9270-3>
- Pekurinen, V., Willman, L., Virtanen, M., Kivimäki, M., Vahtera, J., & Välimäki, M. (2017). Patient aggression and the well-being of nurses: a cross-sectional survey study in psychiatric and non-psychiatric settings. *International Journal of Environmental Research and Public Health*, 14, 1245. doi:10.3390/ijerph14101245

- Piquero, N. L., Piquero, A. R., Craig, J. M., & Clipper, S. J. (2013). Assessing research on workplace violence, 2000–2012. *Aggression and Violent Behavior, 18*(3), 383–394. <https://doi.org/10.1016/j.avb.2013.03.001>
- Price, R. H., & Hooijberg, R. (1992a). Organisational exit pressures and role stress: Impact on mental health. *Journal of Organisational Behavior, 13*(7), 641–651. <https://doi.org/10.1002/job.4030130702> *Psychological distress: Concept analysis—Ridner—2004—Journal of Advanced Nursing—Wiley Online Library.* (2023, January 29). <https://onlinelibrary.wiley.com/doi/abs/10.1046/j.1365-2648.2003.02938.x>
- Rahi, S. (2022). Investigating the role of employee psychological well-being and psychological empowerment with relation to work engagement and sustainable employability. *International Journal of Ethics and Systems, 38*(2), 266-285.
- Rahmatika, D. F., & Parahyanti, E. (2018, July). Moderating role of psychological capital on relationship between work-family conflict and job satisfaction among working mothers. In *Universitas Indonesia International Psychology Symposium for Undergraduate Research (UIPSUR 2017)* (pp. 95-102). Atlantis Press.
- Rai, A., & Agarwal, U. A. (2017). Linking co-worker psychological aggression and work engagement: The mediating role of psychological contract violation. *South Asian Journal of Human Resources Management, 4*(1), 42-71.
- Rajahonka, M., Kwiatkowska-Ciotucha, D., Timmers, M., Załuska, U., Villman, K., Lengeler, V., & Gielens, T. (2022). *Working Women in the Sandwich Generation: Theories, Tools and Recommendations for Supporting Women's Working Lives.* Emerald Group Publishing.
- Rajgopal, T. (2010). Mental well-being at the workplace. *Indian Journal of*

- Occupational and Environmental Medicine*, 14(3), 63–65.
<https://doi.org/10.4103/0019-5278.75691>
- Reknes, I., Notelaers, G., Magerøy, N., Pallesen, S., Bjorvatn, B., Moen, B. E., & Einarsen, S. (2017). Aggression from Patients or Next of Kin and Exposure to Bullying Behaviors: A Conglomerate Experience? *Nursing Research and Practice*, 2017, e1502854. <https://doi.org/10.1155/2017/1502854>
- Renee Baptiste, N. (2008). Tightening the link between employee well-being at work and performance: A new dimension for HRM. *Management Decision*, 46(2), 284–309. <https://doi.org/10.1108/00251740810854168>
- Ridner Sheila H. (2004). Psychological distress: Concept analysis. *Journal of Advanced Nursing*, 45(5). <https://doi.org/10.1046/j.1365-2648.2003.02938.x>
- Rofcanin, Y., Las Heras, M., & Bakker, A. B. (2017). Family supportive supervisor behaviors and organisational culture: Effects on work engagement and performance. *Journal of Occupational Health Psychology*, 22, 207–217.
<https://doi.org/10.1037/ocp0000036>
- Rofcanin, Y., Las Heras, M., Escribano, P. I., & Stanko, T. (2020). FSSBs and elderly care: Exploring the role of organisational context on employees' overall health and work–family balance satisfaction. *Journal of Business and Psychology*, 35, 403-419.
- Rofcanin, Y., Las Heras, M., & Bakker, A. B. (2020). Family supportive supervisor behaviors: A literature review. *Journal of Vocational Behavior*, 117, 103334.
- Rørvik, E., Lande, Å. B., & Nielsen, M. B. (2011). Climate for conflict management, exposure to co-worker psychological aggression and work engagement: A moderated mediation analysis. *The International Journal of Human Resource Management*, 22(3), 632–652. <https://doi.org/10.1080/09585192.2011.543635>
- Rössler, J., Fischer, J. E., Hoffmann, H., Hoyer, J., & Jacobsen, P. B. (2010). Family conflicts in breast cancer: Patient's perception of disruptive family behaviors as

- predictors of depression. *Psycho-Oncology*, 19(1), 91-98.
- Ryff, C. D. (2014). Psychological Well-Being Revisited: Advances in Science and Practice. *Psychotherapy and Psychosomatics*, 83(1), 10–28. <https://doi.org/10.1159/000353263>
- Saha, A. (2023). Relationship Between Family Supportive Supervisor Behaviours and Job Outcomes. *Vidhyayana-An International Multidisciplinary Peer-Reviewed E-Journal-ISSN 2454-8596*, 8(si6), 289-305.
- Şahin, S., Adegbite, W. M., & Şen, H. T. (2021). How do family supportive supervisors affect nurses' thriving: A research before and during COVID-19 pandemic. *Archives of Psychiatric Nursing*, 35(6), 602-609.
- Salanova, M., Agut, S., & Peiró, J. M. (2005a). Linking Organisational Resources and Work Engagement to Employee Performance and Customer Loyalty: The Mediation of Service Climate. *Journal of Applied Psychology*, 90, 1217–1227. <https://doi.org/10.1037/0021-9010.90.6.1217>
- Salanova, M., Agut, S., & Peiró, J. M. (2005b). Linking Organisational Resources and Work Engagement to Employee Performance and Customer Loyalty: The Mediation of Service Climate. *Journal of Applied Psychology*, 90, 1217–1227. <https://doi.org/10.1037/0021-9010.90.6.1217>
- Salanova, M., Bresó, E., & Schaufeli, W. B. (2005). Hacia un modelo espiral de las creencias de eficacia en el estudio del burnout y del engagement. [Towards a spiral model of the efficacy beliefs in the study of burnout and engagement.]. *Ansiedad y Estrés*, 11, 215–231.
- Saleem, Z., Shenbei, Z., & Hanif, A. M. (2020). Workplace violence and employee engagement: The mediating role of work environment and organisational culture. *Sage Open*, 10(2), 2158244020935885.
- Schablon, A., Wendeler, D., Kozak, A., Nienhaus, A., & Steinke, S. (2018). Prevalence and consequences of aggression and violence towards nursing and care staff in Germany—A survey. *International journal of environmental research and public*

- health*, 15(6), 1274.
- Schabracq, M. J., Winnubst, J. A. M., & Cooper, C. (2003). *The Handbook of Work and Health Psychology*. John Wiley & Sons.
- Schat, A. C., & Kelloway, E. K. (2003). Reducing the adverse consequences of workplace aggression and violence: the buffering effects of organisational support. *Journal of occupational health psychology*, 8(2), 110.
- Scott, K. M., Lim, C., Al-Hamzawi, A., Alonso, J., Bruffaerts, R., Caldas-de-Almeida, J. M., ... & Demyttenaere, K. (2017). Association of mental disorders with subsequent chronic physical conditions: World Mental Health surveys from 17 countries. *JAMA psychiatry*, 74(8), 820-830. <https://doi.org/10.1001/jamapsychiatry.2017.1919>
- Siddiqui, N. A., & Islam, T. (2019). Promoting employee well-being: An empirical study. *Journal of Management Development*, 38(5), 348-364.
- Simbula, S., Margheritti, S., & Avanzi, L. (2023). Building Work Engagement in Organisations: A Longitudinal Study Combining Social Exchange and Social Identity Theories. *Behavioral Sciences*, 13(2), 83.
- Sirois, F. M., & Owens, J. (2021). Factors Associated with Psychological Distress in Health-Care Workers During an Infectious Disease Outbreak: A Rapid Systematic Review of the Evidence. *Frontiers in Psychiatry*, 11. <https://www.frontiersin.org/articles/10.3389/fpsy.2020.589545>
- Stagg, S. J., Sheridan, D. J., Jones, R. A., & Speroni, K. G. (2013). Co-worker psychological aggression: The effectiveness of a workplace program. *Workplace Health & Safety*, 61(8), 333–338. <https://doi.org/10.1177/216507991306100803>
- Stamm, M., Meier, L. L., & Straub, C. (2011). Aggression and violence against health

- care workers in Germany—A cross sectional retrospective survey. *BMC Health Services Research*, 11(1), 1-12.
- Straub, C. (2011). Family-supportive supervisor behavior's role in enhancing employee well-being, job and career satisfaction, and job performance. *Journal of Occupational Health Psychology*, 16(1), 97-115.
- Sulea, C., Van Beek, I., Sarbescu, P., Virga, D., & Schaufeli, W. (2019). Engagement and burnout in healthcare professionals: The moderating role of FSSB. *International Journal of Environmental Research and Public Health*, 16(22), 4459
- Sun, P., Zhang, Y., Wang, W., & Ji, Y. (2020). Prevalence and risk factors of workplace violence against healthcare workers: a systematic review and meta-analysis. *Occupational and Environmental Medicine*, 77(9), 544-551. doi: 10.1136/oemed-2019-106021
- Sylvie, G., Marie-Josée, D., & Marie-Claire, G. (2020). The impact of workplace violence on nurses working in a psychiatric hospital setting and the impact of violence on the therapeutic relationship. *Journal of Psychiatric and Mental Health Nursing*, 27(1), 3-11.
- Tang, Y.-Y., Tang, R., & Gross, J. J. (2019). Promoting Psychological Well-Being Through an Evidence-Based Mindfulness Training Program. *Frontiers in Human Neuroscience*, 13. <https://www.frontiersin.org/articles/10.3389/fnhum.2019.00237>
- Thomas, L. T., & Ganster, D. C. (1995). Impact of family-supportive work variables on workfamily conflict and strain: A control perspective. *Journal of Applied Psychology*, 80, 6–15. <https://doi.org/10.1037/0021-9010.80.1.6>
- Tucker, A. L., Weiner, M. D., & Glick, W. H. (2017). The effects of intergroup relationships and supervisory support on individual-level outcomes in service organisations. *Journal of Applied Psychology*, 102(5), 745-764.

- Kim, M. S., Ma, E., & Wang, L. (2023). Work-family supportive benefits, programs, and policies and employee well-being: Implications for the hospitality industry. *International Journal of Hospitality Management*, 108, 103356.
- Wang, Y., Derakhshan, A., & Azari Noughabi, M. (2022). The interplay of EFL teachers' immunity, work engagement, and psychological well-being: Evidence from four Asian countries. *Journal of Multilingual and Multicultural Development*, 1-17.
- Wayne, J. H., Grzywacz, J. G., Carlson, D. S., & Kacmar, K. M. (2007). Work-family facilitation: A theoretical explanation and model of primary antecedents and consequences. *Human Resource Management Review*, 17(1),
- Winnubst, J. A. M., & Cooper, C. L. (n.d.). *University of Amsterdam, the Netherlands*.
- Wolf, L. A., Perhats, C., Delao, A. M., & Clark, P. R. (2017). Workplace aggression as cause and effect: Emergency nurses' experiences of working fatigued. *International emergency nursing*, 33, 48-52.
- World Health Organisation. (1948). Constitution of the World Health Organisation. Geneva, Switzerland: Author.
- World Health Organisation. (2014). Mental health: A state of well-being. Retrieved from https://www.who.int/features/factfiles/mental_health/en/ World Health Organisation. (2019). Mental health atlas 2017. Retrieved from <https://www.who.int/publications/i/item/9789241514019>
- World Health Organisation. (2021). Mental disorders. Retrieved from https://www.who.int/healthtopics/mental-disorders#tab=tab_1
- World Health Organisation. (2021). Mental disorders. Retrieved from https://www.who.int/healthtopics/mental-disorders#tab=tab_1
- Xanthopoulou, D., Bakker, A. B., Demerouti, E., & Schaufeli, W. B. (2009). Reciprocal

- relationships between job resources, personal resources, and work engagement. *Journal of Vocational Behavior*, 74(3), 235–244. <https://doi.org/10.1016/j.jvb.2008.11.003>
- Xanthopoulou, D., Bakker, A. B., Demerouti, E., & Schaufeli, W. B. (2007). The role of personal resources in the job demands-resources model. *International Journal of Stress Management*, 14, 121–141. <https://doi.org/10.1037/1072-5245.14.2.121>
- Yalabik, Z. Y., Popaitoon, P., Chowne, J. A., & Rayton, B. A. (2013). Work engagement as a mediator between employee attitudes and outcomes. *The International Journal of Human Resource Management*, 24(14), 2799–2823. <https://doi.org/10.1080/09585192.2013.763844>
- Yragui, N. L., Demsky, C. A., Hammer, L. B., Van Dyck, S., & Neradilek, M. B. (2017). Linking Workplace Aggression to Employee Well-Being and Work: The Moderating Role of Family-Supportive Supervisor Behaviors (FSSB). *Journal of Business and Psychology*, 32(2), 179–196. <https://doi.org/10.1007/s10869-016-9443-z>
- Zhou, Y., Zhang, Y., Lian, X., Li, F., Wang, C., Zhu, F., Qiu, Y., & Chen, Y. (2022). Therapeutic target database update 2022: Facilitating drug discovery with enriched comparative data of targeted agents. *Nucleic Acids Research*, 50(D1), D1398–D1407. <https://doi.org/10.1093/nar/gkab953>

APPENDIX

Name: Age (in years): Sex:

Male/Female

Qualification: Undergraduate/Graduate/Postgraduate Other Educational

Qualification:

Name of the organisation for which you work:

.....Monthly Income:

Work Experience (in years)Designation:

Working Hours.....

Years of working in present institution..... Nature of Contract:

Permanent / Temporary

SECTION-I

Over the last six months, how often have you been subjected to the following acts at work?

Please Tick the number that best corresponds with your experience over the last six months:

	STATEMENTS	never	Now and then	Monthly	weekly	Daily
1	Someone withholding information which affects your performance.	1	2	3	4	5
2	Being humiliated or ridiculed in connection with your work.	1	2	3	4	5
3	Being ordered	1	2	3	4	5

	to do work below your level of competence.					
4	Having key areas of responsibility removed or replaced with more trivial or unpleasant tasks	1	2	3	4	5
5	Spreading of gossip and rumours about you.	1	2	3	4	5
6	Being ignored or excluded	1	2	3	4	5
7	Having insulting or offensive remarks made about your person (i.e. habits and background), your attitudes or your private life	1	2	3	4	5
8	Being shouted at or being the target of spontaneous anger (or rage)	1	2	3	4	5
9	Intimidating behaviour such as finger-pointing, invasion of personal space, shoving, blocking/barri ng the way	1	2	3	4	5

10	Hints or signals from others that you should quit your job	1	2	3	4	5
11	Repeated reminders of your errors or mistakes	1	2	3	4	5
12	Being ignored or facing a hostile reaction when you approach	1	2	3	4	5
13	Persistent criticism of your work and effort	1	2	3	4	5
14	Having your opinions and views ignored	1	2	3	4	5
15	Practical jokes carried out by people you don't get on with	1	2	3	4	5
16	Being given tasks with unreasonable or impossible targets or deadlines	1	2	3	4	5
17	Having allegations made against you	1	2	3	4	5
18	Excessive monitoring of your work	1	2	3	4	5
19	Pressure not to claim something which by right you are entitled to (e.g. sick	1	2	3	4	5

	leave, holiday entitlement, travel expenses)					
20	Being the subject of excessive teasing and sarcasm	1	2	3	4	5
21	Being exposed to an unmanageable workload	1	2	3	4	5
22	Threats of violence or physical abuse or actual abuse	1	2	3	4	5

Please tick the number that corresponds best with your experience

How often, you had been exposed to	Never	Now and then	Monthly	Weekly	Daily
“Difficult patients or next of kin,”	1	2	3	4	5
verbal assaults or spontaneous tantrums from patients or next of kin,”	1	2	3	4	5
physical assaults or threats of such assaults from patients or	1	2	3	4	5

next of kin					
-------------	--	--	--	--	--

SECTION-2

Please tick the number that corresponds best with your experience

UW ES	Never	Al m os t N ev er	Rarely	Som etim es	Often	Very Often	Al w ay s
At my work, I feel bursting with energy	1	2	3	4	5	6	7
At my job, I feel strong and vigorous	1	2	3	4	5	6	7
I am enthusiastic about my job	1	2	3	4	5	6	7
My job inspires me.	1	2	3	4	5	6	7

When I get up in the morning, I feel like going to work	1	2	3	4	5	6	7
I feel happy when I am working intensely	1	2	3	4	5	6	7
I am proud of the work that I do	1	2	3	4	5	6	7
I am immersed in my work	1	2	3	4	5	6	7
I get carried away when I am working.	1	2	3	4	5	6	7

SECTION-3

Please tick the number that corresponds best with your experience

FSSB	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
My supervisor is willing to listen to my problems in juggling work and non-work life.	1	2	3	4	5
My supervisor takes the time to learn about my personal needs.	1	2	3	4	5
My supervisor makes me feel comfortable talking to him or her about my conflicts between work and non-work.	1	2	3	4	5
My supervisor and I can talk effectively to solve conflicts between work and non-work issues.	1	2	3	4	5

I can depend on my supervisor to help me with scheduling conflicts if I need it.	1	2	3	4	5
I can rely on my supervisor to make sure my work responsibilities are handled when I have unanticipated non-work demands.	1	2	3	4	5
supervisor works effectively with workers to creatively solve conflicts between work and non-work.	1	2	3	4	5
My supervisor is a good role model for work and non-work balance	1	2	3	4	5
My supervisor demonstrates effective behaviors in how to juggle	1	2	3	4	5

work and non-work balance.					
My supervisor demonstrates how a person can jointly be successful on and off the job.	1	2	3	4	5
My supervisor thinks about how the work in my department can be organized to jointly benefit employees and the company.	1	2	3	4	5
My supervisor asks for suggestions to make it easier for employees to balance work and non-work demands	1	2	3	4	5
. My supervisor is creative in reallocating job duties to help my department work better as a team.	1	2	3	4	5

My supervisor is able to manage the department as a whole team to enable everyone's needs to be met	1	2	3	4	5
---	----------	----------	----------	----------	----------

SECTION-4

Please tick the number that corresponds best with your experience

GHQ	Better than usual	Same as usual	Less than usual	Much less than
Been able to concentrate on what you're doing?	1	2	3	4
Lost much sleep over worry?	1	2	3	4
Felt you were playing a useful part in things?	1	2	3	4
Felt capable of making decisions about things?	1	2	3	4
Felt constantly under strain?	1	2	3	4
Felt you couldn't overcome your difficulties?	1	2	3	4
Been able to enjoy your normal day-to-day activities?	1	2	3	4
Been able to face up to your problems?	1	2	3	4
Been feeling unhappy and depressed?	1	2	3	4
Been losing confidence in yourself?	1	2	3	4
Been thinking of yourself as a worthless person?	1	2	3	4
Been feeling reasonably happy, all things considered	1	2	3	4

