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"Patient misbehavior as a determinant of service performance: A moderated-mediation model in the health care sector of Pakistan"

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Abstract:

By utilizing the theory of equity, the main purpose of this research to observe the role of misbehavior of patients in influencing the service performance of healthcare staff members by identifying the impact of mediator that is motivation to retaliate as well as the moderating role of emotional management (cognitive assessment and expressive repression).An exploratory survey questionnaire with the use of multi wave method review was performed with 162 worker dyad at healthcare sector of Pakistan. Formerly developed and validated actions for patient misbehavior, motivation to retaliate, emotional management and regulation, and service performance had been followed to evaluate the hypotheses. Patient misbehavior influences motivation to retaliate of employees and reason to make change in service performance. Emotion management acted as being a condition that is boundary patient misbehavior's direct influence on payback inspiration (motivation to retaliate) as well as it is indirectly influences the service performance of employees via a motivation to retaliate. The Cognitive assessment incorporated the detrimental impacts of patient misbehavior, while the expressive repression deteriorated its results which can adversely influence. Supervisor/ manager should control and monitor the introduction of uncivil actions and misbehavior of patients to supply psychological support for staff member that is experiencing patient misbehavior and encourage these workers to utilize cognitive assessment in the place of expressive repression, as a method of emotions management According to the knowledge of researcher of study, there is no analysis that done in past to investigate the patient misbehavior; and its impacts on service performance relationship in the health care sector of Pakistan. This research sheds light on how patient misbehavior can inspire the changes in service performance among health care workers. Also, the researcher

utilized equity theory as opposed to the commonly used resources approaching to offer current insights which can be the patient misbehavior –service performance relationship.

Keywords: patient misbehavior, service performance, motivation to retaliate, cognitive assessment, expressive repression

Chapter# 1: INTRODUCTION

Starting with this first chapter, general information is introduced with a brief overview of the topic and the organization. This basic background will help to know the general features of the subject under study. The foundation for the study, the reasons for conducting the study, the research problem, the objectives of the study, the general description of the methodology, the meaning of the study, the definition of some important terms, and finally, the organizational body.

1.1: Background of Topic

The dominance of customer/patient sovereignty has caused many familiar positive benefits for hospitals, including increased customer/patient satisfaction, loyalty, and financial performance of hospitals (Brady & Cronin, 2001; Oakley, 2012). However, the concept that "the customer is always right" is destabilized by two separate lines of research examining worker and patient variance. A firm body of work focusing on intentionally destructive actions by employees at service area highlights the connection among growing pressure on front line employees to treat patient like "royalty" and episodes of employee resistance (Grove, Fisk, & John, 2004; Lawrence & Robinson, 2007). In this sense front line Employees who routinely succumb to patient misbehavior in their service roles experience an undermining of satisfaction, self-esteem, and engagement (Jaarsveld, Walker, & Skarlicki, 2010; Sturdy, 1998). Previous studies conclude that customers who observe and interact with incompetent and misbehaving front-line workers perceive bad play and inequalities and are therefore less devoted to the company or heath care organization (Porath, MacInnis, & Folkes, 2010). Aside from the investigation examining employee

divergent behavior, there are inquiries into negative customer misbehavior. Here, the researchers emphasize that customer-centric procedures and service guarantees that reinforce customer authority can inadvertently lead customers to believe they have the right to behave in any way. Choose whether to be practical or dysfunctional in nature (Fullerton & Punj,2004; Fisk et al., 2010). The literature also proposes that with repeated experience, worker learn to misbehave (King & Dennis, 2003; Sutherland, 1947). Such dysfunctional customer/patient behavior, including acts of abusing, insulting have been shown to have serious consequences on the physiological and psychological well-being of front-line workers (Grandey, Kern & Frone, 2007). Therefore, until now, the employee's deviance and client deviance have been mostly isolated and studied in different ways when looking at each other. In the current study, both streams of literature infer the potential for a vicious and ongoing intensification of negative deviations that is the misbehavior of patient/ customer and reduce service performance of employee. The relationship between employee behavior and customer behavior is well documented in the context of functional service encounters. Previous research shows that productive customer and employee behavior leads to successful shared value creation and delivery of service (Echeverri & Skålén, 2011).Thus, studies authorize that customer judgments and behaviors are prejudiced by their perceptions of employee behavior (eg, Heskett, Sasser & Schlesinger, 1997). However, while this connection is made in normative and functional contexts, the academic understanding of retaliation and the cumulative relationship between negative deviant behaviors is underdeveloped. That said, although the marketing and organizational literature increasingly acknowledges that both employees and customers routinely misbehave in service encounters (Reynolds & Harris; Wallace & de Cernatony, 2007), research bridging

these two lines of research and the relationship between the behavior of customer/patient and the service performance of employees investigated is lacking. In fact, to the authors' knowledge, no causal studies to date have examined the direct relationship between perceived by employee's performance at service area and misbehavior of customer of health care sector. Consequences of deviant behavior are a relevant gap in the literature identified. This research seeks to fill the identified research gap in response to requests for field research on the dynamics associated with dysfunctional client behavior (Fisk et al., 2010; Fullerton & Punj, 2004; Harris & Daunt, 2011). more specifically, the relationships between misbehavior of patient and how it impact on service performance of employees (Jaarsveld et al., 2010; Yi & Gong, 2008). The study is designed to contribute knowledge in multiple ways. First, the current study intends to contribute to the literature by developing a conceptual model using research from various academic fields theorizes associations between perceived service performance of employees and deliberate customer/patient misbehavior. Customer misbehavior such as rude and disrespectful attitude with workers, aggression, or untenable customer demands have become thoughtful problems for both service employees and health care organizations. For instance , previous research have found that patient's misbehavior events may lead to several destructive consequences for service workers, including high levels of negative employee emotions, work stress and reduce service performance Therefore, determination of ways to assist service employees efficiently handle with customer's misbehavior is a fundamental inquiry for researchers and practitioners alike. Due to negative change in service performance of employees brand image of heath care organization may at risk(Arnold and Walsh, 2015; Sliter et al., 2010, 2012; Wilson and Holmvall, 2013).

Misbehavior and rude attitude of clients may experience by employees in all professions and work Places; but, the health care sectors are well-thought-out a very common place, so misbehavior has become a pervasive issue in the health care sectors. The precise prevalence and incidence of misbehavior in the health care sectors of Pakistan is a quite problematic task as the substance is not known clearly (Huang and Miao, 2016; Torres et al., 2017). However, the past researches and studies have defined that 27percent- 85percent of nursing staff daily experience the misbehavior in the working place. Misbehavior of patients is increasing and becoming a widespread problem and thoughtful concern in the healthcare sector. The ANA (American nursing association) described that the misbehavior as "single or more than one impolite, ill-mannered, or very disrespectful acts, which can or cannot lead towards negative intentions".

These rude behaviors take in use of derogatory tones, glaring, interrupting others, yelling, spreading rumors, exploiting the attempts and accomplishments of others, and disregarding authority. Misbehavior differs markedly from being physical aggressive and acts of violence(Cho et al., 2016; Hur et al., 2015; van Jaarsveld et al., 2010) .In the case of misbehavior, the individual could not directly want to harm anyone, and all these attitudes are not essentially explicit the attitude. Misbehaving acts in healthcare sectors by patients is reflected in misbehavior to nurses, rudeness to receptionist, rudeness to doctors, and misbehavior to other patients. Negative customer behavior, such as be rude and disrespectful interpersonal treatment, communicatory aggression or indefensible customer demands, have become serious issues for both service employees and service organizations. For example, previous studies have explain that misbehavior or customer rude attitude can result in

several negative consequences for service employees, addition of high levels of worker negative emotion or motivation to retaliate , workplace stress, and employee service performance. Therefore Finding ways to assist service workers efficaciously deal with patient or customer misbehavior is a crucial question for researchers and practitioners alike, particularly detrimental to service organizations, as these behaviors reduce customer satisfaction and loyalty towards service providers, as well as Long-term profitability of the organization.

A clean working environment and good staff are key components of the healthcare sector that impact healthcare. A lack of politeness in the behavior of patients may generate substantial consequences for service staff, other visiting patients and healthcare organizations. The service staff of healthcare affected by misbehavior in their workplace environment can suffer from mental and physical stress and issues such as low self-esteem, nervousness and hypertension. Such behaviors of patients may also guide to reduce service performance of staff, poor health of patient, amplified errors in medication , conflicts in organizations , burnout, enlarged the stress of work , the decision to leave the job, reduced organizational commitment, and reduction in service performance(Gregoire et al., 2009). Review of present studies and indication confirms that experiencing misbehavior in the working place can disturb the Style and life quality of health care staff However; further studies are needed in different areas.

1.2: Background of health care sector of Pakistan

The healthcare sector in Pakistan has equally public and private healthcare facilities. The health workforce includes 91,823 doctors, 37,623 nurses, 4,175 dentists, 22,528 paramedics

and 5,619 women health workers. There are 796 hospitals, 93,907 hospital beds, 5,171 basic health centers, 531 rural health centers, and 856 maternal and child health centers.4-6 basic health centers (n=4,635) provide primary health care, but have limited opening hours and are typically

wide away from the population (nhsrc.gov.pk).The private sector not only has some accredited institutions and hospitals, but also many unregulated hospitals, general practitioners, homeopaths, Hakeems (Muslim doctors), traditional/spiritual healers, Unani (Greek-Arabic) healers, herbalists, bone-setters and charlatans. The organizations are also active in the social and health sectors. Many factors contribute to deprived utilization of primary health services, including low socioeconomic status, lack of physical accessibility, cultural beliefs and perceptions, low maternal literacy and large family sizes, and inadequate water and sanitation facilities have a profound impact on women the health indicators. In addition to limited knowledge about disease and well-being, cultural prescriptions, perception of health services Providers, social barriers and costs are the main barriers to the delivery of effective health services. This affects the physical and financial convenience of health services. Pakistan's healthcare system is neither competent nor comprehensive to provide adequate services to the growing population. Health services, inadequate health infrastructure, extreme poverty and a lack of public awareness of maintaining good health are fundamental obstacles to the advancement of public health. Unfair circulation of government allocations to hospitals and hospital staff, negligible coverage of government doctors to the public sector, and lack of inclusive and established health care research programs. Although the government provides free healthcare to its citizens, there is no mechanism in place in the governmental, private or semi-private healthcare sector to

monitor clinical quality according to international standards. Pakistan's health system is in Progress has been made and since last few years. Pakistan has tried to make many improvements in its health care system and implemented many reforms. There is little strength in the health care system in Pakistan such as: the design of health policy, participation in Millennium Development Goal DG Program, initiation of vertical programs and introduction of public-private partnerships (PPP), improvement of human resources development and infrastructure through the creation of Basic Health Units (BHU) and Rural Health Centers (RHK). The greatest strength of the system, is that it made a commitment to participate in the MDGs following the 2001 restructuring of national health policy However, all these programs are very limited and that is the reason why the healthcare system of Pakistan is still not very efficient. There are numerous weaknesses such as poor governance, lack of access and unequal resources, poor quality of health information management system, corruption in health system, lack of follow-up of health policy and health planning and lack of trained staff. But mainly it is about the lack of governability, as this makes the healthcare system inefficient (Kurji, Z., Premani, Z. S., & Mithani, Y. 2016). Also, there is a lot of corruption in the healthcare system due to the bureaucratic power of those involved in policy making. As a result, not all people have equal access to health services and health resources are not shared equally.in private health care sector the behavior of patient is now emergent problem which is spoiling the service performance of workers, financial position of organizations, public image of hospitals and also damaging the brand value of hospitals.

1.3: Previous research gap

The positive association between employee performance and patient behavior is well recognized in the background of functional service meets. Preceding research indicates that constructive conducts by patient and employees lead to successful value of interaction and the delivery of service performance. Here is the study which examine that how the destructive or misbehavior of patient influence the service performance of hospital's employees. Most of the previous investigations concluded that mistreatment of service employees can cause the behavioral changes in patients. They deliberately misbehaved with employees due to employees' poor response and behavior. Hence the current research find out that if patient misbehave with service employees with any reason so it can influence the motivation of retaliation in employees and as a result they express their feelings in term of service performance.

1.4: Problem Statement

How the misbehavior of patient can impact the service performance of front line staff of healthcare sector, how motivation to retaliate mediates this relationship? Are the different emotional management techniques like cognitive assessment and expressive repression moderate this association? Is there any influence of emotional management techniques on the association of patient misbehavior and motivation to retaliate? (Jacoby, M. B., & Warren, E. 2006)

1.5: Research Objectives

To assess the behavior of patient with front line services staff focusing on worker-patient interactions, the rude attitude or misbehavior of patient can influence the motivation to retaliation in employees and it cause the may alter the quality of service performance of employees To find the possible relationships between emotional management (cognitive assessment and expressive repression) on the employees motivation to retaliation.(Slochower, J. A. 2013)

1.6: Research questions

Q#1: How the misbehavior of patients can influence the service performance of employees of healthcare sectors?

Q#2: Is motivation to retaliate mediates the relationship of patient misbehavior and the service performance of employees?

Q#3: Are emotional management techniques play moderated role in patient misbehavior and motivation to retaliate? (Zhou, X., Ma, J., & Dong, X. 2018)

1.7: Significance of research

This study significantly help to provide the insights of employees or nursing staff of health care sector and give the clear descriptive information about the reason behind poor service

performance of employees. The consequence from the study will fund the refined indicators for health care Service development and improvement to the managers, HR managers, planners, People who deal with marketing and other related supervise in hospitals.(Goldberg, A. 2011)

Chapter# 2: Literature review

The service industry has full-grown exponentially in past few decades. This development has directed to an increase in the quantity of jobs related to service. Misbehavior of customers is a major problem, with service employees exposed to daily hassles while they are dealing with customers (Torres et al., 2017). Research studies have shown that front line workers are often exposed to excessive periods of service at workplaces. Because the healthcare sector's employees in the public-facing customer service industry deal with patients on such a frequent basis, they're more likely to experience misbehavior (Huang and Miao, 2016; Torres et al., 2017).

Because they don't have as much emotional distance from their jobs, it's easier for them to recognize patient misbehavior .Occasional patient misbehavior can be a minor inconvenience; however, persistently acting in uncivil ways and misbehaving with workers can have negative ramifications. As the importance of customer service has grown, it has also become important to explore how patient misbehavior affects service performance of employees in healthcare contexts(Cho et al., 2016; Han et al., 2016; Hur et al., 2016; Kim and Qu, 2019; Torres et al., 2017; Wilson and Holmvall, 2013). Multiple studies explore customer misbehavior in the service sector, one critical area that still needs attention is the link between patient misbehavior, performance of worker in the health care sectors. The problem is that when patients are rude and doing misbehavior with service employees then workers might start doing worse with their jobs(Hur et al., 2016; Torres et al., 2017). To investigate this association, we analyzed how patient misbehavior correlates to influence service performance. A study conducted at the Harvard University School of Public Health

found that rudeness is a subtle form of mistreatment that can make employees unhappy and influence their service performance(Sliter et al., 2010; van Jaarsveld et al., 2010).

Thus, we propose, decrease in service performance of employees perhaps an important and chief socio-behavioral result that cause by the patient misbehavior among the service workers in the healthcare sectors assiduity (Sliter et al., 2012). Former studies have identify that customers misbehavior can affect the service workers performance and resources of organization (e.g. emotional coffers) and increase the threat of negative effects, similar to collapse and withdrawal. Utmost previous studies have espoused the resources viewpoint, but now this study talk back that this angle cannot completely describe the influence of patient misbehavior on the service performance of hospital's employees (Gregoire et al., 2009). Despite a deficiency of resources can preclude personnel from appearing proactively for example may additionally set off a wish for service delay and subsequent abandonment in behaviors, it can't provide an explanation for the actions that show motivation to retaliatory, such as reducing the quality of service performance(Walker et al., 2014). Consequently, this research adopted equity theory to have a look at the health worker – patient social interchange and the conceivable impact misbehaving on service performance (Andersson and Pearson, 1999; Walker et al., 2017). particular, both Andersson and Pearson's (1999) Framework of Deviance Amplification and Differential Association Theory (Sutherland, 1947) provide a theoretical basis for theoretical model. In detail, Andersson and Pearson use equity theory (Adams, 1965) to explain howI nteractional injustices can lead to mutual deviance as a mechanism for repairing and restoring fairness. Also, a theory of deviance based on interactionism, the Differential Association Theory (Sutherland, 1947),

posits deviant attitude as behavior that is learned over time. In this sense current research considers deviation in a social and experiential framework. That is, patient misbehavior can lead to the consequence of reduce performance of service employees and violations of norms, and is also encouraged through learning experiences. Reported behavioral manifestations of reduce performance of service of employees include rude and aggressive towards patient, lying and degrading comments to patient, theft of organizational assets and property, willful attempts to slow service delivery, and willful ignoring of hospital rules (Bennett & Robinson; 2000; Wallace & de Chernatony, 2007). Deviated actions by Serious and far-reaching consequences for the employees are shown. For example, Dunlop and Lee (2004) present evidence of a negative association between the behavior of patient and service performance, while Robinson and O'Leary-Kelly (1998) document the negative impact that patient misbehavior or misbehavior negatively impacts on the service performance by destroying value creation, leading employees to develop a negative perception of the customer/patient and it leads toward damaging of public image of organizational . The main focus of the research so far is on examining the dynamics of individual types of customer/patient misbehavior . For example, Wirtz and McColl-Kennedy (2010) examine one form of customer misbehavior or bad behavior which they refer to as using tone, abusing the employees. Here, consumers opportunistically inflate their service claims for situational gain. Patterson et al. focused on abusive customer behavior(2010) identify situations in which consumers verbally attack an organization's employees or property, while Yagil (2008) takes a different approach and points to it Frequency and different types of aggressive and abusive behavior by customers towards frontline employees. Other individually identified forms of consumer wrongdoing include:

holding a grudge (Aron et al.2007), purchase of counterfeit products (Bian and Moutinho, 2009), vandalism (Fisher and Baron, 1982), resistance (Cherrier, 2009), shoplifting (Tonglet, 2002) and internet diversion (Tuzovic, 2010).In order to theoretically and practically clarify the fragmented literature on individual types of customer/patient misbehaviour, a group of scientists tries to classify and categorize the different forms in a meaningful way. Grove et al. (1989) classify several forms of customer misbehavior based on the phase of consumption in which the misbehavior occurs" , the belligerent" who uses threats, obscenities and insults towards employees and colleagues, "fellows", they fight among themselves “the vandals”, who intentionally tearing, burning and damaging the organization's property and the "vagrant" using the service with no intention of paying. In contrast to Lovelock's (2001) classification, which focuses on identifying forms of customer misbehavior that occur during the service encounter and service exchange point, Fullerton and Punj (2004) provide a contrasting categorization that proposes five types of externally directed and visible client misbehavior. Distinguish between acts aimed at harming employees (e.g. physical abuse), customers (e.g. snake jumping) and items of organization (e.g. physical abuse).shoplifting, the organization's physical and electronic property (e.g., arson), and the company's financial assets (e.g., collateral fraud).From another perspective, Harris and Reynolds (2004) confirm that customer misbehavior can include both covert and overt behavior. Categorize the different types of derived data Customer Misbehavior On two axes (visibility and motive), many researchers distinguish eight forms of data resulting from customer misbehavior. Customers”, “Vengeful Customers” and “Sex Offenders” highlight the often disheartening experiences of front line workers who have to personally deal with such misbehavior on a daily basis, while the identified categories “Property Abusers”,

“Service Workers” and 'Compensation Authors” who emphasize the stress that poor customer behavior places on organizational property and systems.

the writers note that investigation in this area virtually exclusively examines the consequences of aggressive and abusive behavior or misbehavior by customers/patients on front line workers. For example Hughes and Tadic (1998) show that misbehavior by customers leads to negative consequences for front line workers, such as: Provides a broader view by merging previous research .In this area within service contexts, Yagil (2008) categorizes the consequences of on frontline workers into three groups. First, "emotional responses" include negative effects on employee mood (e.g.anger), depression and stress disorders. Second, “work-related attitudes and behaviors” describe employees who experience reduced job satisfaction, morale, and motivation as a result of persistence misbehavior by customers. Third, "physical harm" describes injury to the employee's body and personal property. Several authors recognize the consequences of patient misbehavior and make a connection between different level of client violence and the physical and mental well-being of staff. This is shown by Grandey et al. (2004) who associate the occurrence of verbal aggression with high levels of employee emotional exhaustion health care sector employee. Karatepe et al. examined a different service context. (2009) present comparable results for front line workers. In particular, Karatepe et al. (2009) find statistical evidence for the connection between experienced verbal aggression and emotional dissonance, burnout and intentions to leave. Dormann and Zapf (2004) distinguish between direct and indirect forms of customer aggression and demonstrate an association between customer-related social stressors and employee burnout, in which the individual experiences

feelings of depersonalization and a sense of diminished personal achievement. Employee motivation to retaliate is also the focus of Ben-Zur and Yagil's (2005) study, which demonstrates the association between high levels of customer or patient misbehavior (including offensive language, verbal threats, and physical attacks) and physical attacks. Exhaustion has been found to persist across multiple service environments. In contrast to research that examines the consequences of aggressive and abusive customer behavior in front line workers, Fullerton and Punj (2004) conceptually consider the consequences of multiple forms of customer behavior or bad behavior. Specifically, the authors theoretically distinguish between the psychological and financial costs of customer diversion for both front line workers and businesses. Complementary exploratory research derived from qualitative studies (Harris and Reynolds ,2004) offer interviews with front line hospital workers. In examining different forms of customer misbehavior, the authors present three categories of consequences. First, Harris and Reynolds (2004) point to the organizational consequences, which include the direct and indirect financial costs associated with cleaning up and compensating victims of customer/patient misbehavior. Second,The positive and negative consequences for other customers are highlighted. In particular, the authors uncover evidence of customers copying the wrongdoings of other customers and those experiencing the effects of corrupt consumption.Third, a discussion is offered on the impact of customer misconduct on front line workers. Identified consequences include eroded morale, physical scars, post-traumatic stress, emotional damage, and emotional labor.

Patient misbehavior may be thought of as a negative social interchange among patient and worker. In following contrary interactions, the outcome receives by healthcare worker (i.e.

rudeness instead of respect) don't meet the means which endowed by them (that are time, energy and feeling care). This inconsistency will increase worker's Imagination that they're not justly treated by the hospital visitors, which may result in retaliatory actions, like reducing service performance (Abubakar and Arasli, 2016; Skarlicki et al., 2016). These violations can lead to workers to build a "tit-for-tat" psychology .Therefore; Staff would possibly interact in actions of reduced the quality of service performance to have retaliatory emotions against the rude and the misbehaving attitude of the patient. Therefore, this research foretold that motivation to retaliate may play important function an important mediating mechanism within the patient misbehavior Reduce service performance relationship. Research additionally intended to describe the surroundings beneath that the destructive and harmful impacts of customer rudeness and misbehavior square measure enlarged or slaked(Gross, 1998; Spaapen et al., 2014). Henceforth, it observed the moderating part of emotion management, which incorporates in form of two ways for managing psychological feature actions: This research also designed to illuminate the conditions through which the opposing effects of patient misbehavior are augmented or alleviated. Hence, it examined the moderating role of emotional management, which comprises with two approaches for handling with perceptive events: that are cognitive reappraisal and the expressive repression. Workers who utilize cognitive assessment when faced patient misbehavior will evaluate stressful circumstances and attempt to reduce their emotions of unfair behavior and treatment, therefore dropping emotions which can be negative. As a result, their motivation to retaliation may be cushioned. Conversely, workers utilizing repression that is expressive might involvement dissonance between their feelings that are internal external expressions; our Dissonance can highlight feelings of trigger and

inequity motivation to retaliate(Gross and John, 2003). Consequently, different emotion management techniques provide valuable conditions being boundary examine the ramifications of patient misbehavior on motivation to retaliate and expand our understanding of just how patient misbehavior increases workers' motivation to retaliate.

2.1: Theoretical framework

Consequently, the definition of workplace incivility (Andersson and Pearson (1999), customer misbehavior happens to be describing as a "very low-intensity divergent behavior, executed by somebody in a person or customer part, with uncertain intent to hurt a worker, as a violation of social standards of shared reverence and civility". Types of patient misbehavior include unfriendly attitude," using the phone while facility is being given or talking within a manner that is uncivil (Kern and Grandey, 2009; Sliter et al., 2010).

According to the definitions cited in research papers misbehavior of patient at workplace as a "very less intensity divergent attitude with unclear intent to harm the worker of service place , in defilement of working place standards for shared respect". Misbehavior and incivility looks not just in patient-patient relations but also in worker-patient interfaces, in which staffs or service workers recurrently experience unfair and ill-mannered deal by customers or patients customers.

In health care sectors, most of service employees face misbehavior frequently from patient than from coworkers. This happen due to the reasons as following below:

- Employees at service place interconnect with patients more recurrently than with their colleagues (Wilson and Holmvall, 2013).

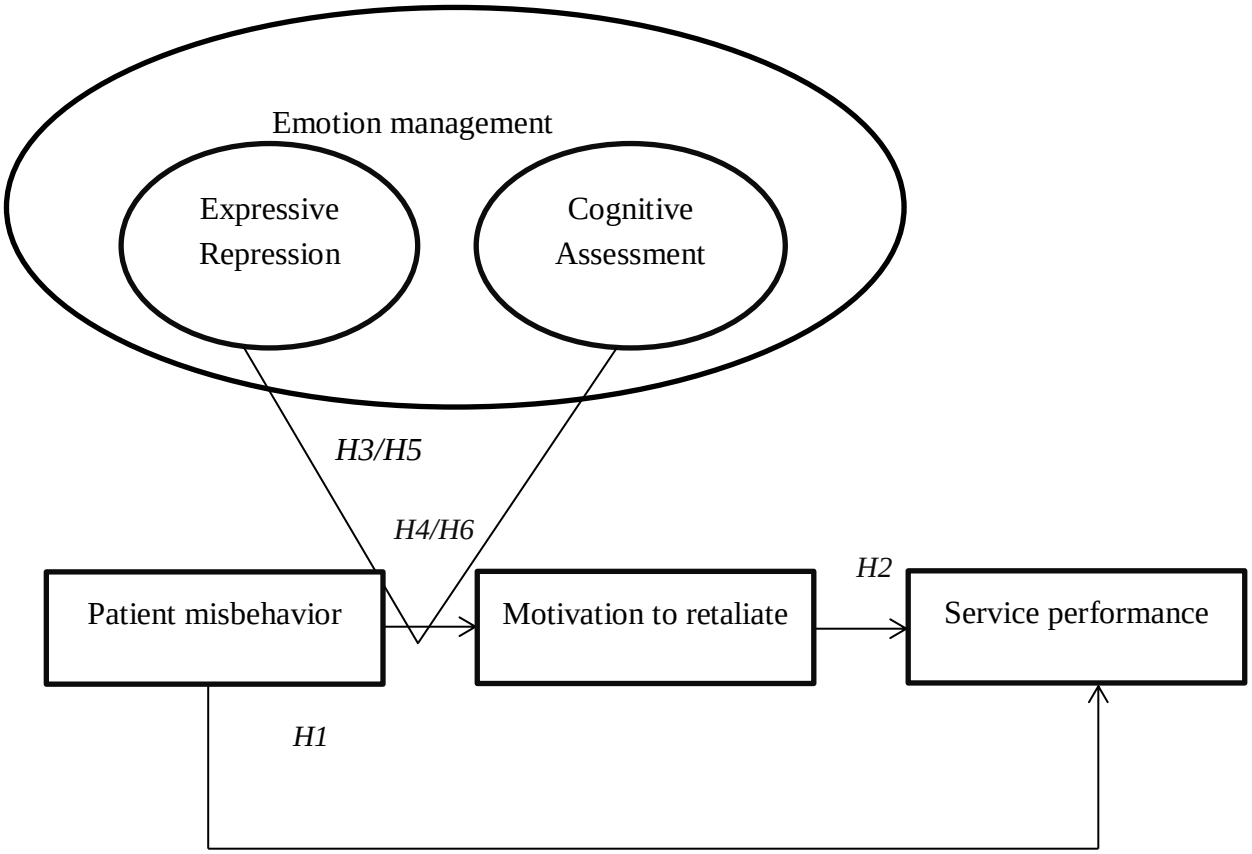
- Workforce or workers have low power in the worker–patient connection; (Henkel et al., 2017; Hur et al., 2015; Sliter et al., 2010).

- Clients in service place encounters are more probable to be strangers;(Kern and Grandey, 2009).

Past researches have observed five primary features of patient misbehavior. The First one is patient misbehavior is really a kind of less-intensity attitude, contrasting more intensity behaviors just like violence, mistreatment and abuse(Sliter et al., 2010, p. 468). Patient misbehavior or incivility doesn't involve contact that is physical has a tendency to include very low overt actions, such as being rude or ignoring service workers. The Second one is, the motives for misbehavior tend to particularly be indefinite; patients may show misbehavior or impoliteness out of lack of knowledge or carelessness, as opposed to aim to cause damage, unlike violence, exploitation and punishment that may have very clear purposes of assault. The Third one, customer misbehavior may be hard to identify and monitor(van Jaarsveld et al., 2010) Whereas mutual respect and showing courtesy are understood norms which can be social individuals might have different indulgences among these standards, making impoliteness difficult to see(Shao and Skarlicki, 2014) . The 4th one, as actions of patient misbehavior are difficult to identify, they could not be looked at threatening and are effortlessly ignored by managers, consequential in amplified regularity. The final one is, as a divergent that is slight, periodic patient misbehavior is probably not measured as stressful, but with consistent circumstances with the time, it may yield stress and now have damaging effects(Kern and Grandey, 2009). Patient misbehavior is

consequently, stressors that is a must solution worker and certainly will adversely impact their performance.

2.1.1: Research model



Research model indicate that there is direct impact of patient misbehavior and service performance of employees. The variable motivation to retaliate plays the role of mediation between the relationship of patient misbehavior and service performance. The two approaches of emotion management (cognitive assessment and expressive repression) mediate the association of patient misbehavior and motivation to retaliate.

2.2: Variables

- Patient misbehavior as independent variable
- Motivation to retaliate as mediator
- Service performance as dependent variable
- Cognitive assessment and expressive repression as moderators in mediation relationship

2.3: Patient misbehavior and reduce service performance

Reduction in service performance, as Associate in nursing extension of geographic point sabotage within the industry is defined because the deliberate attitude of front line service staff to interrupt client service and hurt patient interests(Chi et al., 2015; Harris and Ogbonna, 2002; Lee and Ok, 2014; Wang et al., 2011). It is a kind of divergent behavior that goes in contradiction of structure norms and risks the welfare of hospital or health care sector and their members. Interruption in service performance is very normal among workers in service sectors (e.g. hospitals, hotels). Staff would possibly disrupt traditional processes by being unhelpful, try to hide useful information, sending incorrect and wrong information, revoke working tools or trying to destabilize social relationships within the hospital(Ambrose et al., 2002; Crino, 1994; Skarlicki et al., 2008). In following cases, the saboteur incorporates a clear object: the hospital. Reduce Service performance in the health care sector occurred throughout the patient service process {and could, may and would possibly} assume several forms. For example, staff handling medicines and quality of

services might deliberately hamper the service or deliberately snub, embarrass or display aggression toward the patients; those who within the department of work would possibly deliberately flop to stay the hospital's rooms utterly clean; and people on the reception might take and attend patient very rudely or refuse to give them with complete and correct data(Harris and Ogbonna, 2006; Lee and Ok, 2014; Skarlicki et al., 2008; Wang et al., 2011; Zhou et al., 2018). The negative impact of the reduce service performance of workers on the patient insights of provided facility quality will hinder hospital from achieving the competitive profits .Thus, it's vital to expose the predecessors of reduce service performance and therefore the motives for its arrival(Ambrose et al., 2002; Crino, 1994; Skarlicki et al., 2008).

A disruption in service performance has been shown to be retaliatory. Stressful situations caused by patient misbehavior can tempt worker to engage in acts of sabotage. Viewed by the prism of theory of equity, patient misbehavior symbolizes poor public interaction among patient and workers, leading to feelings of injustice among worker and reduction in performance of service worker in retaliation.

Specifically, the delivery of services is not constantly a simple one-way procedure among a worker and a receiver: effective connections and agreement between the two performers may be more dynamic than ease of service delivery(Ambrose et al., 2002; Skarlicki et al., 2008). For example, when the patient check in at a hospital, service providing staff must first connect with them, what kind problems or diseases patient want to cure and, their doctor preferences, etc. Ensuring quality service requires a significant investment of staff

time, and patient reaction to such an investment can affect employees' perception of societal interactions(Surprenant and Solomon, 1987).

They can associate their effort involvements (for example time, emotions, and investing energy) with the consequences of their effort (e.g., respect, courtesy, and praise comes from patient) and try to strike an equilibrium between the two(Bedi and Schat, 2017; Skarlicki et al., 2008, 2016). When worker experience patient misbehavior throughout the process of service, they observe an unsatisfactory trade-off among investment and yields, which can guided to a perception of social injustice between employee and patient and to stress. For example, employees may use countermeasures (e.g., reduce service performance) to harm the benefits of committers of rudeness.

2.4: Mediating role of motivation to retaliate

Motivation to retaliate is the goal of personnel to penalize and motive damage to a object (e.g. a patient) for the harm caused to them (Gregoire et al., 2009; Yeh, 2015). On the premise of fairness idea, people attend to follow fairness among the exertions they dedicate to work (contributions) and the ensuing consequences (outputs). Patient misbehavior may also motive personnel to experience an inequity among hard work and returns, which could result in a choice to punish the committers of misbehavior and boom motivation to retaliate(Adams, 1963, 1965; Greenberg, 1987). The idea of equity similarly indicates that people are touchy to unjust conditions and are willing to behave to repair fairness. Patient misbehavior violates standards of shared respect, and mistreated personnel may also experience dishonestly treated. To repair fairness and reduce the experience of injustice,

personnel may also interact in acts of retribution or retaliation stimulated through a choice for payback (Bedi and Schat, 2017; Yeh, 2015).

2.5: Moderating effect of emotion management

The technique of Emotion management is play vital function in social connections. For instance, whilst people undertake adaptive emotion law, the terrible outcomes of disturbing conditions are exceedingly weak (Spaapen et al., 2014). Thus, the depth of the outcomes of patient misbehavior on motivation to retaliate can also additionally fluctuate among personnel, relying on employee's emotion law techniques. Persons commonly use one in every of emotion management techniques: cognitive assessment or expressive repression (Joormann and Gotlib, 2010).Cognitive assessment is seemed as the strategy of antecedent-targeted (for example converting one's considering a disturbing situation), whereas expressive repression is taken into consideration reaction targeted (e.g. controlling terrible feelings through now no longer expressing them). Overall, those who often pick out expressive repression generally tend to revel in extra terrible outcomes (for example nervousness, hypertension, and anxiety), while people who may go for cognitive assessment revel in fewer terrible outcomes and higher interpersonal functioning. Emotion management techniques now no longer simplest have extraordinary adaptive-emotional outcomes however can make bigger or alleviate the emotions of injustice and the motivation to retaliate skilled through personnel dealing with patient misbehavior(Gross and John, 2003; Joormann and Gotlib, 2010). For example, personnel who undertake cognitive assessment may assume that the patients are not deliberately being rude or uncivil, or they may observe

their provider methods in reaction to the misbehavior. As an outcome, here can be less emotions of unfair remedy and fewer terrible feelings. The cognitive assessment can also additionally, therefore, be a powerful mechanism for decreasing the pressure due to patient misbehavior and can weaken the fine impact of patient incivility on motivation to retaliate (Gross and John, 2003).

On the alternative hand, in the method of expressive repression, monitoring as opposed to expressing poor feelings creates a disagreement among internal emotions and outer expressions, growing the danger of poor effects. The implementation of expressive repression with inside the aspect of patient misbehavior can underline personnel's emotions of unfairness, which may also make stronger the motivation to retaliate.

Assumed the motives cited in above statement, we similarly broaden an included theoretical structure wherein motivation to retaliate mediates the impact of patient misbehavior on service performance and emotion management moderates the connection among patient misbehavior and motivation to retaliate. In different words, the oblique impact of patient misbehavior on reduce service performance thru motivation to retaliate may be weaker among personnel who preserve excessive degrees of cognitive assessment and more potent for people who preserve excessive degrees of the expressive repression.

2.6: Research hypothesis

H1: "Patient misbehavior is negatively related to service performance".

H2: "Motivation to retaliate mediates the association of patient misbehavior on the service performance".

H3: "The Cognitive assessment moderates the relationship between patient misbehavior and motivation to retaliate, such that the relationship is weaker when individuals' cognitive assessment is high".

H4. "Expressive repression moderates the positive relationship between patient misbehavior and motivation to retaliate, such that the relationship is stronger when individuals' expressive repression is high".

H5: "The indirect effect of patient misbehavior on service performance via motivation to retaliate is moderated by individuals' cognitive assessment, such that this relationship is weaker when individuals' cognitive assessment is high".

H6. "The indirect effect of patient misbehavior on reduce service performance via motivation to retaliate is moderated by individuals' expressive repression, such that this relationship is stronger when individuals' expressive repression is high".

Chapter# 3 Methodology

3.1: Research philosophy

The philosophy behind the research is positivism. Positivism depends on quantifiable observations that lead to statistical analyses. It has been a dominant form of research in business and management disciplines for decades.As a philosophy, positivism adheres to the view that only "factual" knowledge gained through observation (the senses), including measurement, is reliable. In studies of positivism, the role of the researcher is limited to collecting and interpreting data using an objective, observable, and quantifiable approach.Positivism depends on quantifiable observations, which themselves lead to statistical analysis. It has been noted that "positivism as a philosophy is consistent with the empiricist view that knowledge arises from human experience.

3.2: Research design

Basically there are main three types of research design are Exploratory research design, Descriptive research design, Causal research design (experiments). Here in this research, Causal research is also known as explanatory research. It's a type of research that examines if there's a cause-and-effect relationship between two separate events. This would occur when there is a change in one of the independent variables, which is causing changes in the dependent variable. Helps in the identification of the causes of system processes. This allows the researcher to take the required steps to resolve issues or improve outcomes. It

provides replication if it is required.Causal research assists in determining the effects of changing procedures and methods.

3.3: Sampling technique

When researching a group of people, it's rarely imaginable to collect data from every individual in that population. Instead, select a sample. The sample is the group of people who will actually take part in the research. In order to draw valid conclusions from results, it is important to carefully decide how to select a sample that is representative of the group as a whole. This is called sampling. There are two main types of sampling techniques can use in research:

3.3.1: Probability sampling

In this involves random selection of respondents, allowing making strong statistical inferences about the whole population. The types of probability sampling technique are simple random sampling' systematic sampling , cluster sampling and Stratified sampling.

3.3.2: Non-Probability sampling

In this involves non-random selection based on convenience or other criteria, allowing to easily collect data. The types of non-probability sampling are convenience sampling, quota sampling, and purposive sampling and snowball sampling. Due to time constrain the non-probability convenience sampling technique use in this research. This research used a

quantitative exploratory method to clarify an understanding of patient behavior reactions to influence service performance that may only be described by the quantitative facts alone. The researchers composed data over time. The questionnaire (survey-based) quantifiable facts were gathered and statistically examined through SPSS Statistics to check the explanatory investigation model.

3.4: Measurement of sample size

According to report of Pakistan ministry of health and care there are total 116,659 registed nursing and front line staff in the hospitals of Pakistan.so the number of population is N= 116,659. By using the formula of sample size of known population we find out the size of sample for research that is 383.

$$\mathbf{n=N\ (Z)^2/(Z)^2+4Ne^2}$$

n= number of samples

N= number of population that is 116,659

Z=+-(1.96)

e=margin of error that is 0.05

3.5: Data collection procedures

Wah cant city in Pakistan is a cant area under the control of *Pakistan army and Pakistan orders of factories,* modern buildings and shopping malls situated close to Taxila. As per my research there are almost 8 private and 3 public sector hospitals situated in wah cant but due

to time constrain and some issues regarding permit of performing business research, I randomly selected 5 private hospitals from a list to whom I can easily take permission to perform research. The names of all five hospitals are Al-Abbas hospital, Umer hospital, Ayaz memorial hospital, Fatima hospital and city hospital. I have chosen these 5 hospitals from health care sector of Wah cant to take part in my research.

To limit not unusual place technique bias, I performed multi-wave surveys the use of the questionnaires (Podsakoff et al., 2012). A time-lagged studies layout became adopted, with 3 waves of records acquired from provider personnel at two day interval. The first wave survey (T1) measured patient misbehavior, the emotion management and the information associated with demographic (gender, age, schooling and tenure). The next wave (T2) performed two days later and measured personnel motivation to retaliate. The third wave (T3) performed after T2 with the gap of two days, and the workers had been requested to assess service performance. The surveys had been performed with the guide of administration and management of hospitals. We acquired a listing of personnel from the departments of administration, nursing staff, and the front desk (consisting of the check-out counter), as they regularly engage with patient. A overall of thirty to ninety personnel for every hospital (relying at the hospital's size) had been randomly selected and invited to take part with inside the study; in overall, 400 to be had respondents had been acquired. We numbered every respondent to in shape the personnel with their respective duties they perform. We placed the questionnaires in envelopes and distributed online social media platforms and manifest every envelope and questionnaire with a entirely distinctive identifier. They had been dispensed on-web web page and distributed to every staff member then regained after accomplishment. To make sure sincere and correct responses, we defined

to all of the individuals that their secrecy and privacy could be valued. In T1, we dispensed questionnaires to 405 personnel and obtained 312 usable answers (reaction rate: 77.6 in keeping with percent). In T2, we dispatched the second one survey to the personnel who had replied the first time, and 227 legitimate ones had been back (reaction rate: 72.7 in keeping with percent). In T3, questionnaires had been dispensed to the 227 personnel who had supplied legitimate answers with inside the 2T wave 163 legitimate questionnaires had been back (reaction rate: 73.5 in keeping with percent).

3.6: Measures

The questionnaire of survey was construct by a multidisciplinary exploratory research group in English, It contained of four reformed scales, with research items founded on a five-point Likert scale that is going from completely disagree (1) to completely agree (5). Some research items were used in survey questionnaire in their original type and form whereas mostly were adapted to complement the research background. The measures we used in this research ensure that all items in questionnaire are relevant to the existing research context; a supervisor was invited to appraise and evaluate the content. Grounded on his feedback, slight modifications were added to guarantee the generalizability of each and every item. "To measure patient misbehavior, McCullough et al.'s (1998) four -item construct questionnaire was adopted. Sample items comprised: "My patients spoke aggressively toward me". "My patient used a tone when speaking with me". "My patients asked aggressive questions (e.g. 'Really?' 'Are you kidding?')". " To measure the value of cognitive assessment, McCullough et al.'s (1998) five-item scale was organized after slight modifications. Sample of construct included: "When I want to feel more positive (such as

joy or amusement), I change what I'm thinking about". "When I'm faced with a stressful situation, I make myself think about it in a way that helps me calm down". "When I want to feel more positive emotions, I change the way I'm thinking about the situation". To measure expressive repression, four- items was used. Sample items encompassed: When I am feeling positive emotions, I am careful not to express them." "I control my emotions by not expressing them." "When I am feeling negative emotions, I make sure not to express them." To measure motivation to retaliate, McCullough et al.'s (1998) five- items was used. Sample items encompassed I wished that something bad would happen to that customer." "I was going to get even with my patients." "I would like to make the patient pay." "I wanted to see the patient hurt and miserable. "At last, to measure service performance of employees, Chi et al.'s (2015) six items was used. Sample items comprised: "I intentionally hurries patient when I wants to." "This employee behaves negatively toward customers." "I always try to take revenge on rude patient." "Sometime I try to ignore service rules to make things easier for myself." "Sometime I intentionally slows down service when I to". We considered gender, age, education and tenure as controlled variables in our analyses because of their probable effects on service performance".

Chapter # 4 Analysis

4.1: Introduction to software

4.1.1: SPSS

SPSS (Statistical Package for the Social Sciences), also known as IBM SPSS Statistics, is a software package for statistical data analysis. Although the name SPSS reflects its original use in the field of social sciences, its use has since expanded in other data marts. SPSS is commonly used in health research, marketing, and education. The data types analyzed with SPSS are very diverse. Common sources include survey results, organizations' customer databases, Google

Analytics, academic research, and server log files. SPSS supports both analysis and modification of many data types and almost all structured data formats. The software supports spreadsheets, plain text files and relational databases such as SQL, SATA and SAS. The software also offers data transformation, charting, and direct marketing capabilities. The software interface displays open data similar to a spreadsheet its main view. With its secondary variable view, it displays the metadata that describes the variables and data items present in the data file**.** AMOS stands for Analysis of Moment Structures. AMOS provides you with powerful and easy-to-use structural equation modeling (SEM) software.

4.1.2: Process macro

In quantitative studies, a few studies have complicated mediation and/or moderation analyses. Performing and decoding those complicated analyses in general statistical software program like SPSS may be cumbersome. Luckily, statisticians have evolved gear that may

be used alongside famous statistical software program to make undertaking and decoding complicated analyses easier. One such device is the PROCESS macro evolved with the aid of using Andrew Hayes. The PROCESS macro is basically an unofficial (however secure to use!) change to statistical packages like SPSS that computes regression analyses containing numerous mixtures of mediators, moderators, and covariates. High Cronbach's alpha values imply that reaction values for every player throughout a hard and fast of questions are consistent.

4.2: Measurement Model

The confirmatory factor analysis (CFA) was accomplished to test the suitability of the measurement model. Results showed that the proposed measurement model was consistent with the empirical data as all values of the fit indices met the conventional standards ($\mathcal{X}^2$ = 1337.56, $\mathcal{X}^2$/df = 2.41, CFI = .91, TLI = .90, IFI = .91, RMSEA = .05, SRMR = .04). In addition, the factor loading between the items and their respective constructs were between .52 and .88. Since the results satisfied the recommended cutoffs of Hair et al. (2010), the measurement model's fitness was secured.

4.3: Reliability test

Cronbach's Alpha measures the internal consistency or reliability of a set of survey items. Use this statistic to determine whether a collection of items consistently measures the same characteristic. Cronbach's alpha quantifies the degree of agreement on a standardized scale of 0 to 1. Higher values indicate greater agreement between items. High Cronbach alpha scores indicate that each participant's response scores are consistent across a set of

questions. Statistical value of Cronbach's alpha analyzed for each item is ranging from .80 to .99 which verified about reliability of items of measures.

4.4: demographics

Out Of those 163 personnel, 66.3 in keeping with percent had been female, 14 in keeping with percent had been eighteen to thirty years antique or younger, 39.2 in keeping with percent had been with inside the age institution among 31 and 40, 20.6 in keeping with percent among 41 and 50, 15.1 in keeping with percent among 51 and 60 and 11.1 in keeping with percent had been sixty one or older. In phrases of schooling, 48.5 in keeping with percent held a LPN (Licensed Practical Nursing) or below, 36.4four in keeping with percent had General Nursing and Midwifery (Three Years Diploma) and the closing 15.1 in keeping with percent held a *Four Years Bachelor Degree in Generic Nursing*. As for tenure, 23.6 by keeping percentage had experience of less than a year ,25.4 in keeping with percent had experience for three hundred and sixty five days, (34 in keeping with percent) had nursing experience for 2 to five years, and an extraordinarily small proportion (17, five in keeping with percent) had experience for longer than five years. An overall of 43.3 in keeping with percent worked in wards, 24.1 in keeping with percent in handling regular patients and 32.6 in keeping with percent at the front desk and admin staff. To make sure that everyone objects have been relevant to the contemporary studies context, a service supervisor and ten front line carrier personnel have been invited to assess the content. Founded on their feedback, negligible modifications have been made to make sure the generalization of entirely of the objects.

Table :1 demographics

Demographic characteristics	Frequency	
	Number	Percentage
Gender		
Male	55	33.7
Female	108	66.3
Age		
18-30	23	14
31-40	63	39.2
41-50	33	20.6
51-60	25	15.1
Above 60	19	11.1
Educations:		
LPN	79	48.5
General nursing diploma	59	36.3
Four year bachelor degree in nursing	25	15.2
Experience		
Less than year	38	23.6
1 year	41	25.4
2-5 years	55	34
More than 5 years	29	17

4.5: Descriptive statistics

A matrix was analyzed; as per our expectations the result of correlations of gathered data were statistically significant. In precise, results displayed that PM (patient misbehavior) correlated positively with MTR (motivation to retaliate) ($r = .603$, $p < .01$) and negatively

correlated with SP (service performance) ($r = –.760$, $p < .01$). MRT and SP were also correlated negatively ($r = –.589$, $p < .01$). Also, cognitive assessment had a positive relationship with PM ($r = .511$, $p < .01$) and motivation to retaliate ($r = .602$, $p < .01$), and correlated negatively with service performance ($r = –.630$, $p < .01$).Expressive repression had a negative correlation with PM ($r = -.038$, $p < .01$) and motivation to retaliate positively associated with expressive repression ($r = .025$, $p < .01$), and associated positively with service performance ($r = .063$, $p < .01$). In addition, statistical value of Cronbach's alpha analyzed for each item is ranging from .80 to .99 which verified about reliability of items of measures.

Table 2: Statistical results of the descriptive analyses

	Mean	SD	1.	2.	3.	4.	5.
1. Patient misbehavior	3.49	.62	(0.91)				
2. Cognitive assessment	3.21	.77	.511**	(0.81)			
3. Expressive repression	2.74	.63	-.038	- .126	(0.84)		
4. Motivation to retaliate	3.42	.82	.603**	.602**	.025	(0.91)	
5. Service performance	3.41	.79	-.760**	-.630**	.063	-.589**	(0.90)

(Note: N = 163, ** $p < .01$, α values appear in parentheses)

4.6: Hypotheses Testing

To analyze the main, indirect effect of variables (mediation) and conditional impacts, Hayes' (2013) regression-based tactic run to execute a chain of statistical analyses. By follow up this method, bias-corrected bootstrap confidence intervals (CIs) were measured to find out the significance value of effects by a procedure of resampling. Hayes' method is a development over the old-style Baron and Kenny's (1986) procedure. It is more inclusive, organized and systematic organized technique to observe the model primary research constructs in the area of business studies and social sciences.

4.6.1: Testing direct relation and mediation hypothesis

The direct effect was confirmed by using PROCESS macro Model 4 (v. 4). Results of analysis showed that PM (patient misbehavior) had a statistically significant negative main impact on SP (service performance) (*b* = –.39, [–.48, –.34]); thus, the result support for Hypothesis 1. The mediation or indirect effect was calculated by the help of bootstrapping method with 95% bias-corrected CIs with 5,000 bootstrapping resamples. We found that the PM → MRT → SP path was statistically significant because CIs has no zero crossing value (*b* = –.23, CI [–.29, –.18]), representing a partial mediation of motivation to retaliate. This result clarifies that service workers who are under the influence of misbehavior of patient progressively develop motivation to retaliate against the patient misbehavior, due to which the incidents of interruption in service performance happen Hence, Hypothesis 2 was also accepted.

4.6.2: Testing moderation moderated-mediation hypothesis

The moderation and conditional indirect impact of PM on SP through motivation to retaliate at different levels of cognitive assessment was estimated by the help of Model 7 of PROCESS (v. 4) with bootstrapping. As we expected, it was detected that the interaction effect of PM and cognitive assessment on motivation to retaliate was significant since the value of CIs had no zero crossing in them (*b* = -.08, CI [–.02, -.14]). The result show that cognitive assessment was able to generate a statistically significant conditional indirect effect (at low level: *b* = –.13, CI [–.17, –.09], at high level: *b* = –.18, CI [–.20, –.12]), the value index of moderated-mediation, that is the main standard for calculating the significance of the complete moderated-mediation of model, was identified as significant

(index = –.04, CI [–.07, –.02]). In General, these analysis's results discovered that motivation to retaliate mediated the association between PM and SP, the Cognitive assessment moderates the association between patient misbehavior and motivation to retaliate so the association is weaker when cognitive assessment of person is high. The result support Hypothesis 3. The indirect effect of Patient misbehavior on service performance through motivation to retaliate is moderated by cognitive assessment of person, so this show support for Hypothesis 5.

The direct moderation and conditional indirect impact (moderated-mediation) of PM on SP through motivation to retaliate at different levels of expressive repression was estimated by the help of Model 7 of PROCESS (v. 4) with bootstrapping. As we expected, it was confirmed that the interaction effect of PM and expressive repression on motivation to retaliate was significant since the value of CIs had no zero crossing between them (*b* = -.09, CI [-.16, -.02]). The result show that expressive repression was able to generate a statistically significant conditional indirect effect (at low level: *b* = -.06, CI [-.12,-.02], at high level: *b* = -.13, CI [-.20.-.09]), the value index of moderated-mediation, that is the main standard for calculating the significance of the complete moderated-mediation of model, was identified as significant (index = .07, CI [.03, .11]). In General, these analysis's results discovered that motivation to retaliate mediated the association between PM and SP, the expressive repression moderates the association between patient misbehavior and motivation to retaliate so such that the relationship is more strong when expressive repression of person is more. The result support Hypothesis. The indirect effect of Patient misbehavior on service

performance by the help of motivation to retaliate is moderated by expressive repression of person, so this show support for Hypothesis 6.

Table#3 Result of testing direct and indirect effects

Effect	β	LLCI	ULCI
PM→ MTR	.49	.43	.55
MRT→ SP	–.40	–.48	–.32
PM× CA → MRT	-.08	-.02	-.14
PM× ER → MRT	-.09	-.16	-.02
PM → SP (direct effect)	–.39	–.48	–.34
PM→ MRT → SP	–.23	–.29,	–.18
PM→MRT → SP [indirect effect at low CA]	–.13	–.17	–.09
PM→MRT → SP [indirect effect at high CA]	–.18	–.20	–.12
PM→MRT → SP [indirect effect at low ER]	-.06	-.12	-.02
PM→MRT → SP [indirect effect at high ER]	-.13	-.20	-.09

Note: N=163, PM= patient misbehavior, MRT= motivation to retaliate , SP= service performance, CA= cognitive assessment, ER= expressive repression

4.7: Result

The result of hypothesis testing indicate that patient misbehavior has negative association with the service performance of employees.the misbehavior of patient influence the employees of hospitals to reduce the quality of service performance.due to the patient misbehavior the motivation to retaliate develop in the mind and heart of employees that effect the service performance of employees in negative way.The mediators play important role in this relationship. If Cognitive assessment of employees is high so the association between patient misbehavior and motivation to retaliate will weak, because employees change their thinking about the behavior and they transform their thinking toward positive aspects.if the cognitive assessment of employees is low so it strongly influence the association between patient misbehavior and motivation to retaliate.the second moderator is expressive repression of employees.if the expressive repression of employees high so it strongly impact the association of patient misbehavior and motivation to retaliate that ultimately slow down the service performance of employees. In case of high low expressive repression the association also get weaker.

Chapter# 5: Conclusions

We concluded that this research used the theoretical account of theory of equity and justice to identify and explain how and when misbehavior of patients leads to decrease in service performance in the health care sector of city of Pakistan. We also examined the mediating function of motivation to retaliate and the moderating function of several emotional management strategies (e.g., cognitive assessment and expression repression). Using data collected through a time-delayed research method, I conclude that misbehavior of patients positively affects worker's motivation to retaliate, which in turn reduces the service performance of workers.

We also got to know that emotion management dramatic play a statistically significant moderation function in the direct influence of patient misbehavior on the motivation to retaliate and it is indirectly cause impact on reduce service performance of employees by the motivation to retaliate. Specifically, cognitive assessment decreases the effect of misbehavior of patients on motivation to retaliate and also buffered its indirect impact on motivated to retaliate reduce service performance. However, expressive repression can amplify the effect of misbehavior of patient on motivation to retaliate as well as its mediate impact on reduce service performance through motivation to retaliate.

5.1: Discussion

In this study, help to investigate patient misbehavior disrupts the implementation of service performance from a psychological perspective. Furthermore, based on social comparisons

and justice theory, it examines stock sensitivity as an individual difference that mitigates the indirect effect of patient misbehavior on service performance through exhaustion. Derived quantitative results by time lag, the data shows that patient misbehavior with front line workers cause the motivation of retaliation in staff and as result of this workers deviate the service performance. Furthermore, the results of a subsequent qualitative analysis were consistent with the research model. This study complements the literature on educational management by examining relationships that have been largely overlooked and therefore poorly understood.

5.2: Contribution of research

5.2.1: Theoretical implications

This research raises several theoretical attempts.

First, we expand existing cognition of misbehavior of patient by examining its outcomes (e.g. disruption in service performance)(Kern and Grandey, 2009; Wilson and Holmvall, 2013),. Some scholars have studied the detrimental impact of customer misbehavior on employee's service performance in various service industries.

As per our knowledge, no past studies have observed the link among patient misbehavior and reduce service performance in health care sectorSliter et al., 2010; Sliter et al., 2012). The following study identify this issue and spell the light on how misbehavior of patient can influence the reduce service performance among frontline hospital staff(van Jaarsveld et al., 2010). Second, we refer to the viewpoint from the theories of equity rather than the

common-pools viewpoint, leading to a new and broader understanding of the link among patient misbehavior and reduce service performance. This approach takes part to understanding the underlying procedure of patient misbehavior and reduce service performance and provides an outline for considerate how patient misbehavior affects service performance through motivation to retaliate(Walker et al., 2014) .

Our research also contributes to justice theory by viewing that service workers can view the time they invest, motivation, and quantity of energy they used as hard work that they associate to patient returns(Hur et al., 2016; Torres et al., 2017). Given their input, employees expect justifying and fair outputs from patient; when that kind of expectations of staff are not meet and they experience misbehavior instead, they get a sense of injustice, which increases the chances of motivation of retaliation against patient or reduce service performance to patients(Hur et al., 2016; Torres et al., 2017). Thirdly, we display that strategies of emotional management are important factors in mitigating the effect of patient misbehavior on the motivation to retaliate. In particular, cognitive assessment mitigates the deleterious impact of patient misbehavior on motivation to retaliate, while expressive repression enlarged it. By investigating the impact of moderation of emotion management, the current study recognizes new and important boundary conditions with respect to which patient misbehavior can be high or low damaging depending on the emotional strength of the employees

5.2.2: Practical implications

The results of studies have some implications for health care Sector managers and are particularly helpful for administration and for the management of that sector. First, we tend to found that service staff at front line that expertise patient misbehavior is additional probably to carry high levels of motivation to retaliate and have interaction in interruptions in service performance. Though misbehavior of patient may be tough to spot for hospital staff ought to deliver very careful consideration there to and arrange system for monitoring and deter the appearance of this misbehavior of patient(Arnold and Walsh, 2015). They'll encourage staff to proactively account and report misbehavior of patient and evoke facilitate from the direct supervisors of them. Furthermore, hospital managers can provide sufficient emotional support for workers Who experience patient misbehavior on daily to boost their self-confidence in management of stressors. Let we suppose , attributable to the unclear nature of misbehavior of patient, managers can offer steering and help to put-upon workers to assist them examine the causes of misbehavior and acknowledge either or not misbehavior was introduced by them or because of the cognitive content of patient, dropping the damaging impacts. In addition, management of hospitals can take into account providing their service workers raised autonomy to contend with misbehavior things, which might heighten the employees' emotion management in progress service landscape and cut back the amount of stress related to management these events(Kim and Qu, 2019; Sliter et al., 2010; Torres et al., 2017). Secondly , our Finding of studies incontestable that staff with different feeling and emotional regulation techniques report different levels of motivation to retaliate, that are mirrored in various levels of risk that they're going to have interaction in service performance. Hospital managers ought to offer coaching programs (for

example collective learning) that communicate employees reconciling the strategies of emotion management and inspire employees to contend with misbehavior things mistreatment psychological feature assessment instead of cognitive repression(Adams, 1963, 1965). Furthermore , as individual use of specific emotional management strategy could also be comparatively fixed, hospital managers must try to seek to spot throughout the enlisting method might or not person use assessment or repression technique to moderate their feelings. During staffing, it's counseled to the administer of hospital a take a look at of emotion management preference: applicants who use psychological feature assessment are less probably to be influenced by misbehavior of patient and will incline preference. With the help of theory of equity, front line hospital service staff may compare their contributions to their outcomes in commission encounters and arrange to attain Equality among the two As misbehavior of patient can result in worker insights of unfairness within the patient-staff social interaction and turn in in undesirable consequences, managers of hospital ought to target making and upholding a good surroundings to reduce the negative impacts of misbehavior of patient and encourage staff to ceaselessly offer high-quality facility. For example, health care sector can set up recompense procedure by offering financial rewards, encouragement, or other ways to support staff members who have experienced patient misbehavior. Actions of this type buffer the employees' sense of injustice and therefore reduce the probability that they perform retaliatory action. Employees negative behavior and reduce service performance due to patient misbehavior can impact the reputation of hospital badly and due reduce service performance the image and service quality of hospital at stake.by pervading consoling and monitory benefits hospitals can console their employees and improve the service quality as well. Employees

are vital part of organization, they can build or destroy the image if organi9zation easily just through their service performance.

5.2.3: Marketing implication

Undoubtedly, there is an increasing need among marketers of health care sectors to better realize their visitors or customers' behavior towards their hospital services and service providing staff members. According to some studies behavior of patient with service employees is a composite result arising from the interaction among a patient's feeling and perception about service staff and the emotions expressed (doing misbehavior or rude attitude with service staff) regarding those beliefs (Bitner, M. J., Booms, B. H., & Mohr, L. A. 1994). Knowing this fundamental interaction can help to identify patient or patient behavior and how service staff can deal with these issues without expressing negative emotions (motivation to retaliate).

The goal of customer behavioral research in marketing is to increase gross sales by better meeting customer or patient needs(Cho et al., 2016; Han et al., 2016; Kim and Qu, 2019; Wilson and Holmvall, 2013). Knowledge of patient behavior is of paramount value for specialists in the marketing of health care service sectors when designing strategies. Suffice it to state that measuring patient behavior with service workers is an integral part or vital view of patient research in health care line. This explains why information on attitudinal research abounds in the patient behavior literature. An understanding of patient or patient behavior with staff present in service line is very basic Implications for marketing, for many reasons. First, patient rude or polite behaviors with service staff or front line employees are based on the beliefs that patient have about the dimension of the service being provided by

workers. In many cases, these dimension form the foundation for the improvement of marketing strategies to attain high level of satisfaction of patient

5.3: Limitations of research and Future prospective of Research

This study or research work also leaves the certain limitations. One of the major Limitation is relates to the study design. Beside that we use the method of multiple waves Methods, statistical results may also be under the influence of general method biases. For example, patient misbehavior and motivation to retaliate were observe from the particular foundation (i.e. co-workers), and patient misbehavior and emotional management were analyze all through the one wave. Furthermore Future Research should use alternative mode of designs of research to highly decrease the chances of systematic bias of methodology . There are some potential flaws in how we measure reduce service performance through employee reviews.

Supervisors, as reduce service performance are likely to be carried out clandestinely and may not clearly seen by the superiors to reduce the unwanted consequences(Hall, M. A., & Schneider, C. E. 2008). The research conduct in coming time should use more accurate and apply reasonable approaches to observe the service performance. While the theory of equity offers a new standpoint to understand the impacts of patient misbehavior on the worker's motivation to retaliate and how it cause the interruption in service performance , other aspects of theory might explain the fundamental procedure Furthermore, our findings indicate a fractional indirect mediating impact of the motivation to retaliate in the association among misbehavior of patient and how it reduce quality of service performance , indicating that another mechanisms of mediation present and should have to discover in

future research. For example, corporate atmosphere is considered crucial for influencing employees and performing a important role in the delivery of service in the hospital context,(Rahimi and Gunlu, 2016; Tsui et al., 2006) further with the prospective of marketing. If the culture and service quality of hospital is good is good and a hospital is more oriented to service quality , staffs are likely to accept better management, training and incorporating developments in the field of customer service, improving the of performance of employees at service place and lessening the risk of change in the service performance of worker.This possible method should be additional approach in upcoming research studies . Finally, our size of was limited to employees that performed services in private hospitals wah cant city that cause the limitations in the generalizability of research.

Because the environment of private hospitals harmonious human interaction and marketing prospective, service workers may perceive client misbehavior differently than in other public sector hospital. Therefore, the research in future should be done in different atmosphere contexts and marketing context as well.

6:Appendixes

Questionnaire

1: Patient Misbehavior (Walker et al., 2014)	**Strongly disagree 2 3 4 Strongly agree**
1.1: My patients spoke aggressively toward me.	
1.2: My patients used a tone when speaking with me.	
1.3: My patients asked aggressive questions (e.g. 'Really?' 'Are you kidding?').	
1.4: My patients made curt statements toward me.	
2. Cognitive assessment (Spaapen et al., 2014)	
2.1: When I want to feel more positive (such as joy or amusement), I change what I'm thinking about.	
2.2: When I'm faced with a stressful situation, I make myself think about it in a way that helps me calm down.	
2.3: I control my emotions by changing the way I think about the situation I'm in.	

2.4: When I want to feel less negative emotions, I change the way I'm thinking about the situation.	
2.5: when I want to feel more positive emotions, I change way I'm thinking about the situation	
3: **Expressive repression (Spaapen et al., 2014)**	
3.1: I keep my emotions to myself.	
3.2: When I am feeling positive emotions, I am careful not to express them."	
3.3: I control my emotions by not expressing them.	
3.4: When I am feeling negative emotions, I make sure not to express them.	
4: motivation to retaliate (McCullough et al., 1998)	
4.1: I wanted to see that customer get what he/she deserves.	
4.2: I wished that something bad would happen to that customer	
4.3: I was going to get even with the customer	
4.4: I would like to make the customer pay."	
4.5: I wanted to see the customer hurt and	

miserable	
5: Service performance (Chi et al., 2015)	
5.1: I mistreats customers deliberately."	
5.2: I intentionally hurries customers when I wants to."	
5.3: I behaves negatively toward customers	
5.4: I tries to take revenge on rude customers."	
5.5: I ignores service rules to make things easier for him/her	
5.6: I intentionally slows down service when i wants to	

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