Disputes at Work and the Perceived Effects of Social Assistance on Worker Health

[1]Dr. Suparna Dhar, [2]Shipra Agarwal, [3]Dr. Yavana Rani S

[1]Assistance Professor, Department of Sociology, Assam down town University, Guwahati, Assam, India, Email id- suparna.dhar@adtu.in , Orcid id- 0009-0008-6238-752
[2]Assistant Professor, Department of TMIMT, Teerthanker Mahaveer University, Moradabad, Uttar Pradesh, India, Email id- shipra21aug@yahoo.co.in
[3]Associate Professor, Department of Decision Science, CMS Business School, JAIN (Deemed to-be University), Bangalore, India, Email Id-dr.yavanarani@cms.ac.in

Abstract

Introduction: The potential effects of welfare programs and support systems on the physical and mental health of people who are working are referred to as the effects of social assistance on worker health.

Objective: This research's objective is to compare the effects of three different workplace conflicts on worker-related results like isolation and health. The research also aims to investigate the relationship between various conflict kinds and worker isolation as a function of perceived social assistance at work.

Methods: A self-directed poll of 463 IT staff members was used to obtain the data. To test the research's hypotheses, structural equation modelling (SEM) was used.

Results: The outcomes showed that all three kinds of conflicts have different effects on both isolation and health. Additionally, it was discovered that isolation serves as a mediator between the nature of conflicts and worker health. Additionally, the relationship between different kinds of conflict, such as a relationship, procedure, and task conflicts, and worker isolation at work is moderated by perceived social assistance at work.

Conclusions: The study provides HR managers with empirical knowledge of various conflicts and their effects on worker outcomes. The research also stresses the importance of creating social assistance within an organization during conflict episodes to manage the negative effects on worker health and recover worker health.

Keywords: Worker's health, Workplace conflict, conflict kinds, procedure, isolation

1. Introduction

Interpersonal conflicts are becoming an inevitable part of the working environment due to the changing nature of modern work life. Conflicts at work can occur for a variety of reasons, including arguments about issues at work and personal conflicts. Regardless of the root cause, these disagreements can seriously harm both the overall workplace culture and the health of the workers (De Kock et al., 2021). These difficulties go beyond only affecting one's physical health; they have the ability to cause extremely high levels of psychological stress, which can then lead to physical health problems. Given the link between workplace conflict and worker health, potential solutions to lessen the detrimental effects on workers' health must be examined. This essay tries to go deeply into this important subject by examining the role of social assistance as a protective factor against the harmful impacts of workplace conflicts on worker health (Park et al., 2017). Conflicts at work can be considered a type of occupational stressor that adds to the anxiety of the workplace. Highly engaged workplaces, including those in the service and healthcare sectors, can magnify the effects of such disputes. Numerous studies have emphasized the negative consequences of unresolved or improperly managed conflicts, including lower job satisfaction, more worker turnover, lower productivity, and most crucially, possible health concerns to workers (Greenhalgh et al., 2020).

Stress-related ailments like cardiovascular disease, mental health disorders, musculoskeletal issues, and even burnout can result from prolonged exposure to workplace conflict. Despite these unfavorable results, many firms have trouble managing disagreements successfully, frequently because they lack knowledge or resources

(Williams et al., 2020). The demands of the organization's everyday operations frequently take precedence over the management and resolution of conflicts. However, there is progressively growing understanding of how critical it is to promote a positive work environment and give worker's health top priority. This new knowledge highlights the possibility of social assistance as a critical component in reducing the negative impacts of workplace conflicts. It has been demonstrated that social assistance, which is roughly described as the sense or experience of being valued, cared for, and a member of a social network that benefits everyone, has a significant impact on both physical and mental health. It has many components, including emotional, instrumental, informational, and appraisal assistance, all of which can be crucial in managing workplace conflicts and reducing their negative consequences on worker health (McConville et al., 2017). According to studies, workers who feel a high amount of social assistance at work have stronger coping mechanisms for dealing with work-related stressors and show less stress and anxiety (Li et al., 2019).

A welcoming social atmosphere at work can help workers feel connected, resilient, and satisfied. Furthermore, according to the stress-buffering hypothesis, social assistance might operate as a buffer to lessen the negative effects of stressors on health. This may be especially true in environments where interpersonal conflicts are common, necessitating the need for supportive interactions that might counteract any potential harm to workers' welfare. However, there are many different factors, including corporate culture, individual personalities, conflict management techniques, and the nature of work itself, that have an impact on the relationship between workplace conflicts, social assistance, and worker health (Cooke et al., 2019). We created a survey with a questionnaire for the study and obtained reliable responses from 463 professionals in the IT sector.

The goal of this research is to contrast how three different workplace conflicts affect worker outcomes, such as isolation and health. This research also aims to look into how perceived social assistance at work affects the relationship between different kinds of conflicts and worker isolation.

The remainder of this paper is arranged as follows: Part 2-related work, part 3- methods, Part 4-data analysis and results, and Part 5- Conclusion with limitations and future scope.

2. Literature Review

Cross-domain effects, including Outcomes from research on the effects of assistance from managers on FWI and assistance from families on WFI, are significant contributions to the research. To fill a gap in the research on continuous impacts, a huge sample that represents a variety of cultural and social standards was used to shine a light on the impact of assistance and conflict between work and family life over time (Drummond et al., 2017). They used meta-analysis to determine that having greater social assistance at work was associated with having less WIF and FIW. Furthermore, they also discover that social assistance domain, form, source, kind, and national context all have an impact on how much of a relationship there is between social assistance and conflict between work and family life (French et al., 2018).

Social assistance's impacts on behavior at work point to potential applications for treatments to strengthen the stability of medical teams (Duan et al., 2019). Hämmig et al., 2017 Demonstrated that manager assistance is critical for workplace health and health, at least in the absence of that assistance and in the presence of issues at the workplace. The findings additionally revealed and indicate that the effects of social assistance partly substitute for one another and partly supplement each other. This is because only a few other forms of assistance besides that from one's manager have a more self-sufficient effect on one's health at work, while the majority do not have an important or even substantial effect. Deng et al., 2017 established a theoretical study framework based on the RPA structure and social assistance to examine people's motivations for looking for medical data on mobile networking platforms. It could make two significant contributions. First, their findings showed that perceived risk of illness and health self-esteem had a significant impact on health-seeking knowledge intention, with health self-efficacy acting as a moderator.

Park et al., 2017 provide major implications in comprehending the impacts of harassment at work by uncovering a new basic concept of work insecurity. They also highlighted the significance of reducing harassment at work and encouraging worker involvement to ensure the health of workers. The behavior of patients and healthcare workers, as well as their medical care and general health, are greatly influenced by empathy. In student

education studying social and healthcare fields, the growth of empathy skills should be prioritized and supported. The majority of courses should be practical so that students can develop their interpersonal and personal skills and then improve their ability to interact with patients. Additionally, healthcare personnel should receive assistance through ongoing educational programs for personal growth as well as through supervisory sessions that will help them gain empathy skills. For future measures to be financed and encouraged, political commitment is a requirement (Moudatsou et al., 2020). Tian et al., 2019 developed and tested empirically a freedom of choice structure that describes how and when believed office gossip affects targets' proactive customer behavior at a bank. They discovered that when workers believe they are the subject of office gossip, it negatively affects their harmonic love for work and makes them less willing to service clients in a proactive way.

2.1 Hypothesis development

Hypothesis 1 (H1): conflict in the workplace that involves relationships, procedures, or tasks will be detrimental to a worker's health

Hypothesis 2 (H2): Isolation acts as a mediating factor in the detrimental relationships between several kinds of conflict, including relational, procedure, and work-related conflicts, and health.

Hypothesis 3 (H3): The unfavorable correlation between conflict in relationships and health, as well as the connection between relationship problems and isolation, will be bigger than the relationships between procedure and task conflicts and health.

Hypothesis 4 (H4): Social assistance at work can reduce the unfavorable link between relational, procedure, and task conflicts and worker isolation. As social assistance grows more powerful, the association will be less.

3. Methodology

In this research, we gathered information from IT engineers participating in the project teams. Every worker working on an IT project has a different set of talents, and because they are so dependent on one another, they must cooperate in order to finish the projects on schedule. The project teams were chosen in light of the fact working on projects is frequently linked to task delegation, workload allocation, prolonged working hours, and performance evaluation, all of which can occasionally lead to conflict between group members.

Furthermore, because the study depends solely on claimed responses, it must account for the risk of common method bias (CB). Additionally, a cover letter outlining the study's objectives and guaranteeing confidentiality and anonymity for the respondents were included with the survey form in order to encourage more precise responses. The person who responded was also told there were no right or incorrect responses during the survey and asked to share real-world experiences from their current position.

Additionally, the definition for every conflict type was provided as a distinct note in the survey query in order to facilitate differentiation between the various conflict kinds. The study handed out 980 questionnaires in the course of conducting the survey and gathering the data. 580 questionnaires with the answers completed were returned from this list on time or earlier. This research later excluded 57 replies since the screening procedure revealed that they were lacking in some way. In light of this, the final analysis of the data included 463 replies, which represented an average rate of response is 53.1. Participants in IT sector survey list are presented in Table 1.

Table 1: Participants list Survey

Category		Number of participants	Percentages%
Gender	**Male**	327	59%
	Female	227	41%

Age group	<30 years	457	82.5%
	31-40 years	97	17.5%
Marital Status	Married	293	52.8%
Job level	Middle	196	59.7%
	Junior	102	31%
	Top	30	9.2%
Education	Graduates	270	72.9%
	Postgraduates	95	25.8%
	Above Post Graduation	189	1.3%

3.1 Measurement

Every measurement used in this research that addressed the specified constructs was modified from earlier research. Extended conflict within groups was used to gauge the different kinds of conflict that exist in organizations. Four items are used to indicate conflict between relationships, four are utilized for procedure conflict, and an additional six are used to represent conflict between tasks. All of these things are scored on a five-point scale "(1 -never to 5-"very much)."

Three criteria on a scale were used to gauge workplace isolation. Participants were asked to react on a scale of one to three to the following example question; "How often do you feel that you lack companionship at work?" (1-"hardly ever," 2-"some of the time," and 3 -"often"), greater isolation is indicated by a higher score, and vice versa.

An assessment tool was used to gauge perceived social assistance at work. The measurements consist of six items and are scored using a Likert scale (1-"strongly disagree" to 5-"strongly agree").

The health of workers was defined in this research as workers' claimed perceptions of their psychological and physical health, and it was determined using two sub-scales comprised of both physical and psychological wellness from the workplace stress indicator. Participants in this research were asked to rate how frequently they experienced each of the scaled feelings. Every subscale has seven criteria and is scored on a bi-polar five-point scale (1-"never" to 5-"always"). An improved score corresponds to greater health and vice versa.

Additionally, we measured numerous control factors in this research survey, including "age, gender, employment experience, and income." These factors are not the main focus of the current investigation. These factors, however, were included in the assessment under the assumption that they would muddle the association between the precursors and the relevant outcome factor and, as a result, would need to be adjusted during the analysis.

4. Data analysis and results

4.1 Preliminary analysis

First, as part of the data analysis, we used Harman's single-factor test to evaluate the potential CMB problem. The findings demonstrated that no single factor could explain most of the variance since the first factor retrieved explained just 23.48 percent of the 76.52 percent overall variance. A large rise in Chi-square when compared to the whole measurement framework further indicates that the single-factor system's fit was substantially worse than our original six-factor measuring system$[x^2 (260) = 353.66, p < 0.01]$.

Additionally, we evaluated similar-method bias using a common latent factor (CF) technique as a confirming tool. With this technique, we included a latent component that was basic to all the observed factors. Also, the contrast of this system's standardized regression parameters with those of the typical correlated CFA model revealed a slight difference of 0.005 on each of the system's seven main dimensions. Thus, the analysis concluded that the data under review had no possibility for CB. Table 2 displays the values for the index.

Table 2: Index and its values

Fit Index	Value
x^2 (181)	254.51 ($p < 0.01$)
CF	0.98
GF	0.91
TL	0.97
RSA	0.04
NNI	0.90
NF	0.91
AGE	0.89

All the latent concepts had fit indices greater than 0.6, and the loadings of factors were judged to be highly significant and greater than 0.75. The composite reliability (CR) scores were similarly adequate, were higher than or equivalent to 0.73, showing strong validity due to convergence.

The study also evaluated the discriminate reliability of the scale concepts by examining the correlations between every concept's square root of the average variance extracted (AVE) and the other concepts. The study revealed that the Pearson correlation of all potential construct pairs is always greater than the square root of the AVEs. This verified the scale measurements' discriminate reliability. The findings showed that the coefficients of variation were always over the suggested cutoff point of 0.58. Given the aforementioned study's findings, all six measuring scales were therefore deemed to be valid and trustworthy. The CRs, AVEs, and loads of items are listed in the annex.

4.2 Hypotheses Test

The model of the structure was calculated to test the hypotheses once the scale factors were validated and reliable. This model addressed research factors like "age, gender, income, and experience." The model's goodwill of fit scores showed that the data fit well

$[x^2(415) = 322.50; \text{p} < 0.001; CF = 0.98; GF = 0.92; TL = 0.95; RSA = 0.05; NNI = 0.91, NF = 0.90; and\ AGF = 0.88]$. First, all four covariate estimates were insignificant ($p < 0.01$). The path estimates showed that relationship conflict significantly affects health($b = 0.250, p < 0.01$). Procedure conflict also hurts health($b = 0.156, p < 0.01$). Later, task conflict had an essential effect ($b = 0.133, p < 0.01$). this supported H1 [a, b, and c], indicating that "relationship, procedure, and task conflicts" negatively affect worker's health.

This research explored isolation's mediating role between all the three conflict kinds and health after testing direct impacts. Relationship conflict significantly affects isolation, which affects worker health, according to mediation. The indirect impact of conflict procedure on health by isolation was also statistically supported. This research also identified a substantial indirect impact of job conflict on worker's health by isolation. Thus, workplace conflict categories include "relational, procedure, and task conflicts," favorably linked with isolation and adversely connected with worker health. Hence, the research accepted H2 (a, b and c).

The study examined whether the three categories of disputes affect worker's health differently. We initially examined the effects of all three conflict kinds on worker's health using standardized variable estimations. Relationship conflict had the largest influence (-0.321) compared to procedure (-0.18) and tasks (-0.16) disputes at work. The nested system confirmed statistical significance. We initially limited certain conflict kinds' health effects. We compared this system to the unconstrained system that predicted all three pathways. The

unconstrained and restricted systems differed significantly. The research concluded that various conflicts kinds have distinctly negative effects on workers' health. Figure 1 shows the mean and standard deviation of specific descriptive data and relations. Additionally, we provided construct-specific descriptive data, and relations are presented in Table 3.
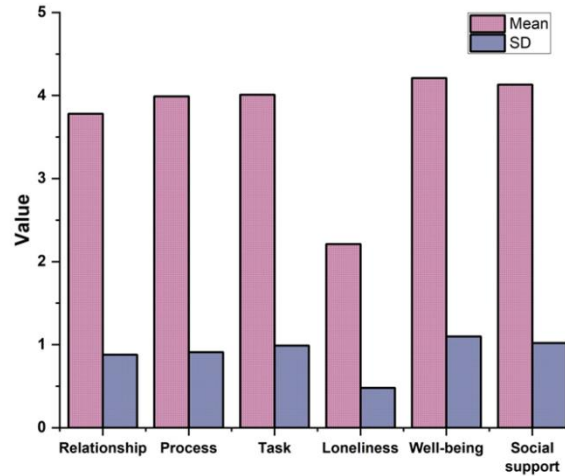

Figure 1: Mean and standard deviation of descriptive data and relations

Table 3: Relations and specific descriptive data

Category	Relationships	procedure	Task	isolation	Health	Social assistance
1	-	0.32**	0.28**	0.41**	-0.41**	-0.36**
2	-	-	0.29**	0.32**	-0.19**	-0.15**
3	-	-	-	0.25**	-0.25**	-0.28**
4	-	-	-	-	-0.32**	-0.33**
5	-	-	-	-	-	0.18**
6	-	-	-	-	-	-
** depicts the significance at 0.01						

We then evaluated the differential influence of conflict kinds on worker health and loneliness. Standardized path estimations showed that interpersonal conflict (0.52), process conflict (0.19), and task conflict (0.23) significantly affect worker's lonely. Following the layered model technique, the unconstrained model and constrained model varied significantly. Thus, conflict at work types affected worker health and isolation differentially. Associate relationship conflict predominates, followed by procedure and task. Thus, we accepted H3 (a and b).

We did separate CFAs for conflict categories and the moderator using the item parceling technique. Then, for every construct, the goods were ordered in descending order by specified CFA loadings, and packages were made. For a four-item relationship conflict, create two two-item packages. For every item parcel, the participant's item evaluations were arithmetically averaged.

Two parcel ratings for social assistance. We combined parcel one of the connection conflict construct with parcel one of the moderator's construct and parcel two with parcel two. Two terms for the product resulted, other

two separate factors were treated similarly. Then, the SEM structure evaluated route coefficients for conflict kinds, mediator, and health.

SEM showed a good model match (x^2 = 1231.11; CF = 0.91; CF = 0.90; GF = 0.92; RSA = 0.07; NNI = 0.90, NF = 0.90; and AGF = 0.88). Social assistance moderated relationship conflict and isolating negatively and significantly (relationship × social assistance: $-0.345, p < 0.01$). Workplace social assistance lowers the link between relationship conflict and isolation. The negative and significant path estimations showed that social assistance moderates procedure conflict and isolation (process × social assistance: $-0.283, p < 0.01$Social assistance at work minimizes the unfavorable connection between procedure disagreement and worker isolation. Finally, social assistance moderated task and isolation, supporting negative predictions (task × social assistance: $-0.14, p < 0.05$). Thus, workplace social assistance mitigates the negative effects of disputes and improves individual results. Thus, we accepted H4 [a, b, and c]. Table 4 shows the hypothesis test outcomes.

Table 4: Outcomes of hypothesis test

Dependent variable											
Parameters		Relationships	Procedure	Task	Isolation	Indirect effect			Moderating effect		
						Relationship →isolation	Procedure →Isolation	Task →Isolation	Relationships * Social Assistance	Process * Social Assistance	Task *Social Assistance
Isolation	Coefficients	0.290**	0.198**	0.253**	-	-	-	-	-0.452**	-0.311**	-0.165**
	SE	0.019	0.028	0.032	-	-	-	-	0.078	0.110	0.102
Health	Coefficients	-0.310**	-0.226**	-0.185**	-0.215**	-0.060**	-0.042**	-0.028**	-	-	-
	SE	0.029	0.101	0.035	0.074	0.021	0.015	0.009	-	-	-
** depicts the significance at 0.01											

4.3 Theoretical implications

This research extends to conflict literature on management in various ways. Initially, the research underscores the tripartite definition of conflict and calls for greater research on how different kinds of conflict affect diverse outcomes. Additionally, the empirical recognition of the link between three different forms of conflict on worker health leads the study to analyze and comprehend the connection between conflicts at different levels and their negative effects on worker health. This theory underscores the need to see workplace conflicts differently and identify their causes.

Secondly, conceptually, we found that relationships, procedures, and task tensions affect worker isolation and health differently. It claims previous research misunderstood conflict as a general workplace occurrence. We are the very first to demonstrate how conflict kinds affect workplace worker results. This research also showed that workplace conflicts are not all the same and vary by source, so they must be prioritized by type to determine their exact magnitude of association with worker-relevant results.

Thirdly, this research offers new knowledge by distinguishing contextual mediators like inclusive work atmosphere from personal level mediators like their self-worth or self-confidence. The research distinguishes itself from previous research by empirically examining the role of worker isolation as a mediator between poor work events and worker health, which can be extremely developed by altering workplace events.

Fourthly, this research advances research on worker health in an industry (e.g., IT) where negative work incidents are extremely probable in everyday operations by examining boundaries that mitigate negative work incidents and recover beneficial workplace health. The present investigation examines how social assistance at work can improve workplace atmosphere and worker health. Previous studies concentrated mostly on negative work incidents and the impact they have on worker health.

Finally, employing AET as a theoretical structure to uncover the relationship between conflict kinds and worker health in the workplace, this research applies this theory to conflict administration. Thus, AET in conflict administration literature responds to increased scholarly emphasis to the need to understand the effect of unfavorable workplace incidents, intervening systems, and basic factors on worker-related results.

4.4 Managerial implications

Professionals are given various practical suggestions for staff management and health based on present studies. Managers face several sorts of worker disagreements, including both job and personal problems, in this complicated globalized context. Mismanagement or late management can cause disasters or workforce withdrawal. The study rejects the idea that all workplace conflict is equal, stating that it varies by cause. Thus, managers must consider conflict type when creating policies and procedures for worker health. Managers must strategically manage non-work-related conflicts like personality and value disagreements among workers. In conclusion, managers must be taught to address a variety of workplace problems by identifying their core causes. Furthermore, workers can be trained on different situational reappraisal strategies based on the kinds of conflict to assist them in viewing negative work incidents like conflict as less challenging or concentrate on the positive aspects of conflict, thereby decreasing the negative effects of conflicts on the organization.

HR directors and managers may promote supportive working conditions by looking at the data that show it is a major moderator. For instance, the company can teach its directors and managers to be more responsive or create an enjoyable work atmosphere. Directors and managers can also randomly assign senior workers to assist new hires or those who need help with work or personal concerns. Performing this makes benefiting workers feel supported by their company and gives the appearance those managers or coworkers are extremely supportive of their job. This may reduce conflict and improve worker health.

The report also warns managers that workplace disagreements might cause worker isolation. Thus, managers must prioritize measures that reduce worker isolation. For instance, asking workers to a group lunch and encouraging them to connect with one another would help everyone bond and prevent melancholy. It also helps eliminate friction from prior work events or prevents workplace strife.

According to this research, relationships, procedure, and task problems affect isolation and worker health differently. It is vital for conflict management action, and managers require training to identify and handle various kinds of conflicts. Supervisors and directors must be taught to recognize workplace conflict and implement conflict management measures. It suggests that managers should create corrective action procedures to create a positive atmosphere at work, recognizing the importance and severity of workplace conflict.

5. Limitations and future scope

The objective of the research was to compare how three different workplace conflicts affected worker-related outcomes such as isolation and health. In addition, the study looked through how perceived social assistance at work relates to different kinds of conflicts and worker isolation. The information was gathered through a self-directed survey of 463 IT employees. Structural equation modeling (SEM) was used to test the research's hypotheses. The research provides HR managers about conflicts and worker outcomes. The research also emphasizes the importance of creating social assistance within an organization during conflict episodes to mitigate worker health effects and recover worker health.

However, this research had a few drawbacks. This research's cross-sectional design restricts causal inferences. Second, this research did not distinguish between different sorts of conflict between superiors and co-workers, which we believe would change the outcome. Third, to improve generalizations, we need data from diverse employment situations. And finally, the research explored a few mediators and moderators. Thus, alternative mediators and moderators should be investigated.

The research's drawbacks provide new research opportunities. Longitudinal studies should examine how workplace conflicts, isolation, and worker health connect over time. Further research should evaluate if supervisor and co-worker conflict affects isolation and health differently. To apply the concept to other

employment situations, future research should evaluate it in a varied population. Finally, researchers and practitioners can learn from future examination of other mediators and behavioral and environmental modifiers.

References

1. De Kock, J.H., Latham, H.A., Leslie, S.J., Grindle, M., Munoz, S.A., Ellis, L., Polson, R. and O'Malley, C.M., 2021. A rapid review of the impact of COVID-19 on the mental health of healthcare workers: implications for supporting psychological well-being. BMC public health, 21(1), pp.1-18.

2. Park, J.H. and Ono, M., 2017. Effects of workplace bullying on work engagement and health: The mediating role of job insecurity. The International Journal of Human Resource Management, 28(22), pp.3202-3225.

3. Greenhalgh, T., Wharton, J., Papoutsi, C., Lynch, J., Hughes, G., Hinder, S., Fahy, N., Procter, R. and Shaw, S., 2017. Beyond adoption: a new framework for theorizing and evaluating nonadoption, abandonment, and challenges to the scale-up, spread, and sustainability of health and care technologies. Journal of medical Internet research, 19(11), p.e8775.

4. Williams, S.N., Armitage, C.J., Tampe, T. and Dienes, K., 2020. Public perceptions and experiences of social distancing and social isolation during the COVID-19 pandemic: A UK-based focus group study. BMJ open, 10(7), p.e039334.

5. McConville, J., McAleer, R. and Hahne, A., 2017. Mindfulness training for health profession students—the effect of mindfulness training on psychological well-being, learning and clinical performance of health professional students: a systematic review of randomized and non-randomized controlled trials. Explore, 13(1), pp.26-45.

6. Li, J.J., Bonn, M.A. and Ye, B.H., 2019. Hotel employee's artificial intelligence and robotics awareness and its impact on turnover intention: The moderating roles of perceived organizational support and competitive psychological climate. Tourism Management, 73, pp.172-181.

7. Cooke, F.L., Cooper, B., Bartram, T., Wang, J., and Mei, H., 2019. Mapping the relationships between high-performance work systems, employee resilience, and engagement: A study of the banking industry in China. The International Journal of Human Resource Management, 30(8), pp.1239-1260.

8. Drummond, S., O'Driscoll, M.P., Brough, P., Kalliath, T., Siu, O.L., Timms, C., Riley, D., Sit, C. and Lo, D., 2017. The relationship of social support with well-being outcomes via work–family conflict: Moderating effects of gender, dependants, and nationality. Human Relations, 70(5), pp.544-565.

9. French, K.A., Dumani, S., Allen, T.D. and Shockley, K.M., 2018. A meta-analysis of work–family conflict and social support. Psychological Bulletin, 144(3), p.284.

10. Duan, X., Ni, X., Shi, L., Zhang, L., Ye, Y., Mu, H., Li, Z., Liu, X., Fan, L. and Wang, Y., 2019. The impact of workplace violence on job satisfaction, job burnout, and turnover intention: the mediating role of social support. Health and quality of life outcomes, 17(1), pp.1-10.

11. Hämmig, O., 2017. Health and well-being at work: The key role of supervisor support. SSM-population health, 3, pp.393-402.

12. Deng, Z. and Liu, S., 2017. Understanding consumer health information-seeking behavior from the perspective of the risk perception attitude framework and social support in mobile social media websites. International journal of medical informatics, 105, pp.98-109.

13. Park, J.H. and Ono, M., 2017. Effects of workplace bullying on work engagement and health: The mediating role of job insecurity. The International Journal of Human Resource Management, 28(22), pp.3202-3225.

14. Moudatsou, M., Stavropoulou, A., Philalithis, A. and Koukouli, S., 2020, January. The Role of Empathy in Health and social care professionals. In Healthcare (Vol. 8, No. 1, p. 26). MDPI.

15. Tian, Q.T., Song, Y., Kwan, H.K. and Li, X., 2019. Workplace Gossip and frontline employees' proactive Service Performance. The Service Industries Journal, 39(1), pp.25-42.