

WORKPLACE VIOLENCE AND ABUSE AGAINST NURSES BY SUPERVISORS IN LAHORE, PAKISTAN

Meha Aslam^{1*}, Shahida Parveen², Rabia Haider³, Sumaira Taj⁴, Tahira Shoukat⁵, Ayesha Sadiqa⁶

^{1,6}Department of Nursing, University of Science and Technology, Lahore, Pakistan

¹usmanmeeha@gmail.com

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Corresponding Author: *

Meha Aslam

Abstract

Background: Workplace violence is a serious global concern that negatively affects nurses' psychological well-being and work-life balance. Violence and abusive behavior by supervisors toward nurses is widely reported in both public and private healthcare settings, particularly in Pakistan. This study aimed to examine the relationships among counterproductive work behavior, organizational injustice, job insecurity, and work-life conflict among nurses. Methodology: A quantitative cross-sectional explanatory research design was employed. A non-probability sampling technique was used to recruit nurses from Lahore General Hospital, Lahore, Pakistan. Data were collected through established and validated Likert scale questionnaires measuring counterproductive work behavior, organizational injustice, job insecurity, and work-life conflict. The demographic characteristics of participants were also recorded. Results: The findings indicated that 43 percent of participants were aged between 26 and 45 years. All participants were female permanent government employees, and 99.5 percent held a bachelor's degree. The majority (44 percent) had 2 to 5 years of service experience. Counterproductive work behavior did not show a significant relationship with job insecurity ($p = .439$), and organizational injustice did not significantly predict job insecurity ($p = .881$). However, the direct effect of counterproductive work behavior on work-life conflict was significant and positive ($p = .0003$). Job insecurity demonstrated a significant negative relationship with work-life conflict. Conclusion: The study concludes that counterproductive work behavior is a significant positive predictor of work-life conflict, indicating that maladaptive workplace behaviors are closely associated with increased imbalance between professional and personal life domains. The findings suggest the need for supervisor training programs focused on behavior modification to promote nurses' well-being, enhance workplace conduct, improve organizational effectiveness, and strengthen overall quality of life.

INTRODUCTION

Nurses are a prevalent group of frontline experts in hospitals, playing a precarious role in patient care (Rhoda & Idubor, 2024). Workplace violence (WPV), is unethical performance including threat or fear of abuse of someone at work, from exploitative language to physical abuse (Eshah et al., 2024). Workplace violence (WPV), a worldwide grave concern, disrupting nurses not only psychological well-being and but also prejudices work performance (Njaka et al., 2020). Pakistan's healthcare system is prone to Workplace violence (WPV) and WHO identified 62% of nurses get affected by WPV (Gaspar et al., 2024). The National Institute for Occupational Safety and Health Administration (OSHA) defines WPV as a state in which personnel are harassed, threatened, or attacked at work, travelling to and from work, causing physical and mental suffering (Schimmels et al., 2025). Bad workplace events, violence, abusive leadership, interpersonal disputes, and bullying conduct are linked to job insecurity and Work Life Conflict. All health professionals including nurses in particular experience Workplace Violence (Khan, 2020; Russo, 2022; Volonnino et al., 2024). Organizational injustice is how to treat nurses as per ethics, law, or religion or culture. It supports health workforce performance and hospital efficacy (Mohamed et al., 2022). Job insecurity, a most significant feature of work in almost all countries according to the Organization (Akar & Hayat, 2020; Prado-Gascó et al., 2021; Quader, 2024). Job insecurity has adverse effects on health, happiness and obligation. Job insecurity decreases gratification of basic human needs and performance at work (Ismail & Ali, 2020; Rhoda & Idubor, 2024; Yinusa & Ogoun, 2024). Globally, Approx. 80% of nursing workforce is females. Nursing is a female-dominated profession (Abou Hashish et al., 2023). High picture of women is escorted by increased encounters in balancing work, family roles (Mehdi, 2019; Modupe, 2021; Woo et al., 2022). Female nurses face dual

pressure of managing household duties along with professional roles, resulting in conflict between work-family (WFC) (Dilmaghani et al., 2022). Workplace violence and abuse against nurses by supervisors is a universal problem in healthcare setup in Pakistan. Bad workplace events, violence, and stress, abusive leadership and supervisors identified behaviors related to hostility as gossiping, insulting, and yelling are linked to low job satisfaction and high intention to leave. In the healthcare sector, intention to leave is a consequence of horizontal hostility (Hameed, 2020; Noor et al., 2024). A study conducted by Amin et al., in 2024, Verbal abuse was most prevalent type of violence, experienced by 62.96% of nurses at workplace (Amin et al., 2024).

Work Family Conflict negatively impact nurses because of dual pressure to support the family as well as has to manage professional life also. Supportive Leadership will put a gross difference for nurses relaxation and retention by managing the concerns encountered by nurses (Akbar & Hayat, 2020; Qasim et al., 2025; Carlo, 2025). Supervisor training is the best way to use organizational work-family resources and guidance to assist employees in resolving Conflict between Work-Family (WFC). Managers have major responsibility to protect employees' employability, plenty of career growth opportunities and strong social support to deal with workplace stressors (Ufaq, 2019; Modibbo & Inuwa, 2020; Marc & Roussel, 2024; Ajaz, 2025). Managers, failing to identify and provide job resources with (career) support to cope with work overload lead to nurses' dissatisfaction and potential early departure. There is limited literature related to workplace violence and abuse against nurses by their supervisors (Memon et al., 2025). So, there is need to inquire the prevalence of counter productive work behavior by supervisors, organizational injustice, factors and work on it to prevent workplace violence against nurses by

supervisors to minimizing work life conflict of nurses (Raja & Iqbal, 2019; Naseer et al., 2025).

LITERATURE REVIEW

Madeleine Leininger introduced her Transcultural Nursing Theory, Culture Care Theory in 1978. Cultural values influence health behaviors and care practices. In Pakistan, cultural norms around hierarchy and gender may affect how violence is perceived and reported. It interprets why nurses may tolerate or underreport supervisor abuse. Madeleine Leininger transcultural nursing theory comprises of core concept and sunrise model. Core concept emphasized by Leininger that culturally congruent care that fits with the cultural values, beliefs, and practices of individuals is essential for effective nursing (Lasmaida & Dedi, 2024). Sunrise Model framework helps nurses to assess cultural factors such as religion, social structure, language, and political/legal systems that influence health and workplace dynamics (Gonzalo, 2023). Transcultural Nursing Theory is applied to workplace violence and supervisory abuse, highlights cultural factors underlying interpersonal conflict within healthcare settings (Muhammad & Yan, 2019; Rehman & Malik, 2020; Salzman-Erikson et al., 2025; Marc et al., 2025). Violence and abuse arise from differences in cultural values, communication styles, and hierarchical norms (Ali & Senturk, 2019; Green et al., 2024). The theory allows researchers to understand how organizational culture, power dynamics, and multicultural interactions contribute to abusive behavior. It also provides a framework for designing culturally congruent interventions to improve nurse-supervisor relationships and promote safer work environments (Wirawan et al., 2025).

Transcultural Nursing Theory by Madeleine Leininger emphasizes that nurses' behaviors, perceptions, stress responses, and interpersonal interactions are shaped by their cultural values, social norms, and contextual environments (Cruz, 2024). Transcultural Nursing

Theory is traditionally applied to patient-centered care; its principles are related to nurses' workplace experiences. This theory provides a culturally sensitive lens for interpreting the relationships among counterproductive work behavior, organizational justice, emotional burnout, and work-life conflict forming conceptual foundation of study (Papadopoulos, 2025). Transcultural Nursing Theory postulates that individuals interpret and respond to workplace interactions according to their cultural expectations of respect, communication, authority, and fairness (Teixeira et al., 2023). In environments where counterproductive work behavior (CWB) by supervisors such as verbal abuse, humiliation, or disrespect is present, these actions violate deeply embedded cultural norms regarding dignity (Chen et al., 2025). Nurses working within diverse cultural settings, where respect for authority and harmonious relationships are valued, may experience these violations more intensely. As a result, Counterproductive Work Behaviors (CWB) becomes a culturally stressful experience that heightens psychological strain and accelerates emotional burnout (Kulachai, 2025). These culturally influenced stress responses supports that Counterproductive Work Behaviors (CWB) contributes to burnout, which subsequently leads to increased Work-Life Conflict (Li, 2025).

Similarly, organizational justice is grasped through culturally shaped notions of fairness, equity, and interpersonal respect. Theory explains nurses perceive procedural unfairness, lack of recognition, favoritism, or disrespectful communication and their perceptions contradict cultural expectations of just and humane treatment in the workplace. Consequently, perceived injustice becomes a culturally harsh experience contributing to emotional exhaustion. Through this perspective, Transcultural Nursing Theory supports the study's notion that reduced organizational justice is a precursor to emotional burnout, mediating its

effect on Work-Life Conflict. The mediator, emotional burnout, is also reliable with Transcultural Nursing Theory's emphasis on cultural shaping of stress and coping (Ramos et al., 2024). In diverse cultures, nurses are expected to demonstrate high emotional assurance, compassion, and self-sacrifice and maintain strong family responsibilities outside work. Therefore, burnout does not remain confined to the workplace, instead, it tumbles over into nurses' personal lives, making difficult to fulfill culturally significant family roles (Khateeb, 2025). This spillover is a key mechanism underlying the transition from workplace stressors to work-life conflict. Transcultural Nursing Theory justifies the mediating effect of Job Insecurity by explaining how cultural pressures and role expectations exaggerate conflict between professional and personal domains (Lee & Jang, 2020). Finally, Work-Life Conflict, the dependent variable in this model, is not only a product of occupational demands but also a culturally rooted outcome (Sarwar et al., 2021). Transcultural Nursing Theory emphasizes that cultural values often dictate that nurses especially in Asian societies carry substantial familial responsibilities (Tu et al., 2022). Workplace injustice or supervisors' abusive behavior lead to emotional burnout, nurses' capacity to meet culturally defined family obligations is compromised, resulting in heightened work-life conflict (Gupta & Srivastava, 2021). Thus, Transcultural Nursing Theory strengthens the conceptual model by explaining why emotional burnout is a culturally mediated pathway through which workplace behaviors influence personal life (Lee & Jang, 2020).

Supervisors' Counterproductive Work Behaviors (CWB) includes abusive behavior, hostility, aggression, and psychological mistreatment. According to the transcultural nursing theory, supervisory mistreatment generates strain like job-related fear and uncertainty. When supervisors engage in harmful behaviors such as

bullying or verbal aggression, subordinates perceive threatened, with higher job insecurity. Research demonstrated that hostile supervision reduces nurses' sense of job safety. Another supportive International survey by (Tian et al., 2014) showed a positive relationship between job insecurity and CWB and imperatively supervisor support, a moderator. Findings indicated that job insecurity shrinks affective commitment and surges CWB, while sympathetic supervisory behavior can buffer that effect. Supervisors' behaviors (support vs. unsupportive/uncivil actions) influence that Counterproductive Work Behaviors (CWB) by supervisors is directly related to job insecurity dynamics.

The relationship of job insecurity, Counterproductive Work Behaviors (CWB), workplace incivility and role of work family conflict was examined. Males scored significantly high on job insecurity and counterproductive work behaviors while work family conflict was non-significant. Private employees had high job insecurity (Zahoor et al., 2019). (Wang et al., 2015) investigated that with low organizational justice, job insecurity was significantly negatively related to job performance and vice versa. Job performance and organizational justice interacts with job insecurity. An injustice perception augments negative consequences of job insecurity. Organizational injustice can worsen the experience of job insecurity. High levels of organizational justice and perceived job insecurity had a weak negative relationship with organizational citizenship behavior (OCB) and vice versa. Interaction effects of job insecurity and justice on affective organizational commitment and psychological distress was noted (Ayub et al., 2022). Job Insecurity and psychological well-being with Work-Life Balance (mediator) was explored and it negatively linked with work-life balance (Abdul Jalil et al., 2023). (Raeissi et al., 2019) examined Quality of work life and factors associated with it among nurses in public hospitals.

Abusive leader behavior predicts job insecurity, direct effect on emotional exhaustion (Li et al., 2022). (Finstad et al., 2024) demonstrated job insecurity is positively related with work-family conflict. The relationship between Work-Family Conflict & Counterproductive Work Behavior with gratitude (mediator) and experienced guilt in Gujranwala, Pakistan showed Work Family Conflict (WFC) is firmly linked to aberrant workplace behaviours (Shafqat et al., 2023). Job insecurity is positively related to Work-Family Conflict (WFC) and indirect effects depends on perceived organizational justice (Nauman et al., 2020). (Yousaf, B., et al. 2024) documented moderate levels of job insecurity among Pakistani refugee nurses and significant associations between job insecurity, quality of work life and job dissatisfaction. Supervisory Counterproductive Work Behavior (CWB) leads to hostile, unfavorable work climate and emotional exhaustion. Chinese nurses perceive their supervisor's behavior as psychologically controlling, positively affecting their Work-Family Conflict (Zhang et al., 2025). Abusive supervision is positively associated with Work Family Conflict (WFC) and psychological distress mediates relationship (Asim et al., 2024). Hospital nurses demonstrated organizational injustice increases emotional exhaustion and Work-Family Conflict (WFC). Organizational injustice directly affect nurses and indirectly Work Life Conflict through burnout (Benk & Kenek, 2024). organizational injustice indirectly influences nurses' Work Life Conflict through psychological mediators reduces well-being (Rasool et al., 2020).

Study hypotheses are described below:

There is also connection of organizational injustice with job insecurity. supervisory mistreatment acts as a workplace stressor that generates strain, including job-related fear and uncertainty. When supervisors engage in harmful behaviors such as bullying or verbal

aggression, subordinates perceive their positions as threatened, leading to higher job insecurity.

H₁: Counterproductive Work Behaviors (CWB) by Supervisors is directly related with Job Insecurity
Unfair treatment threatens employees' resources, creating insecurity and uncertainty about the continuity of employment. Empirical studies show that when employees perceive distributive, procedural, or interactional injustice, their sense of job stability declines. Thus, heightened injustice leads employees to fear job loss or career instability, increasing job insecurity.

H₂: Organizational Injustice is directly related with Job Insecurity.

Supervisors' Counterproductive Work Behaviors (CWB) signals potential threats to employment stability and increases feelings of insecurity. Job insecurity then produces emotional exhaustion and preoccupation with work, contributing to work-life conflict. Hence, insecurity is a key mechanism linking supervisory Counterproductive Work Behaviors (CWB) to work-life conflict.

H₃: Job Insecurity is directly related with Work Life Conflict of Nurses.

Organizational injustice raises feelings of instability, fear, and uncertainty about continued employment. These insecurity-related stressors drain personal resources, which in turn generate work-life conflict. Injustice → insecurity → strain → conflict. Thus, job insecurity acts as a psychological mechanism explaining how injustice leads to conflict.

H₄: Job Insecurity mediates the relationship between Counterproductive Work Behaviors by supervisors and Work Life Conflict of Nurses.

Supervisory Counterproductive Work Behavior (CWB) creates a hostile work climate that diminishes employees' emotional and psychological resources. Employees who face abusive supervisors often experience elevated stress, rumination, and emotional exhaustion. These strains spill over into home life,

leading to interference with family or personal responsibilities.

H₃: Job Insecurity mediates the relationship between organizational injustice and Work Life Conflict of Nurses.

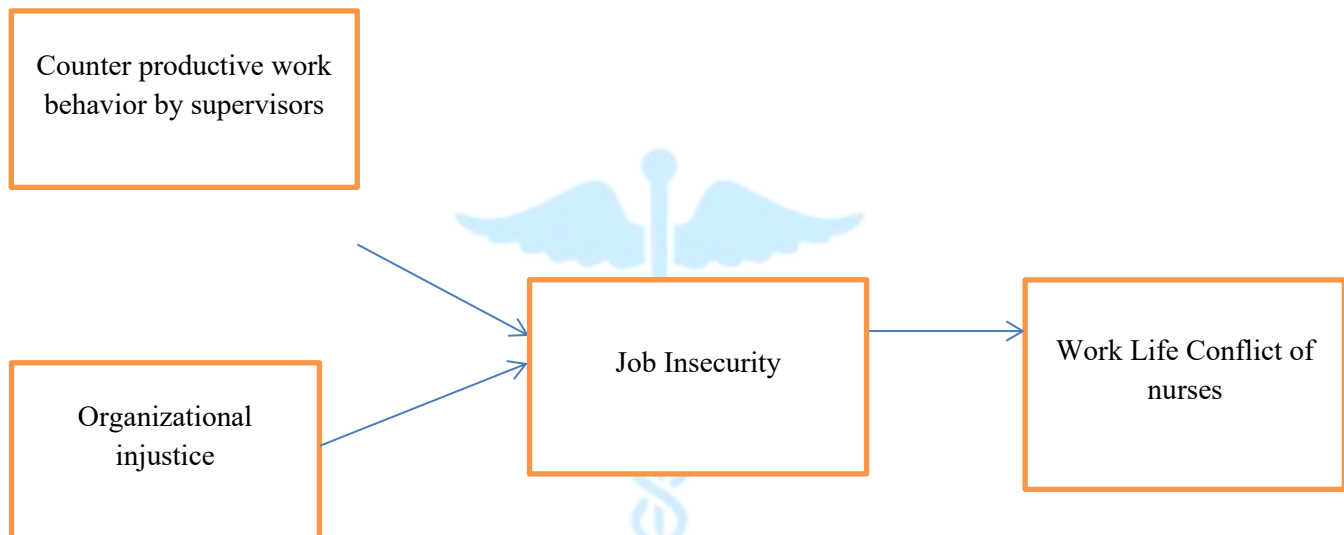
Organizational injustice increases psychological strain and emotional depletion, which reduces employees' ability to manage their home responsibilities. In line with theory, unfair treatment at work drains personal resources, causing spillover into non-work domains. Prior research confirms that employees perceiving

injustice report higher levels of emotional strain and conflict between personal and professional life.

H₆: Counterproductive Work Behaviors by supervisors is indirectly related with Work Life Conflict of Nurses. Organizational injustice by supervisors lead to job insecurity at first and then develops Work Life Conflict.

H₇: Organizational Injustice is indirectly related to Work Life Conflict of nurses.

Theoretical framework model is given below.



The research Objectives are to assess the prevalence of counterproductive work behavior by supervisors, organizational injustice perceived by nurses, job insecurity and work-life conflict among nurses in healthcare settings to develop a model, explaining relationships.

RESEARCH METHODOLOGY

Research is based on realism and objective phenomena (Ongaro & Yang, 2025). By realism, research explores relationships and shapes outcomes (Stavrianos, 2025). This study is grounded in a positivist research philosophy, assumes that organizational injustice, supervisory counterproductive work behavior (CWB), job insecurity, and work-life conflict are objective and measurable workplace constructs. From an

epistemological perspective, the study highlights objective measurement and the quantification of relationships that findings are systematic and evidence-based, allowing the correlations (León, 2025). Quantitative measurement decreases subjective bias which provides statistically strong results, to enhance nurses' well-being and the work life balance (Derman & Deatrick, 2016). A deductive method is derived from Organizational Justice Theory (Lasmada & Dedi, 2024). Theories proposed that workplace injustice and supervisory mistreatment lead to psychological strain (job insecurity) and negative outcomes (Work-Life Conflict). The study tests whether these theorized relationships hold among nurses. The study employs a quantitative, cross-sectional, explanatory research design. Quantitative

methods allow objective measurement and statistical analysis (Hunziker & Blankenagel, 2024). Explanatory design examines direct, indirect, and mediating relationships among variables and cause-effect relationships based on theoretical predictions (Pregoner, 2024).

A Quantitative, cross-sectional study design was used to collect data. Cross sectional study assess the traits and qualities of a specified population (Wang & Cheng, 2020). The target population includes registered nurses working under supervisors in public hospitals. Researchers decided to take the public hospital nurses because public hospitals have also registered nurses which are population of interest of this study and public hospital setting is easily accessible and cost effective. Nurses are appropriate participants because they experience hierarchical supervision, workplace injustice, and work-life imbalance. Non Probability, Convenient sampling technique is used because of accessibility and limited resources. For mediation models and multiple regressions, a sample of 400 nurses is recommended (Hair et al., 2021). Ethical approval was obtained; Informed consent for voluntary participation was signed. Anonymity and Confidentiality was maintained. Data was collected from nurses working at Lahore General Hospital, Services Hospital and Punjab Institute of Neurosciences Lahore. 5-point Likert scales (1 = strongly disagree to 5 = strongly agree) except Counterproductive Work Behavior. Organizational Injustice, an independent variable and measured by

Organizational Justice Scale by OR Colquitt (2001) injustice scale, 4 items scale. Job Insecurity Scale by De Witte (2000) and Work-Life Conflict is dependent variable and measured by a Likert scale developed by Netemeyer et al. (1996). Counterproductive Work Behavior (CWB) by Supervisors is independent variable, measured by Counterproductive Work Behavior (CWB-C) Checklist (Spector et al., 2006) with 10 Items with extent of frequency never (1) to Every Day (5). Data was analyzed by using Statistical Package for Social Sciences (SPSS). Descriptive Statistics were done in the form of Means, standard deviations, frequencies, percentages. Pearson's correlations and Regression Analysis was done to determine initial relationships and direct/indirect effects among variables.

RESULTS

Demographic variables, independent, mediator and dependent variables were interpreted. 400 nurses working at Lahore General Hospital Lahore, Services Hospital and Punjab Institute of Neurosciences Lahore. 20% participants were within Up to 25 years of age group while 42% were within 26-45 years and 38% were within 46-55 years. All participants were females and Govt. jobian. .99.5% was having bachelor degree while. 5% was with Masters' degree. Majority (44%) of participants had length of service 2-5 years while equal proportion (16%) participants had up to 1 year and above 10 years and 24% had 6-10 years length of service.

Table1: Frequency and Percentage of Demographic Variables

Variables		Frequency (n)	Percent (%)
Age (years)	Up to 25 years	80	20%
	26-45 years	168	42 %
	46-55 years	152	38 %
Gender	Male	0	0 %
	Female	400	100 %
Education	Bachelor's	398	99.5%

	Master's	2	.5%
	PhD	0	0%
Nature of Employment	Permanent	400	100%
	contractual	0	0%
	others	0	0%
Length Of Service	up to 1 year	64	16.0%
	2-5 years	176	44.0%
	6-10 years	96	24.0%
	above 10 years	64	16.0%



Reliability

Cronbach's Alpha 0.775 Means Good reliability.

Table 2. Descriptive Statistics

	N	Minimum	Maximum	Sum	Mean	Std. Deviation	Skewness	Kurtosis		
	Statistic	Statistic	Statistic	Statistic	Statistic	Statistic	Statistic	Statistic	Std. Error	Std. Error
CWB	400	1.00	4.00	1048.10	2.6203	.84593	-.800	.122	-.492	.243
JI	400	2.00	4.50	1523.50	3.8088	.77536	-.760	.122	-.603	.243
OI	400	1.75	4.75	1440.75	3.6019	.69172	-.535	.122	-.590	.243
WLC	400	1.40	5.00	1648.60	4.1215	.59331	-1.843	.122	4.415	.243
N	400									

Table 2. shows the Descriptive Statistics including Mean and Std. Deviation, Std. error ,Skewness and kurtosis of Study Variables (Counterproductive Work Behavior (CWB-C), Organizational Injustice, job Insecurity and Work life Conflict). Population was 400 nurses. CWB mean was 2.6203, JI mean was 3.8088 OI mean was 3.6019 and dependent variable mean was 4.1215.

Table 3. Correlations

		CWB	JI	OI	WLC
CWB	Pearson Correlation	1	.039	-.033	.170**
	Sig. (2-tailed)		.439	.509	.001
	N	400	400	400	400
JI	Pearson Correlation	.039	1	.008	-.163**
	Sig. (2-tailed)	.439		.881	.001
	N	400	400	400	400
OI	Pearson Correlation	-.033	.008	1	.061
	Sig. (2-tailed)	.509	.881		.225
	N	400	400	400	400
WLC	Pearson Correlation	.170**	-.163**	.061	1
	Sig. (2-tailed)	.001	.001	.225	
	N	400	400	400	400

Above table shows correlation of variables. Pearson correlation was used to investigate relationships between variables. Correlation is significant at the 0.01 level (2-tailed).

Regression

Model Summary^b

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
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1 .249^a .062 .055 .57675 .791

a. Predictors: (Constant), CWB, OI, JI

b. Dependent Variable: WLC

CWB and OI were independent variable while JI was mediator and WLC is dependent variable in this study.

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	8.729	3	2.910	8.747	.000 ^b
	Residual	131.726	396	.333		
	Total	140.455	399			

a. Dependent Variable: WLC

b. Predictors: (Constant), CWB, OI, JI

Analysis of variance was calculated. P value .000 means significant relation.

Sample

Size: 400

Outcome Variable JI

Model Summary

R	R-sq	MSE	F	df1	df2	p
.0388	.0015	.6018	.5995	1.0000	398.0000	.4392

Model

	Coeff	se	t	p	LLCI	ULCI
Constant	3.7156	.1264	29.3977	.0000	3.4671	3.9641
CWB	.0355	.0459	.7743	.4392	-.0547	.1258

As indicated above R-sq value is .0015 which means JI which is mediator affects 15% on CWB.

Outcome Variable, WLC

Model Summary

R	R-sq.	MSE	F	df1	df2	p
.2399	.0575	.3334	12.1186	2.0000	397.0000	.0000

As indicated above R-sq value is .0575 which means WLC which is dependent variable is get affected approximately 5.75% by CWB, an independent variable. P-value .000 means significant relation.

Model

	Coeff	se	t	p	LLCI	ULCI
Constant	4.2913	.1675	25.6126	.0000	3.9619	4.6206
CWB	.1237	.0342	3.6184	.0003	.0565	.1910
JI	-.1297	.0373	-3.4761	.0006	-.2031	-.0563

Direct and Indirect Effects of X on Y

Direct effect of X on Y

Effect	se	t	p	LLCI	ULCI
.1237	.0342	3.6184	.0003	.0565	.1910

Indirect effect(s) of X on Y:

	Effect	BootSE	BootLLCI	BootULCI
JI	-.0046	.0064	-.0177	.0065

PROCESS Model 4 used to examine whether Job Insecurity (JI) mediates the relationship between Counterproductive Work Behavior (CWB) and Work-Life Conflict (WLC). The analysis was done sample of 400 respondents, with CWB as the independent variable, WLC as the dependent variable, and JI as the mediator.

Effect of CWB on Job Insecurity was assessed. 0.15% of the variance in Job Insecurity ($R^2 = .0015$ and $p = .439$). This indicates that counterproductive work behavior has no significant relation with Job insecurity.

Effects of CWB and Job Insecurity on Work-Life Conflict. The model was statistically significant ($p <$

.001), accounting for 5.75% of the variance in WLC ($R^2 = .0575$). CWB had a positive and significant effect on WLC.

The direct effect of CWB on WLC remained significant and positive ($\beta = .124$, $SE = .034$, $t = 3.62$, $p = .0003$, 95% CI . CWB independently affects work-life conflict even after controlling for job insecurity. The indirect effect of CWB on WLC through Job Insecurity was not statistically significant. Job insecurity does not mediate the relationship between counterproductive work behavior and work-life conflict.

Sample

Size: 400

OUTCOME VARIABLE:

JI

Model Summary

R	R-sq	MSE	F	df1	df2	p
.0075	.0001	.6027	.0224	1.0000	398.0000	.8811

Model

	Coeff	se	t	p	LLCI	ULCI
Constant	3.7785	.2061	18.3367	.0000	3.3734	4.1836
OI	.0084	.0562	.1497	.8811	-.1020	.1189

OUTCOME VARIABLE:

WLC

Model Summary

R	R-sq	MSE	F	df1	df2	p
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.1741 .0303 .3431 6.2020 2.0000 397.0000 .0022

Model						
	Coeff	se	t	p	LLCI	ULCI
Constant	4.4054	.2112	20.8622	.0000	3.9903	4.8206
OI	.0532	.0424	1.2541	.2106	-.0302	.1365
JI	-.1248	.0378	-3.3004	.0011	-.1992	-.0505
DIRECT AND INDIRECT EFFECTS OF X ON Y						
Direct effect of X on Y						
	Effect	se	t	p	LLCI	ULCI
	.0532	.0424	1.2541	.2106	-.0302	.1365
Indirect effect(s) of X on Y:						
	Effect	BootSE	BootLLCI	BootULCI		
JI	-.0010	.0069	-.0149	.0130		

PROCESS Model 4 (Hayes, 2018) used to examine job insecurity (JI) mediates the relationship between organizational injustice (OI) and work-life conflict (WLC) among nurses (N = 400). The results indicated that organizational injustice did not significantly predict job insecurity ($p = .881$). Variance in job insecurity ($R^2 = .0001$), finding indicates that nurses' perceptions of unfairness by supervisors not related to feelings of job insecurity. The overall regression model predicting work-life conflict was statistically significant ($MSE = 6.20$, $p = .002$), explaining 3.03% of the variance in WLC. Job insecurity significantly and negatively predicted work-life conflict ($\beta = -.1248$, $p = .001$).

DISCUSSION

Workplace violence of nurses by supervisors was assessed at Lahore General Hospital, Services Hospital and Punjab Institute of Neurosciences, Lahore by 400 nurses by Non Probability, Convenient sampling technique. A quantitative, cross sectional explanatory study design was used to check relation between counterproductive work behavior (CWB), organizational injustice (OI), job insecurity (JI), and work-life conflict (WLC) among nurses working in

public-sectors hospital. Overall, All respondents were female nurses employed permanently in a government hospitals. This demographic pattern reflects the gendered nature of the nursing profession in Pakistan and other South Asian; nursing remains a predominantly female occupation (Rasheed et al., 2022). Majority of participants was 26-45 years age group and had 2-5 years of experience, workforce in active professional phase. This correlates with study showed mid-career nurses often face greater work-life conflict due to increasing job responsibilities with family demands (AlAzzam et al., 2023). The overall Cronbach's alpha 0.775 demonstrates good internal consistency of the study instrument. Alpha values > 0.70 are measured acceptable for WLC, OI, JI and CWB (Hayes & Rockwood, 2023). Extraordinary work-life conflict among nurses, shows imbalance professional and individual roles. These results are aligned with studies on nurses experience raised work-life conflict, staff shortages, emotional toil, and duty shifts, particularly in public hospitals (Labrague et al., 2022; Zhang et al., 2024).

Job insecurity and organizational injustice had modest to increased levels. In Govt setups, job cushions insecurity and stress (Shahzad et al., 2023).

Correlation analysis showed a significant positive relationship between CWB and WLC. High work-life imbalance may manifest in maladaptive behaviors at work. Recent studies confirm that workers experiencing WLC are mostly engaged in decreased task engagement (Kundi et al., 2022; Ojo et al., 2023). Job insecurity showed a significant negative link with work-life conflict. Contrary to Western results, in developing nations, fear of job loss may compel workers to prioritize work over family life, reporting lowering conflict (Raza et al., 2024). Organizational injustice had a insignificant relation with WLC, propose fairness insights may be less important than workload and role demands.

Regression showed CWB significant relation with WLC, variance was relatively small. This aligns with study emphasizing that WLC is a multifactorial phenomenon influenced by organizational, personal, and societal factors (Labrague & de los Santos, 2023). Job insecurity emerged as a significant negative factor of WLC, while organizational injustice had an insignificant direct effect. Same results shown in studies job security and standardized job settings reduce injustice perceptions (Al-Hamdan et al., 2022). Mediation analyses showed job insecurity did not mediate the relationship between CWB and WLC, nor between OI and WLC. Previous surveys shown insignificant mediation effects of job insecurity in setups considered by permanent job and strong work defenses (Sharma & Dhar, 2023). Job insecurity showed a consistent negative association with work-life conflict. Due to cultural differences, nurses experiencing insecurity declines personal role expectations and focus more intensely on job retention. Similar interpretations have been offered in recent Asian healthcare studies (Zafar et al., 2022; Raza et al., 2024). Overall, WLC as a critical issue among nurses, significantly linked with CWB behavior but not by OI or JI. Recent recommendations suggest that interventions targeting work-life balance can

reduce negative work behaviors and improve both nurses well-being and patient care outcomes (Labrague et al., 2024).

CONCLUSION

CWB has a imperative constructive connection with WLC, indicating maladaptive work behaviors leads to increased conflict. JI had a significant negative relationship with WLC; however, it is not a mediator between CWB and WLC, nor between OI and WLC. Organizational injustice has no significant relationship with job insecurity or work-life conflict. These findings suggest that, as per permanent government service, job insecurity and organizational injustice have partial descriptive power in understanding nurses' WLC. Overall, the study highlights that WLC among nurses is influenced more strongly by behavioral and role-related issues than injustice or insecurity. Supervisors training session should be launch for their behavior modifications and nurses' well-being but also for enhancing workplace behavior, organizational effectiveness, and the quality of life.

The study only highlights relationships between CWB, Job Insecurity, Organizational Injustice and Work Life Conflict but did not tell about strategies to overcome these challenging situations. Only limited to Govt. setups where resouces allocation is quite different and lack is noted as compared to Private healthcare setups. The study highlights that work-life conflict among nurses is influenced more strongly by behavior than by perceptions of injustice or insecurity. Policies should be launched regarding organizational justice and counterproductive work behaviors. Supervisors training session should be launch for their behavior modifications and nurses' well-being but also for enhancing workplace behavior, organizational effectiveness, and the quality of life.

Future studies should include nurses from both public and private healthcare setting to improve generalizability. Qualitative studies can be conducted

to have in depth knowledge and interventional studies to remedy these concerns. Further studies can be conducted to investigate Moderating variables like social support, resilience and organizational culture. Future studies can be done to promote behavior modifications in autocratic and narcissistic nursing leaders to tackle this grave concern confronted by Pakistani nurses.

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