




## Impact of Abusive Supervision on Somatic Complaints and Workplace Cognitive Failure Among Sanitary Workers: Moderating Role of Resilience

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### ABSTRACT

The primary objective of the study was to examine the relationship between abusive supervision and somatic complaints and work place cognitive failure. Study also intended to investigate the moderating role of resilience in these associations among sanitary workers. Cross-sectional survey data was gathered through purposive sampling technique, a sample of 662 sanitary workers from six different cities of Pakistan participated in the research. The research findings demonstrated that abusive supervision has significant positive correlation with somatic complaints and work place cognitive failure. Additionally, the negative correlation between resilience (moderator) and both somatic complaints and workplace cognitive failure was found significant. However, the hypothesized moderating influences of resilience on both the models of abusive supervision were not supported significantly. The study can contribute to promote awareness regarding sanitary workers' problems and to make necessary modification at policy level, by the concerned authorities, to improve their quality of life by eliminating stressors from workplaces.

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## 1. Introduction

The occupation, individuals pursue, significantly impacts their overall well-being and subsequently influences their life quality. Various occupational factors, such as job satisfaction, stress at work, remuneration, socioeconomic status, work settings and nature of job, influence the work force (Kim & Park, 2015). General well-being varies among occupational categories due to differences in type of work and the work environments (Shockey et al., 2017). Occupational health is essential for street sweepers and sanitary workers, aiming to promote physical and psychological well-being (Pushparani et al., 2018). Sanitary workers play a significant role in the municipal cleaning system of any community (Nayak. et al., 2013). They are responsible for the maintenance and sanitation of the sewerage system. The cleaning practice in developed countries is predominantly mechanized, whereas, in developing states like Pakistan and India, it continues to rely on human labor, even in urban areas with limited resources (Calvillo et al., 2015). Due to the absence of contemporary sewage cleaning equipment among the majority of workers in these areas, individuals employed in sewage maintenance access the subterranean sewerage pipes via main holes to manually clear blockages as they arise, regardless of the cause. Hazardous working conditions pose a significant concern for physical health of the sanitary workers, who perform crucial tasks in maintaining cleanliness and hygiene within various settings. Sanitary workers experience high physical risk due to demanding working conditions. One of the primary hazards sanitary workers face is exposure to toxic substances and hazardous waste materials. These individuals frequently come into contact with various forms of waste, including medical waste, chemicals, and potentially harmful substances. Such exposure can lead to respiratory problems, skin disorders, and other health complications (Calvillo et al., 2015; Kumar et al., 2016; Tolera, 2023). Furthermore,

these individuals are often required to lift heavy objects, work in awkward positions, and perform repetitive tasks, which can lead to musculoskeletal disorders and injuries (Fatmi et al., 2022; Pushparani et al., 2018). The absence of ergonomic equipment and training further exacerbates these risks, making them more vulnerable to long-term health issues (Sharior et al., 2023).

Moreover, the nature of their work exposes sanitary workers to psychological hazards as well. They often encounter unpleasant and distressing situations, these experiences increase stress levels and mental health issues and decrease overall well-being. Numerous literary works have been dedicated to examining the physical symptoms and health conditions experienced by sanitation workers (Fatmi et al., 2022; Gomathi & Kamala, 2020; Kim & Park, 2015; Nayak. et al., 2013). However, there is a dearth of comprehensive data pertaining to the psychological ramifications (Tolera, 2023). According to a recent study conducted in India (Pushparani et al., 2018), it was found that there is a prevalence rate of 39.7% for mental health issues among sanitation workers. Furthermore, it has been reported that due to heavy work load the sanitary workers experience a lot of psychological impacts, such as stress and depression. The psychological complications arise because of the failure to acclimatize to the work settings, job insecurity, poor interpersonal relations, absence of communication and emotional turbulences at the work place. The extreme levels of stress experienced in routine life and its impact on cognition is gaining importance among researchers. The existing body of literature provides substantial evidence supporting a strong association between inadequate psychological wellness or cognitive impairment and job proficiency (Ashton Rennison et al., 2023; Mahdinia et al., 2017). Different stressors at work such as high workload, time pressure, and conflicting job roles, have been associated with increased cognitive failure among workers which can further pose a significant risk of injuries (Allahyari et al., 2014). Similarly, psychosomatic complaints have also been related to perceived levels of stress at work, furthermore the non-supportive behaviors from supervisors and friends may intensify stress and psychosomatic symptoms among employees.

### **1.1. Abusive Supervision and Well-being Among Employees**

The phenomenon of abusive supervision (as work related stressor) exerts a substantial influence on the work performance and overall well-being of employees. Research findings have indicated that abusive supervision damages employees' motivation, involvement, and performance (Peng et al., 2014; Zhang et al., 2019). Moreover, the abused employees have been found to have increased levels of job-related stress, engagement in deviant behaviors, decreased job satisfaction, and a reduced sense of commitment to one's work (Fischer et al., 2021; Haar et al., 2016; Hussain et al., 2020; Park et al., 2019). Evidence also highlights that being exposed to abusive supervision intensifies the health hazards (Peltokorpi, Ramaswami 2018). Employees who work under abusive supervision are more prone to suffer from high levels of stress, anxiety, and depression (Fischer et al., 2021; Peltokorpi & Ramaswami, 2021).

Furthermore, the role of resilience as a mediator has received significant attention in the discipline of comprehending the relationship among obnoxious supervision and a decline in employees' work performance and health outcomes (Al-Hawari et al., 2020; Dai et al., 2019). As mentioned before, there is evidence which suggests that the presence of abusive supervision can have adverse consequences on employees' job performance and overall well-being. However, resilience, the capability to adapt and overcome adversity (Connor & Davidson, 2003), is a key moderating factor in minimizing these adverse impacts. Resilience has the potential to lessen the antagonistic properties of abusive supervision, thereby enhance workers' capacity to maintain their work performance and preserve their well-being. The study of the moderating role of resilience offers valuable insights into the processes by which individuals navigate and prevent the adversative influence of insolent supervision. This highlights the significance of cultivating resilience within organizations as a strategy to enhance employees' well-being and job performance. Given its compelling justification, it is imperative to carry out this study with sanitary workers in Pakistan. Sanitary employees are exposed to risky working circumstances, suffer from low socioeconomic standing, also have limited access to means and support networks. They are subjected to abusive supervision, which can compound their difficulties and have a negative influence on their work performance and psychological and physical well-being. Understanding the moderating role of resilience in this context is critical because it has the potential to minimize the undesirable influences of abusive command while also improving employees' capacity to maintain work performance and well-being.

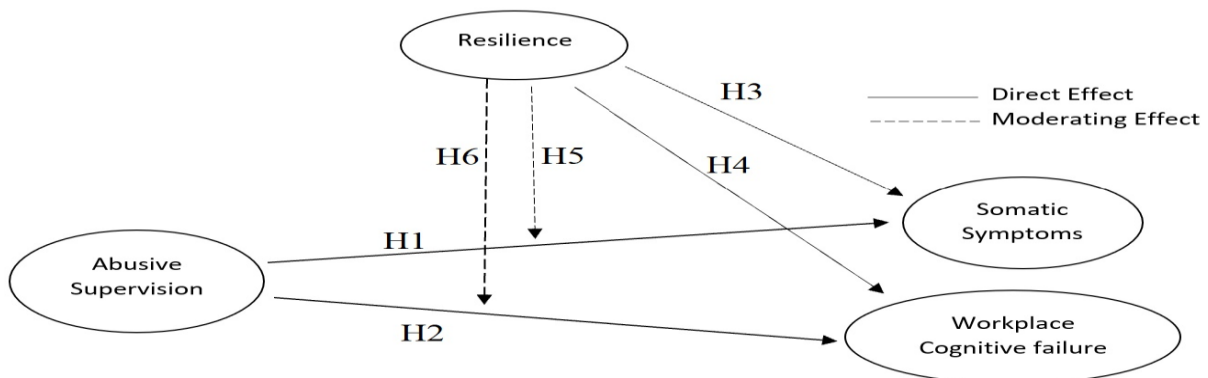
The study gains additional significance due to the cultural context of Pakistan. Cultural elements, such as power distance, hierarchical structures, and collectivist perspectives, have the potential to impact the interactions between individuals in positions of authority and their subordinates. Consequently, these cultural factors can shape how abusive behaviors are perceived and responded to within these relationships. Examining the interplay between cultural factors, abusive supervision, and resilience within the context of sanitary workers can yield significant insights into the distinct experiences and obstacles encountered in their work environment. Additionally, there is a significant research deficit in the area of resilience’s moderating role on the relationships among abusive supervision and workplace cognitive failure and somatic symptoms, specifically in Pakistani context. Previous research has predominantly focused on general work environments or particular professional cohorts, thereby overlook the unique encounters and susceptibilities faced by sanitation workers. By carrying out this study, we may add to the body of literature by supplying empirical evidence and a thorough understanding of the unique environment of sanitary workers in Pakistan and illuminating the function of resilience as a protective factor. Based on the former literature, the following hypotheses and conceptual frame work have been figured out.

**1.2. Hypotheses and Conceptual Framework**

Figure 1 displays the proposed conceptual model:

- H1: Abusive supervision will be positively associated with somatic complaints among sanitary workers in Pakistan.
- H2: Abusive supervision will be positively associated with workplace cognitive failure among sanitary workers in Pakistan.
- H3: Resilience will be negatively associated with somatic complaints among sanitary workers in Pakistan.
- H4: Resilience will be negatively associated with workplace cognitive failure among sanitary workers in Pakistan.
- H5: Resilience will moderate the relationship between abusive supervision and somatic complaints among sanitary workers in Pakistan, such that the positive association will be weaker for individuals with higher levels of resilience.
- H6: Resilience will moderate the relationship between abusive supervision and workplace cognitive failure among sanitary workers in Pakistan, such that the positive association will be weaker for individuals with higher levels of resilience.

**Figure 1: The Proposed Conceptual Model**



**2. Method**

**2.1. Sample**

The study centered on sanitary workers employed in the public sector across various cities in Pakistan, with its research hypotheses derived from the preceding literature review. Study applied a cross-sectional survey research design. A total of 662 sanitary workers, of which 79% were male, participated for the study, using a non-probability purposive sampling method. Participants were recruited from six Pakistani cities, including Mangla, Dina, Jhelum, Gujranwala, Sohawa, and Rawalpindi, from public organizations such as municipal corporations and cantonment boards. The study included individuals who possessed a minimum of five years of cumulative work experience and were presently employed in the public sector. The minimum qualification of the employees was middle passed. The age range for the sanitary workers was

20 to 60 years. The exclusion criteria encompassed workers who had been employed for less than five years and those who had any physical or psychological condition requiring medication. Table 1 displays additional demographic characteristics of the sample. Scholar followed the recommendation of Hair et al. (2018) that the number of valid sample should surpass the number of 200 participants for multivariate analysis.

## **2.2. Measures/ Instruments**

This study utilized a survey protocol including the following scales to assess study variables:

### **2.2.1. Abusive Supervision Scale**

Abusive Supervision Scale (Tepper, 2000), translated and adapted by scholar, consists of 15 items and utilizes a 5-point Likert scale, ranging from 1=never to 5=very often. The scale employs a set of non-physically abusive behaviors derived from types of interpersonal relationships. The reliability in the present study was found to be 0.93.

### **2.2.2. Brief Resilience Scale**

The Brief Resilience Scale (BRS; Smith et al., 2008), a uni-factor scale, translated and adapted by researcher, was used as a measurement tool. It comprises of six items and utilizes a five-point Likert scale ranging from 1=strongly disagree to 5= strongly agree, for participants to show their level of agreement or disagreement with each item. The BRS was designed to evaluate an individual's perceived ability to recover from or rebound from stress. The internal consistency of the BRS in the present study was determined to be 0.91.

### **2.2.3. Workplace Cognitive Failure Scale**

The Workplace Cognitive Failure Scale (WCFS; Wallace & Chen, 2005), translated and adapted by scholar, is a 5-point Likert scale that comprises of 15 items, ranging from 1= strongly disagree to 5= strongly agree. These items are further categorized into three sub-scales: memory failure, attention failure, and execution failure, respectively. In present study, the internal consistency of the WCFS was determined to be 0.91.

### **2.2.4. Somatic Symptom Scale -8 (SSS-8)**

The Somatic Symptom Scale-8 (SSS-8) translated and adapted by the researcher, is a 5 point Likert scale consisting of 8 items, with response options ranging from 0 (never) to 4 (very frequently). It was developed by Griek (Gierk et al., 2018) as a condensed version of the Patient Health Questionnaire-15 (PHQ-15; Kroenke et al., 2001). The original SSS-8 demonstrates favorable item characteristics, displaying strong reliability (Cronbach  $\alpha = 0.81$ ) and robust evidence of validity. In our study, internal consistency was found to be 0.85.

## **2.3. Procedure**

Formal permissions were sought from public offices, including municipal corporations and cantonment boards, for data collection. They allowed the data collection from potential respondents according to their availability, anywhere suited to the scholar or the worker. Written informed consent was acquired from participants. After getting ethical approval scholar disseminated a total of 720 survey forms to sanitary workers. After eradicating 58 invalid or incomplete questionnaires, this study recovered a total of 662 useable questionnaires, thereby presenting a valid recovery rate of 91.9%. The researcher assured physical presence during the entire process of data collection to facilitate the clarification of statements for participants in case of any ambiguity. Confidentiality of data was guaranteed through written and verbal instructions. Anonymity was allowed to get the natural response from the participants also no time limit was executed to fill the forms.

## **2.4. Analysis Plan**

The analysis plan for this research study aimed to explore the relationships between abusive supervision, resilience, somatic symptoms, and workplace cognitive failure among sanitary workers in Pakistan. Using SPSS 23 and AMOS 23 (Corp, 2019), scholar performed data analysis. To determine the means, standard deviations, and frequency distributions of the variables of interest, descriptive statistics were calculated. Additionally, distributional characteristics, such as skewness and kurtosis, were examined to assess the normality of the variables. Bivariate correlation analysis was performed to highlight the relationships among

study variables; using Pearson's correlation coefficient to determine the strength and direction of the correlations. Multiple regression analysis was employed to test study hypotheses 1 and 2, which predicted the associations between abusive supervision and somatic complaints, as well as between abusive supervision and workplace cognitive failure while controlling for relevant covariates. Moreover, study conducted the multiple linear regression analysis to test Hypotheses 5 and 6, which propose that resilience moderates the relationships between abusive supervision and the outcomes. The significance and direction of the moderation effects were interpreted based on the beta coefficients, standard errors, t-values, and p-values. This comprehensive analysis plan provided valuable insights into the associations and potential moderation effects between the variables of interest, contributing to our understanding of the experiences of sanitary workers in Pakistan.

### 3. Results

This section present analysis of the gathered date.

#### 3.1. Demographics

**Table 1: Sample Characteristics (N=662)**

Characteristics	Category	Frequency (f)	Percentage (%)
Gender	Male	528	79.76
	Female	134	20.24
Working Shift	Morning	366	55.29
	Double	296	44.71
Contract type	Permanent	373	56.34
	Contract	231	34.89
	Daily wagers	58	8.76

The demographic features of the study participants have been reported in Table 1. The sample consisted of a total of 662 sanitary workers. Among the participants, 79.76% were male, while 20.24% were female. With regard to working shifts, the majority of participants (55.29%) worked in the morning shift, followed by 44.71% who worked in the double shift. In terms of contract type, 56.34% of the participants had permanent employment, while 34.89% had contract-based employment. Daily wagers accounted for 8.76% of the sample.

**Table 2: Descriptive Statistics and Reliabilities of Study Variables**

Variables	No. of items	M	SD	Skew	Kurt	Actual range	Cronbach's Alpha
BRS	6	17.84	5.94	-0.22	-1.29	6-27	0.91
SSS	10	18.82	6.24	-0.35	-0.22	0-32	0.85
WCF	15	45.67	10.96	-0.29	-0.42	15-71	0.91
ABS	15	49.94	12.33	-0.38	-0.58	15-73	0.93

Note. BRS = Brief Resilience Scale, SSS = Somatic Symptoms Scale, WCF= Workplace Cognitive Failure Scale, ABS= Abusive Supervision Scale.

The reliability co-efficient of the three constructs using Cronbach's alpha and measures of normal distribution are presented in Table 2. The variables showed high internal consistency (0.85 to 0.93) indicating reliable measurement of the constructs. The BRS had a mean score of 17.84 (SD = 5.94). The SSS-8 had a mean score of 18.82 (SD = 6.24). The WCF and ABS had mean scores of 45.67 (SD = 10.96) and 49.94 (SD = 12.33) respectively. The values of skewness and kurtosis are in the desired range.

**Table 3: Correlations Between Study Variables**

Variables	1	2	3	4
1. BRS	-			
2. SSS	-.24**	-		
3. WCF	-.18**	.57**	-	
4. ABS	-.15**	.62**	.57**	-

Note. BRS = Brief Resilience Scale, SSS = Somatic Symptoms Scale, WCF= Workplace Cognitive Failure Scale, ABS= Abusive Supervision Scale.

\*\* p < .01.

Study found significant correlation coefficients between abusive supervision and the outcome variables, as seen in Table 3. First, there was a significant negative correlation between resilience and workplace cognitive failure. Second, a significant negative correlation was found between resilience and somatic symptoms, indicating that higher levels of resilience were related with lower levels of somatic symptoms. Third, we also found significant positive correlations

between abusive supervision, somatic symptoms and workplace cognitive failure, suggesting a high association between these variables. Lastly, abusive supervision was found significantly negatively associated with resilience.

**Table 4: Summary of Moderated Regression Analysis: The Moderating Effects of Resilience on the Relationship between ABS and SS**

Variables	B	SE	$\beta$	t	p	$\Delta R^2$	$\Delta F$
(Constant)	6.44	1.04		6.18	.000	.001	.56
ABS	.30	.02	.60	19.85	.000		
BRS	-.15	.03	-.15	-4.93	.000		
ABS*BRS	.13	.18	.02	.75	.453		

Note: ABS = Abusive supervision; BRS= Brief Resilience scale; ABS\*RES = Interaction between abusive supervision and resilience scales.

Table 4 presents the results of the moderated regression analysis examining the moderating effects of resilience on the relationship between abusive supervision and somatic symptoms. The coefficient for ABS ( $\beta = 0.60$ ,  $t = 19.85$ ,  $p < .001$ ) suggests a significant positive association between abusive supervision and somatic symptoms. This finding indicates that higher levels of abusive supervision are related to increased somatic symptoms among the participants. Furthermore, the coefficient for BRS ( $\beta = -0.15$ ,  $t = -4.93$ ,  $p < .001$ ) indicates a significant negative relationship between resilience and somatic symptoms. This suggests that higher levels of resilience are associated with lower levels of somatic symptoms. The interaction term ( $\beta = 0.02$ ,  $t = 0.75$ ,  $p = .453$ ) is not statistically significant, indicating that resilience does not significantly moderate the relationship between abusive supervision and somatic symptoms.

**Table 5: Summary of Moderated Regression Analysis: The Moderating Effects of Resilience on the Relationship between ABS and WCF**

Variables	B	SE	$\beta$	t	p	$\Delta R^2$	$\Delta F$
(Constant)	24.224	1.932		12.536	.000	.00	2.97
ABS	.498	.028	.560	17.495	.000		
BRS	-.185	.059	-.100	-3.136	.002		
ABS_BRS	.588	.341	.055	1.725	.085		

Note: ABS = Abusive supervision; RES= Resilience scale; ABS\*RES = Interaction between abusive supervision and resilience scale.

Table 5 provides a summary of the moderated regression analysis, examining the moderating effects of resilience on the relationship between abusive supervision and workplace cognitive failure. The coefficient for ABS ( $\beta = 0.560$ ,  $t = 17.495$ ,  $p < .001$ ) indicates a positive and significant relationship between abusive supervision and workplace cognitive failure. This suggests that higher levels of abusive supervision are associated with increased levels of cognitive failure among employees. In contrast, there is a negative and significant relationship ( $\beta = -0.100$ ,  $t = -3.136$ ,  $p < .05$ ) between resilience and workplace cognitive failure. This suggests that higher levels of resilience are associated with lower levels of work place cognitive failure among workers. However, the moderating effect of resilience on the relationship between abusive supervision and workplace cognitive failure was not statistically significant ( $\beta = 0.055$ ,  $t = 1.725$ ,  $p = .085$ ).

**Table 6: Findings of Tested Hypotheses H1-H6**

Research Hypotheses	Hypothesized model	Path coefficient ( $\beta$ )	t-value	Results
H1	ABS and SS	0.60	19.85***	Supported
H2	ABS and WCF	0.56	19.49***	Supported
H3	BRS and SS	-0.15	-4.93***	Supported
H4	BRS and WCF	-0.10	-3.13***	Supported
H5	BRS moderates between ABS and SS	0.02	.75	Not supported
H6	BRS moderates between ABS and WCF	0.05	1.72	Not supported

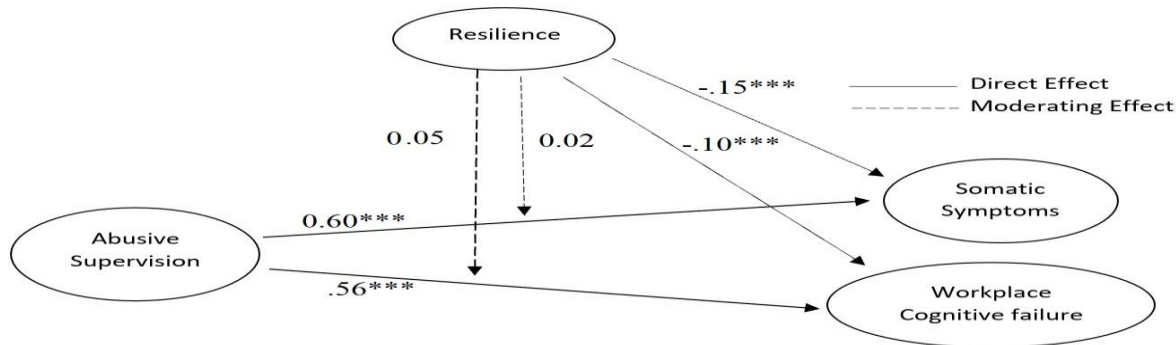
Note: BRS = Brief Resilience Scale, SSS = Somatic Symptoms Scale, WCF= Workplace Cognitive Failure Scale, ABS= Abusive Supervision Scale.

\*\*\* $p < .000$ .

The results of the hypothesis testing are summarized in Table 6. H1, which predicted a positive relationship between abusive supervision and somatic symptoms (SS), was supported. H2, which hypothesized a positive relationship between abusive supervision and workplace cognitive failure, was also supported. H3, which proposed a negative relationship between

resilience and somatic symptoms, was supported. H4, which hypothesized a negative relationship between resilience and workplace cognitive failure, was also supported. However, H5 and H6, which predicted that resilience would moderate the relationship between abusive supervision and SS, as well as between abusive supervision and workplace cognitive failure, were not supported. The interaction terms between abusive supervision and resilience did not have statistically significant effects on the outcomes of somatic symptoms and workplace cognitive failure. Figure 2 presents the model summary of tested hypotheses.

**Figure 2: Summary of the hypotheses (H1-H6)**



## 5. Discussion

The results of this research offer insight into the impacts of abusive supervision on somatic symptoms and workplace cognitive failure among sanitary workers, as well as the moderating effect of resilience on these associations. The findings of this study indicate a positive correlation between abusive supervision and somatic symptoms, as well as workplace cognitive failure among sanitary workers, moreover, an inverse correlation between resilience and both outcome variables. Nevertheless, the anticipated buffering effects of resilience on the association between abusive supervision and the aforementioned outcomes were not supported. The results designate that the experience of abusive behaviors from supervisors has a substantial impact on the well-being and work-related functioning of employees. Sanitary workers who are exposed to abusive supervision are prone to experience somatic symptoms, including digestive problems, pains in different parts of body, fatigue and cardiopulmonary issues. Additionally, they may encounter workplace cognitive failure, finding provides additional evidence that these individuals are prone to encounter challenges in maintaining focus, committing mistakes, and experiencing lapses in memory, ultimately affecting their overall work productivity. The results presented in this study are consistent with prior research that has consistently shown the negative impacts of abusive supervision on the psychological and physical well-being of employees (Haar et al., 2016; Hussain et al., 2020; Peltokorpi & Ramaswami, 2021). The power dynamics that are inherent in the relationship between supervisors and subordinates have the potential to intensify the adverse outcomes associated with abusive conduct, resulting in heightened levels of stress, anxiety, and diminished job satisfaction (Lam & Xu, 2019; Ram & Prabhakar, 2010). In the context of sanitary workers, who are already confronted with challenging and demanding work environments (Gomathi & Kamala, 2020), the existence of abusive supervision exacerbates the burden they encounter (Fischer et al., 2021).

Moreover, the result of a negative relationship between resilience and both somatic symptoms and workplace cognitive failure yields significant insights into the function of resilience in alleviating the adverse effects of work-induced stressors on individuals employed in sanitation occupations. The findings indicate that individuals who possess higher levels of resilience are more adept at managing and adjusting to the various difficulties and pressures present in their professional setting. As a consequence, they experience fewer physical symptoms and demonstrate a decrease in cognitive failures. This could be attributed to their ability to regulate stress effectively, maintain a positive outlook, and engage in proactive coping strategies (Al-Hawari et al., 2020; Dai et al., 2019). Past research supports that sanitary workers who are more resilient may regard their work-related obstacles as more manageable and have a better overall feeling of well-being, which contributes to lower somatic symptoms (Games et al., 2020). Likewise, the negative association between resilience and workplace cognitive failure indicates that individuals possessing greater levels of resilience are more prone

to demonstrate enhanced cognitive performance within the professional setting. According to previous research (Mantua et al., 2021; Mehta et al., 2019), individuals who possess resilience may exhibit heightened cognitive capabilities, including enhanced concentration, decision-making skills, and memory retention, even when confronted with challenging and stressful work conditions. Their capacity to sustain focus and mental clarity can assist in offsetting the harmful impact of work-related pressures on cognitive function. These findings highlight the significance of fostering resilience among sanitation workers in order to enhance their psychological well-being and work performance. Organizations own the potential to significantly add to the promotion and augmentation of resilience through the implementation of interventions and programs that specifically focus on the cultivation of resilience skills and resources. Building emotional intelligence, supporting work-life balance, and cultivating a supportive work environment can all help to foster resilience among sanitary workers.

In the current study, the expected moderating impacts of resilience on the association between abusive supervision and both somatic symptoms and workplace cognitive failure in our context among sanitary workers were not found significant. This finding would suggest that while resilience is necessary for people to deal with different stresses, it might not be particularly effective as a buffer when it interacted to the direct strong effect of abusive supervision, which might defuse the impact of resilience. Other factors, such as frequency of abusive actions, individual coping methods, or the general work environment, might play a more prominent role. The lack of moderating effects observed in this study may be ascribed to methodological constraints or the unique attributes of the sample population. Furthermore, the study focused on sanitary employees in a specific context, which may limit the findings' applicability to other professional groups or cultural settings. Despite the absence of moderation, it is imperative to acknowledge the direct impacts of abusive supervision on somatic symptoms and workplace cognitive failure. The presence of abusive supervision has been found to have negative consequences on the physical and psychological well-being of sanitary workers. These findings emphasize the significance of addressing and reducing abusive supervision in the workplace to safeguard workers' health and productivity. The cultural context in Pakistan is likely to exert a substantial influence on the experiences of sanitary workers and the ramifications of abusive supervision. Pakistan exhibits collectivist cultural values and hierarchical organizational structures, wherein individuals in positions of authority possess significant power, and subordinates may encounter challenges in expressing their opinions (Shahzad et al., 2022). The presence of this cultural context has the potential to facilitate the continuation of abusive behaviors and establish obstacles for individuals in their efforts to seek assistance or address mistreatment in the workplace. Therefore, it is imperative that not just solely prioritize the enhancement of resilience but also to encompass a comprehensive examination of the wider cultural and organizational elements that facilitate and sustain abusive supervision.

Future research should investigate potential moderators or mediators that influence the connection between resilience and work-related outcomes. Various factors, including social support, job resources, and organizational climate, are likely to exert a substantial influence on the relationship between resilience and its effects on somatic symptoms and cognitive functioning. For the purpose of preventing and dealing with abusive behaviors, supervisors should be given trainings on effective leadership, communication, and conflict resolution techniques. By establishing clear mechanisms for reporting and addressing workplace misconduct, sanitary workers can be empowered to express their concerns without fear of punishment. The promotion of resilience among sanitary workers is of utmost importance in relation to their psychological well-being and job performance. Organizations ought to promote self-care habits, give stress management resources, and provide mental health support services. In addition, fostering a supportive workplace culture that values employee well-being, acknowledges their accomplishments, and encourages work-life balance can help employees build resilience and decrease the harmful impacts of abusive supervision. Furthermore, addressing abusive supervision through targeted training programs aimed at enhancing supervisors' leadership skills, effective communication skills, and conflict resolution abilities can promote healthy work places. Educating supervisors about the impact of their behavior on employee well-being and providing them with resources and support to enhance their leadership skills and emotional intelligence can prevent abusive behavior.



## 6. Conclusion

In conclusion, the findings of the study demonstrate the damaging effects of abusive supervision on somatic symptoms and workplace cognitive failure reported by sanitary workers in Pakistan. The study underscores the necessity of implementing interventions that effectively target abusive supervision and promote resilience. Furthermore, addressing abusive supervision, fostering resilience, and advancing our comprehension of the factors that influence the relationship among stressors at work and health-related outcomes will contribute to the development of healthier and more supportive work environments for sanitary workers. Consequently, this will improve job satisfaction, performance, and overall well-being, thereby benefiting both employees and the organization as a whole.

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