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# Mistreated but Still Resilient! Unraveling the Role of Servant Leadership in Mitigating the Adverse Consequences of Care Recipients' Incivility

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## ABSTRACT

In many countries, social care workers suffer from mistreatment from social care recipients. Such mistreatment poses a significant challenge from the human resource management (HRM) perspective as finding and retaining competent social care workers is a global challenge. However, only a few studies focus on the relationship between such mistreatment and social care workers' job and psychological resources. Drawing on the conservation of resources (COR) theory, our study sheds light on the relationship between social care recipients' incivility and the resilience of social care workers. Specifically, our study examines the mediating role of work meaningfulness on the care recipient incivility–care worker resilience link, and the moderating role of servant leadership on this mediated relationship. To test the proposed moderated mediation model, two studies were conducted in social care organizations in England ( $n = 248$ ) and Romania ( $n = 296$ ). Our results revealed that perceived care recipient incivility is indirectly and negatively related to care workers' resilience by undermining their perceptions of work meaningfulness. Moreover, when social care workers work under a servant leader, this indirect relationship becomes weaker. The discussion elaborates on the findings of our model as well as the theoretical and practical implications for the management of human resources in social care organizations.

## 1 | Introduction

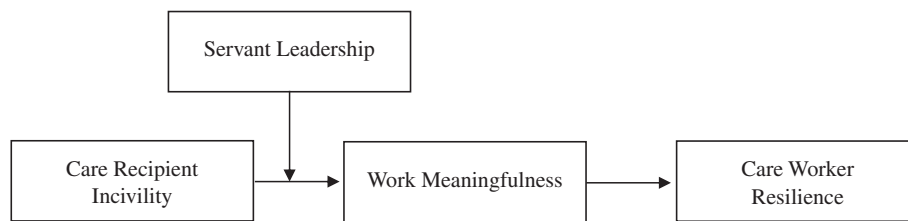
Social care is an important part of every community in the world, as many sick, disabled, and elderly people need support to continue their lives outside a hospital. Across Europe, the social care sector is one of the largest and has employed about 11 million people in 2018, representing 4.7% of the labor force on average (EPSU Report 2021). While the size of the social care sector creates exciting opportunities for future employees, current workers in the social care sector face serious

challenges due to certain job and sector-related characteristics (Samuel 2023). Social care workers usually work in jobs characterized by low pay, high workload, and limited or nonexistent employment benefits, as well as minimal opportunities for career advancement (Kim 2020). Their work is customer- or client-driven as they strive to meet the needs and expectations of the “people they support,” that is, care recipients (Olson et al. 2016). Many social care workers also work alone in “un-regulated” environments (such as homes of the care recipients) (Olson et al. 2016, 1823). Although helping people

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**FIGURE 1** | Theoretical model.

is a rewarding experience for these workers, caregiving is an extremely stressful and emotionally draining job (McCray, Palmer, and Chmiel 2016).

Social care workers often face challenges while performing their jobs and one such challenge is the mistreatment by care recipients (e.g., Cesznek and Simon 2019; Kim 2020). Dysfunctional behavior by service users and its consequences on employees in sectors such as retail and hospitality have attracted some attention in the HRM literature (Amarnani et al. 2019; Loi et al. 2018). However, despite its prevalence in the social care context, mistreatment in this sector has been given limited scholarly attention (Murphy and O'Meara 2022; Nguyen and Besson 2023; Sayin et al. 2021). In the social care context, instances of care recipient incivility manifest as an ongoing process and occur repeatedly because of regular interpersonal exchanges with the same people (Cunningham, Lindsay, and Roy 2021; Murphy and O'Meara 2022). This persistent pattern of interaction with the care recipients might significantly influence the resilience of social care workers (Cooke and Bartram 2015; Hudgins 2016; McNeil et al. 2019).

Resilience is a fundamental psychological resource that provides employees with the capacity to stay positive and bounce back from challenges (Luthans 2002). Recent HRM research highlights the importance of employee resilience (Cooper et al. 2019; Lu et al. 2023). Resilient employees are usually engaged at work, less likely to quit their jobs, and more likely to exert extra effort to better serve and help others, including service users (Bani-Melhem et al. 2022; Cooper et al. 2019; Lu et al. 2023). Therefore, given the difficulty of finding competent social care workers and keeping them (Cunningham, Lindsay, and Roy 2021), understanding the effects of the mistreatment by care recipients on care worker resilience in the social care context warrants specific attention.

Drawing on the conservation of resources (COR) theory, we consider a mechanism and a boundary condition of the relationship between care recipient incivility and social care workers' resilience. COR theory is based on the idea that individuals have limited resources (i.e., objects, personal characteristics, conditions, or energies), and that these resources need to be preserved and enhanced to cope with environmental stressors, achieve personal goals, and maintain individual well-being (Hobfoll 1989). We first consider the role of work meaningfulness as a mediator in the care recipient incivility–care worker resilience relationship. We argue that for social care workers, having positive interactions or relationships with the care recipients, and perceiving their jobs as worthwhile are job resources that, when available, will increase their

resilience (i.e., a personal/psychological resource). When they face mistreatment from the care recipients, social care workers experience a loss of an important resource (i.e., positive interactions or relationships with the care recipients), which triggers the loss of other resources such as work meaningfulness, and consequently, resilience. Additionally, we assess the moderating role of servant leadership. Based on COR theory, we argue that servant leadership, as a job resource, could mitigate the adverse effects of incivility on work meaningfulness and, consequently, on social care workers' resilience. Below, we elaborate on the significance of both work meaningfulness and servant leadership within the social care context. Our conceptual model, depicted in Figure 1, illustrates the key components of our model.

The proposed relationships are tested using data from different social care systems in two European countries: The UK and Romania. Social care workers in Romania have lower power and status than their counterparts in the UK (Hakak and Anton 2021). The UK social care system has clearer principles, laws, and procedures, and offers better training and development opportunities than the Romanian system (Hakak et al. 2023). Moreover, the UK emphasizes individualism, leading to a sense of entitlement among citizens; whereas in Romania, there is more emphasis on collectivism and the role of the family, leading to a reduced reliance on the authorities or the state (Hakak and Anton 2021; Hakak et al. 2023). The focus on social care workers in these two contexts should help establish the robustness and generalizability of our findings across different cultural settings.

Our first contribution comes from exploring the understudied relationship between care recipient incivility and care worker resilience in the social care context. Our consideration of work meaningfulness as a potential mediator in this relationship constitutes our second contribution. Work meaningfulness is the extent to which work tasks have positive significance and help achieve objectives that are consistent with a person's values, beliefs, and principles (Demirtas et al. 2017; Mostafa and Abed El-Motalib 2020). It generally originates from supporting and helping others and gives employees a sense of ownership as well as purpose in their job (Cunningham, Lindsay, and Roy 2021; Tan, Lew, and Sim 2019). Work meaningfulness is viewed as “critical” for social care workers (Tan, Lew, and Sim 2019, 2). Care workers are usually attracted to the profession because of their desire to support those who are in need and help improve vulnerable people's lives (Ho and Chan 2022; Tan, Lew, and Sim 2019). By testing work meaningfulness as a mediating mechanism in care recipient incivility–care worker resilience relationship, our study adds to recent HRM research that has

examined different mediators or mechanisms of the relationship between deviant service user behaviors and employee outcomes in service contexts (Amarnani et al. 2019; Loi et al. 2018).

By testing the mediating role of work meaningfulness in the care recipient incivility–care worker resilience relationship, our study also contributes to the work meaningfulness literature. As emphasized by Bailey et al. (2019), we still lack understanding of the antecedents of work meaningfulness. Previous research has mainly focused on how positive workplace factors, such as job design (e.g., task significance and job enrichment), leadership, and positive interpersonal relationships could foster a sense of work meaningfulness (e.g., Delroisse, Rimé, and Stinglhamber 2022; Mostafa and Abed El-Motalib 2020; Ni et al. 2022). However, not much is known about the factors that could impede it, especially those related to external organizational stakeholders such as service users (see Bailey et al. 2019 for further discussion). Our study adds to the literature by considering the unfavorable influence of deviant care recipient behavior on social care workers' perceptions of work meaningfulness.

The final contribution of our study comes from its focus on the role of servant leadership in the social care context, particularly on the relationship between care recipient incivility, work meaningfulness, and care worker resilience. Leadership is a somewhat “invisible” facet of an organization's HR system (McDermott et al. 2013, 293) as leaders or line managers play a vital role in the implementation of the HR strategy and oversee a wide range of HR responsibilities (McDermott et al. 2013; Nishii and Paluch 2018). Servant leaders particularly display several HR implementation behaviors that help originate strong HR systems, such as articulating intended HR messages, role modeling preferred behaviors, and reinforcing them (Mostafa 2022; Nishii and Paluch 2018). Therefore, considerable emphasis has been placed on servant leadership within the realm of HRM (Dhiman and Roberts 2023).

Servant leadership holds particular relevance to social care work and professionals, despite being underexplored in this context. Servant leaders prioritize the well-being of others, particularly those who are marginalized and at risk of harm (Mahon 2021b). These principles align with the mission of social care organizations, which center on addressing critical social issues such as psychosocial and health-related challenges (Mahon 2021a). As servant leaders focus on managing employees by creating a safe, caring, and nurturing work environment (Lee et al. 2019), they set an example for their employees' relationship with the people they serve and support. At the same time, servant leadership provides the support, morale, and strength the employees need when they face mistreatment by service users (Liden et al. 2008). Accordingly, servant leadership is viewed as one of the important means that could help alleviate distressing work experiences in social care, such as care recipient mistreatment (Mahon 2021a, 2021b). This leadership style cultivates a satisfied and resilient social care workforce that is responsive to the needs of different service users and seeks to make a positive difference in the lives of the people they serve (Eva et al. 2019; Mahon 2021a). Hence, in response to calls for further research on the role of servant leadership in different service contexts (Mostafa 2022; Ye, Lyu, and He 2019), our study tests the moderating role of servant leadership on the indirect relationship

between care recipient incivility and care worker resilience via work meaningfulness. By doing so, it adds to the very few studies that have integrated the leadership and service user incivility literature and examined the buffers or moderators of the service user incivility–employee outcomes relationship (Arnold and Walsh 2015; Mostafa 2022).

## 2 | Literature Review and Theoretical Background

### 2.1 | Care Recipient Incivility and Employee Resilience

Service user (for our context, care recipient) incivility is defined as “low-intensity deviant behavior, perpetrated by someone in a customer or client role, with ambiguous intent to harm an employee, in violation of social norms of mutual respect and courtesy” (Sliter et al. 2010, 468). In simple terms, it is employees' perceptions that service users are behaving in a rude, disrespectful, and impolite manner (Walker, Van Jaarsveld, and Skarlicki 2014). Frontline service employees who directly interact with service users frequently face this type of incivility in their work (Sliter, Sliter, and Jex 2012).

Most research on service user incivility adopts Hobfoll's (1989) COR theory to explain its consequences. According to the COR framework, repeated exposure to stressful work situations results in resource losses that accumulate over time, making employees more susceptible to further resource losses (Hobfoll 1989). Interpersonal stressors, such as service user mistreatment, are the primary factors that deplete employees' psychological, cognitive, emotional, and social resources (Rafaeli et al. 2012; Shin, Hur, and Hwang 2022). Loss of their limited and valuable resources is a challenging situation for employees who might further exhibit negative consequences (Namin, Marnburg, and Dagsland 2022), such as decreased resilience.

When the healthcare context is considered, mistreatment of nurses has been the key focus of research. For example, Karaeminogullari, Erdogan, and Bauer (2018) showed that mistreatment by patients has a negative impact on nurses' well-being. Mostafa (2022) also found that patient incivility is negatively related to nurses' work-related well-being and behaviors in public sector hospitals. In social care organizations, mistreatment from care recipients is also common. Such mistreatment could be caused by several factors such as the low quality of care provided in some cases or inadequate communication with care workers, who might not be able sometimes to meet care recipients' needs (Johannessen et al. 2020; NIHR 2021). Care recipient characteristics such as their personality traits, mental health, physical as well as psychological conditions (such as physical disabilities and depression), and negative emotional states (such as loneliness) could also contribute to incivility in social care (McCrae et al. 2005; Zhao et al. 2018). Even though care workers are trained to regulate their expectations based on the type and condition of care recipients, they are still likely to view aggression from individuals with such features as instances of incivility (Kurian et al. 2023). Similar to nurses, such mistreatment by care recipients might have a strong negative impact on social care workers, especially given the fact that they interact and provide care to the care recipients on a regular basis (Olson

et al. 2016). Hence, we expect that incivility by care recipients will create a negative and powerful impact on social care workers' capacity to cope with and adapt to stressful or challenging situations in the workplace, that is, their resilience.

Employee resilience is the “developable capacity to rebound or bounce back from adversity, conflict, failure, or even positive events, progress, and increased responsibility” (Luthans 2002, 702). Resilience provides employees with the power, ability, and capacity to achieve steady performance when they face adverse events (Bonanno 2004). How employee resilience is built or inhibited is of interest to researchers and practitioners given the growing evidence that resilient employees are more likely to be high performers and less likely to leave their jobs (Cooke et al. 2016; Wang, Cooke, and Huang 2014). For social care workers, resilience is vital given their stressful, emotionally draining, and poor working conditions (McCray, Palmer, and Chmiel 2016). Research has shown that the resilience of social care workers is an important factor that prevents them from burning out (Harker et al. 2016). However, less is known about the impact of adverse experiences, particularly those related to others outside or external to the organization (e.g., customers), on the resilience of care workers.

Several studies have considered the mediating or moderating role of resilience on the relationship between service user incivility and other frontline employees' outcomes (e.g., Al-Hawari, Bani-Melhem, and Quratulain 2020; Bani-Melhem, Quratulain, and Al-Hawari 2021; Nguyen and Besson 2023). The focus of these studies is on sectors where interactions with service users are not continuous or repeated. However, the care recipient incivility–care worker resilience relationship has not been widely considered in the social care context. As discussed, in this context, social care workers interact with the same care recipients frequently and regularly (Cunningham, Lindsay, and Roy 2021). Therefore, understanding what happens to the resilience of social care workers when they face incivility from the same source is important.

In line with COR theory, mistreated social care workers are likely to perceive that their valued social resources (e.g., positive relationships with the care recipients) are threatened as they consume their substantial emotional and cognitive energies to deal with the rude or impolite behaviors of the care recipients. Such workers will try to perform their jobs with the capacity to tolerate the negative impact of workplace (interpersonal) stressors. While performing their job with a decreased capacity, social care workers are likely to lose the sense of meaning at work, which could eventually decrease their resilience. In the next section, we explain how work meaningfulness could mediate the relationship between care recipient incivility and care worker resilience.

## 2.2 | Work Meaningfulness: Mediator

Scholars define and operationalize work meaningfulness in diverse ways, primarily focusing on the subjective sense of positive meaning derived from work (Steger, Dik, and Duffy 2012), as well as the inherent meaningfulness derived from objective job characteristics (Hackman and Oldham 1976; May, Gilson, and

Harter 2004; Yeoman 2014) (for an in-depth review, see Bailey et al. 2019 and Laaser and Karlsson 2022, 2023). In their seminal work on job design, Hackman & Oldham (1976, 256) situate meaningfulness as a fundamental psychological state, describing it as “the degree to which the employee experiences the job as one which is generally meaningful, valuable, and worthwhile.” According to this perspective, work meaningfulness depends on the objective, structural aspects of the job. Work meaningfulness is also characterized by the subjective perception of intrinsic value and purposefulness in one's work, the sense of serving something beyond individual interests, and the realization of one's full potential (Martela and Pessi 2018). Drawing on these diverse perspectives, scholars in labor and employment studies have recently proposed that meaningful work is both created and experienced at the agency level (i.e., employees), while also being influenced, restricted, or negated by broader objective dynamics at the organizational and workplace levels (Laaser and Karlsson 2022, 2023; Yeoman 2014).

In this study, we define work meaningfulness as the amount of significance and positive meaning the work holds for an individual (Rosso, Dekas, and Wrzesniewski 2010), residing within the immediate work environment (Long, Buzzanell, and Kuang 2016). Essentially, we propose that employees develop a sense of meaning through their work-related activities as well as through interactions and relationships with coworkers, managers, communities, organizations, family, and friends (Delroisse, Rimé, and Stinglhamber 2022; Ni et al. 2022; Rosso, Dekas, and Wrzesniewski 2010). The focus of prior research on the impact of “others” on employees' work meaningfulness has mainly been on supervisors and colleagues (e.g., Cai et al. 2018; Piccolo and Colquitt 2006; Wrzesniewski 2003). The literature, however, is scarce in terms of studies that investigate the impact of interpersonal relationships with others outside the organization, such as service users. This is a significant gap as employees are likely to rely on multiple sources of meaning in their work and service users play a crucial role, particularly in the service sector, in shaping work and its meaning (Rosso, Dekas, and Wrzesniewski 2010).

According to Rosso, Dekas, and Wrzesniewski (2010), employees' relationships with others outside the organization strongly affect their perception of the meaning of work. In this study, drawing upon COR theory (Hobfoll 1989), we propose that care recipient mistreatment impacts care worker resilience negatively via decreased work meaningfulness. Interpersonal stressors such as care recipient incivility can be regarded as a (social) resource loss (i.e., loss of positive interpersonal relationships) that depletes care workers' job and psychological resources such as work meaningfulness and resilience, respectively.

Through their interactions with care recipients, care workers may develop a sense of “other-agency” (Rosso, Dekas, and Wrzesniewski 2010), which refers to the meaningfulness of actions in the job that are perceived as important and serving something greater than the self. In the case of adverse experiences with care recipients (i.e., care recipient incivility), perceptions of “other-agency” are likely to be demolished, leading to decreased work meaningfulness (Loi et al. 2018). Accordingly, when social care workers encounter care recipients' discourteous and aggressive behaviors, this diminishes the



meaningfulness of their work (i.e., a job resource) (Clausen and Borg 2011) which can eventually decrease their resilience (i.e., a personal resource) to cope with other stressors in the workplace. Specifically, service encounters, which involve care recipient incivility, are likely to devalue care workers' actions directed towards care recipients and make them feel that they are not "in service of something greater than the self" (Rosso, Dekas, and Wrzesniewski 2010, 115).

When confronted with incivility from care recipients, social care workers might question whether they are genuinely serving others and/or making substantial contributions to their greater well-being (Lips-Wiersma and Wright 2012; Steger, Dik, and Duffy 2012). Care recipient mistreatment is also likely to impair care workers' sense of self-efficacy, purpose, and interconnectedness (i.e., personal resources), which makes it difficult for them to perceive positive meaning from their work and remain resilient. Accordingly, we propose the following hypothesis:

**Hypothesis 1.** *Work meaningfulness mediates the relationship between care recipient incivility and resilience.*

### 2.3 | Servant Leadership: Moderator

Leaders are important in influencing and shaping employee perceptions of work meaningfulness (Rosso, Dekas, and Wrzesniewski 2010). Several studies have shown that different leadership styles are positively related to meaningfulness (Chaudhary 2022; Mostafa and Abed El-Motalib 2020), and one of the styles that has been recently considered is servant leadership (Shao, Xu, and Lin 2022). Servant leadership is an "other-oriented approach to leadership manifested through one-on-one prioritizing of follower individual needs and interests, and outward reorienting of their concern for self towards concern for others within the organization and the larger community" (Eva et al. 2019, 114). This leadership style might pervade work with meaningfulness by encouraging workers to transcend their own objectives and needs for those linked to a wider purpose or mission (Eva et al. 2019; Rosso, Dekas, and Wrzesniewski 2010).

Servant leadership could be viewed as a job resource as leaders motivate employees to meet their work objectives, facilitate their personal growth and development, reduce their job demands and as a result, promote their well-being (Ortiz-Gómez et al. 2022). Previous research shows that servant leaders are follower-centered as well as service-oriented (Eva et al. 2019). Therefore, servant leadership is highly relevant to service settings, including social care (Wang, Ren, and Meng 2021). Servant leaders put their followers first, promote emotional healing, support followers' growth, and provide them with the tools they need to succeed in their jobs (Liden et al. 2015). All these aspects are in line with the conceptualization of job resources. Social care workers are likely to place a high value on servant leadership because it could help them manage the stress and exhaustion that come with caring for their care recipients (Rivkin, Diestel, and Schmidt 2014).

Our study proposes that when social care workers work under servant leaders, they will view their work as meaningful even if they experience care recipient incivility. Servant leaders

regularly call followers' attention to the significance of their work and how it contributes to the well being of the organization and the larger society (Mostafa 2022). This helps employees such as care workers see the link between their work and a bigger purpose (Chaudhary 2022). As a result, care workers are more likely to view mistreatment from their care recipients as an opportunity to solve organizational problems and contribute to a larger goal consistent with an important mission and will be less likely to experience reduced work meaningfulness (Arnold and Walsh 2015).

Servant leaders also make efforts to serve others and prepare their followers to serve. They shape employees' service-oriented values and change their focus from self-concern to other-concern (Mostafa 2022). Such leaders continuously underscore the importance of meeting the needs and requirements of service users and empower their subordinates to become "prosocial catalysts who are able to make a positive difference in others' lives" (Eva et al. 2019, 114). This should help followers, in our study care workers, put themselves in "their care recipients' shoes" and not take mistreatment by them personally. They will attribute incivility to their care recipients' own and unique circumstances and will view the work they do as meaningful (Arnold and Walsh 2015).

In addition, servant leaders focus on the development of their followers. They regularly try to provide them with the opportunity to grow and perform their jobs better (Eva et al. 2019). They can give them challenging tasks to strengthen their skills and abilities and motivate them to reflect on their performance (Shao, Xu, and Lin 2022). This should help employees such as care workers find meaning in their work and view their uncivil encounters with their care recipients as an opportunity to develop and master new skills in tough work environments (Arnold and Walsh 2015), rather than an inhibitor of meaning in their work.

Consistent with COR theory, the above-mentioned actions of servant leaders might create a critical job resource for care workers and might buffer the negative effect of a social resource loss (i.e., the loss of positive care recipient relationships). That is, servant leadership might reconcile the dark side of adverse interpersonal relationships with care recipients and be helpful in maintaining or enhancing care workers' work meaningfulness. Previous research provides support for the role of leadership in general (Arnold and Walsh 2015) and servant leadership, in particular, in reducing the negative effects of service user mistreatment on employees (Mostafa 2022). Accordingly, the following hypothesis is proposed:

**Hypothesis 2.** *Servant leadership moderates the relationship between care recipient incivility and work meaningfulness, such that the negative relationship between incivility and meaningfulness will be weaker when servant leadership is high compared to low.*

The previous discussion suggests that, in the social care context, servant leaders could help compensate for the social resource loss caused by care recipient incivility. Servant leaders empower care workers to withstand challenges and find meaning in their work, which bolsters these workers' resilience. Thus, the indirect

influence of care recipient incivility on social care workers' resilience via work meaningfulness will be weaker when social care workers work under a servant leader. Accordingly, we propose the following hypothesis:

**Hypothesis 3.** *Servant leadership moderates the indirect relationship between care recipient incivility and care worker resilience via work meaningfulness, such that the mediated relationship will be weaker under high than low servant leadership.*

### 3 | Methodology

In line with the majority of prior research examining the relationship between service user mistreatment and employee outcomes (e.g., Amarnani et al. 2019; Loi et al. 2018), we used a quantitative survey approach. As explained before, to establish the robustness and generalizability of our findings, we conducted two studies in two different European contexts. In Study 1, cross-sectional data were collected from two social care organizations in the UK. In Study 2, to lessen common method bias concerns, time-lagged data were collected from 12 social care directorates in Romania. Common method bias arises when a single source (e.g., employees) and/or the same data collection method (i.e., survey) are used to measure all variables in a study. This bias can significantly influence observed relationships between constructs, potentially inflating the associations between them. To address this issue, Podsakoff et al. (2003) recommend various procedural remedies, one of which involves obtaining measures of different variables at different time waves. Following this recommendation, in Study 2, we collected data in three waves, with an interval of 1 week. The same measures were used in both Study 1 and Study 2. The English questionnaire was back-translated into Romanian in Study 2.

#### 3.1 | Measures

In Study 1, items were rated using a 5-point Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree), whereas in Study 2, a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree) was used.

##### 3.1.1 | Care Recipient Incivility

Care recipient incivility was assessed using Guidroz et al.'s (2010) 10-item scale. In the administered surveys, instead of the care recipient, the term "people we support" was used as that was the terminology used by the respondents (i.e., care workers) to refer to their care recipients. A sample item is "The people we support are disrespectful to me." Cronbach's  $\alpha$  was 0.86 in Study 1 and 0.93 in Study 2.

##### 3.1.2 | Servant Leadership

Liden et al.'s (2015) SL-7 scale was used to measure servant leadership. A sample item is "I would seek help from my manager if I had a personal problem." Cronbach's  $\alpha$  was 0.93 in Study 1 and 0.87 in Study 2.

##### 3.1.3 | Work Meaningfulness

May et al.'s (2004) 6-item scale was used to assess work meaningfulness. This scale positions work meaningfulness as an individual psychological state and is derived from Hackman and Oldham's (1976) job characteristics model (May 2003). A sample item is "My job activities are significant to me." Cronbach's  $\alpha$  was 0.90 in Study 1 and 0.86 in Study 2.

##### 3.1.4 | Care Worker Resilience

Näswall et al.'s (2019) 9-item scale was used to measure care worker resilience. A sample item is "I successfully manage a high workload for long periods of time." Cronbach's  $\alpha$  was 0.88 in Study 1 and 0.89 in Study 2.

##### 3.1.5 | Controls

Prior research has shown that employee resilience is determined by gender, age, and organizational tenure (Atsa'am and Bodur 2021; Huang, Xing, and Gamble 2019; Scheibe, De Bloom, and Modderman 2022). Therefore, these variables were controlled for in the analysis.

### 3.2 | Study 1: Data Collection and Sampling

According to the Office for National Statistics (ONS), the social care workforce in the UK has grown steadily in the past decade, with a total of just over one million workers in 2019 (Adult Social Care and Immigration Report 2022). A recent Skills for Care (2022) report has revealed that the social care sector is bigger in size than the National Health Service (NHS) and has contributed to the UK economy £51.5 billion in 2021/2022. Social care in the UK is mostly provided by workers employed by private sector organizations (around 73%; Migration Advisory Committee 2022). These workers are qualified and are provided with appropriate training, supervision, and support ([www.skillforcare.org.uk](http://www.skillforcare.org.uk)). Social care is generally viewed as a "right" in the UK, and therefore, care recipients feel entitled and are demanding, which could foster mistreatment towards social care workers (Hakak et al. 2023). In addition, the practice of social care in the UK is procedural and structured, and as a result, individual differences and unique situations are often not considered and this situation might generate difficulties during the delivery of care (Hakak and Anton 2021).

The cross-sectional survey data for Study 1 comes from two social care organizations that are based in London. Both organizations provide long-term care and support to adults and young adults with physical disabilities, learning disabilities, and/or mental health challenges so that these adults improve and develop their skills, and reach their full potential to continue their lives with quality support. The employees, or social care workers of both organizations, work either in the homes of the care recipients or in supported living and/or care homes (but they do not live in these homes). On a typical day, a social care worker works with more than one person for a specific period and moves on to the next person who needs his/her support. In a supported living

and/or care home, a social care worker might work with a person on a one-to-one basis and/or work with a group of people in need. All care workers work closely with their line manager, who supervises a team of care workers based in a specific location. The line managers are responsible for managing the allocation of social care workers to the care recipients as well as supporting and training care workers to perform their jobs better.

The survey was collected as part of the annual employee attitudes and behavior survey in both organizations between March and May 2022. In Organization A, the contact point was the human resources manager while in Organization B, the contact person was the head of the company (i.e., CEO). The link for the survey was sent to both contacts and was then shared with all care workers in both organizations that is, the sampling frame for our study is both organizations' employee list. All care workers had access to a company email and the means to complete the online survey.

Both organizations are small and categorized as a charitable organization on the government website (<https://www.gov.uk/government/organisations/charity-commission>; i.e., they are not part of the NHS). We received 94 responses from Organization A (180 care workers in total) and 154 responses from Organization B (176 care workers in total). The final sample size is 248 (i.e., 70% response rate). The social care workers in the sample are mostly females (67%) and aged between 41 and 60 (59%). More than half of them (53%) have been working in their organization for less than 5 years. The descriptive statistics and correlations for Study 1 are presented in Table 1.

### 3.2.1 | Data Analysis

**3.2.1.1 | Confirmatory Factor Analysis.** Before testing the hypotheses, a confirmatory factor analysis (CFA) was conducted to check the validity and reliability of the measures.

Because of the relatively small sample size, and to maintain a favorable indicator-to-sample size ratio, item parcels were used as indicators of the latent variables in the analysis (Little et al. 2013). The parcels were formed by sequentially averaging the items with the lowest and highest factor loadings. The measurement model exhibited acceptable fit [ $\chi^2$  (df(152)) = 378.432,  $p < 0.01$ , CFI = 0.916, TLI = 0.884, RMSEA = 0.078]. For all constructs, the average variance extracted (AVE) was more than 0.5 and the composite reliability was more than 0.8, which indicates that the constructs had high internal consistency. The square root of the AVE for all constructs was also more than the intercorrelations between them, which supports discriminant validity (Fornell and Larcker 1981).

Since all variables were assessed using self-report measures, the potential for common method bias was tested using the latent method factor approach (Chang, van Witteloostuijn, and Eden 2010). The amount of variance extracted by the common method factor was 0.37, which is lower than the 0.50 variance identified by Fornell and Larcker (1981) as indicative of a substantive construct. This suggests that the results of this study are less likely to be influenced by common method bias.

#### 3.2.1.2 | Analytical Strategy and Hypotheses Testing

**Results.** All relationships were tested simultaneously using structural equation modeling (SEM) in STATA. The analysis was conducted using composite scores, and in line with the recommendations of Aiken and West (1991), all variables were grand mean-centered. In the tested model, work meaningfulness, the mediator variable, was regressed on care recipient incivility, servant leadership, and their interaction term (i.e., care recipient incivility  $\times$  servant leadership). The outcome variable, care worker resilience, was regressed on the controls, work meaningfulness, care recipient incivility, servant leadership, and their interaction term (Hayes 2013).

**TABLE 1** | Intercorrelations, reliability estimates and descriptive statistics (Study 1).

Construct	1	2	3	4	5	6	7
1. Gender							
2. Age	0.281***						
3. Organizational tenure	-0.037	0.281***					
4. Care recipient incivility	-0.045	0.098	0.117*	0.754 (0.868)			
5. Servant leadership	-0.122*	-0.018	-0.201***	-0.371***	0.865 (0.923)		
6. Work meaningfulness	-0.009	0.073	-0.107	-0.552***	0.483***	0.838 (0.877)	
7. Care worker resilience	0.009	-0.068	-0.083	-0.445***	-0.629***	0.587***	0.791 (0.892)
Mean	1.75	3.24	3.54	2.12	3.81	4.43	4.27
Standard deviation	0.43	1.15	1.78	0.59	0.87	0.55	0.52

Note: Sub-diagonal entries are the intercorrelations. The first entry on the diagonal is the square root of the AVE and the second (in parentheses) is the composite reliability.

\* $p < 0.10$ ;

\*\*\* $p < 0.01$ .

The results of the moderated mediation model are summarized in Table 2. As reported in the table, care recipient incivility was negatively related to work meaningfulness ( $\beta = -0.300, p < 0.01$ ) which, in turn, was positively related to care worker resilience ( $\beta = 0.394, p < 0.01$ ). Additionally, the indirect effect of care recipient incivility on care worker resilience via meaningfulness was significant ( $\beta = -0.118, p < 0.01, 95\% \text{ CI} = -0.169 \text{ to } -0.067$ ). These results indicate that work meaningfulness mediates the relationship between care recipient incivility and care worker resilience. Thus, Hypothesis 1 was supported.

The interaction term of care recipient incivility and servant leadership was significant and positive ( $\beta = 0.190, p < 0.01$ ). The

simple slope plot for the interaction is illustrated in Figure 2. The relationship between care recipient incivility and work meaningfulness was weaker when servant leadership perceptions were high ( $\beta = 0.136, \text{ SE} = 0.066, t = -2.06, p = 0.039$ ) than when servant leadership perceptions were low ( $\beta = -0.465, \text{ SE} = 0.049, t = -9.57, p < 0.01$ ). These results provide support for Hypothesis 2.

Lastly, the indirect relationship between care recipient incivility and care worker resilience via work meaningfulness was significant and stronger when servant leadership was low ( $\beta = -0.183, p < 0.01, 95\% \text{ CI} = -0.246 \text{ to } -0.120$ ) than when servant leadership was high ( $\beta = -0.053, p = 0.027, 95\% \text{ CI} = -0.106 \text{ to } -0.000$ ). Thus, Hypothesis 3 was supported.

**TABLE 2** | Results of moderated mediation model (Study 1).

	Work meaningfulness				Care worker resilience			
	$\beta$ (SE)	<i>t</i>	LL	UL	$\beta$ (SE)	<i>t</i>	LL	UL
Control variables								
Gender					-0.000 (0.002)	-0.07	-0.004	0.004
Age					0.001 (0.002)	0.24	-0.004	0.005
Organizational tenure					0.003 (0.003)	0.93	-0.003	0.009
Predictor variable								
Care recipient incivility	-0.300 (0.051)	-5.88***	-0.400	-0.200	-0.074 (0.046)	-1.62	-0.163	0.016
Moderator variable								
Servant leadership	0.185 (0.033)	5.68***	0.121	0.248	0.238 (0.029)	8.09***	0.180	0.295
Mediator variable								
Work meaningfulness					0.394 (0.055)	7.14***	0.286	0.502
Interaction effect								
Care recipient incivility $\times$ servant leadership	0.190 (0.032)	6.00***	0.128	0.252	-0.043 (0.028)	-1.51	-0.098	0.013
Indirect effect								
Care recipient incivility $\rightarrow$ meaningfulness $\rightarrow$ resilience	—	—	—	—	-0.118 (0.026)	-4.54***	-0.169	-0.067
Conditional indirect effect								
Low servant leadership	—	—	—	—	-0.183 (0.032)	-5.72***	-0.246	-0.120
Mean servant leadership	—	—	—	—	-0.118 (0.026)	-4.54***	-0.169	-0.067
High servant leadership	—	—	—	—	-0.053 (0.027)	-1.97**	-0.106	-0.000

Note: Unstandardized coefficients are presented.

Abbreviations: LL, 95% confidence interval lower limit; SE, standard error; UL, 95% confidence interval upper limit.

\*\* $p < 0.05$ ;

\*\*\* $p < 0.01$ .



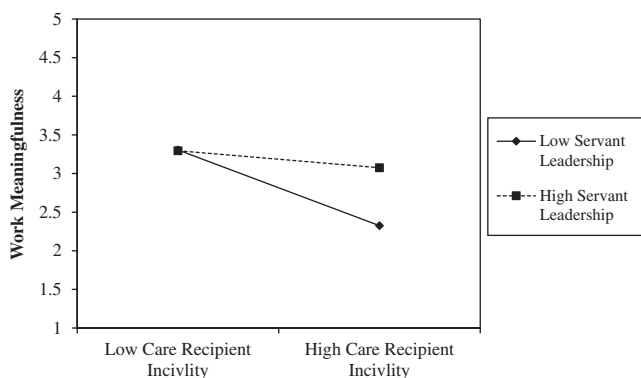
### 3.3 | Study 2: Data Collection and Sampling

The survey was applied to social care workers in the Romanian public and national social assistance system. Aiming to ensure individuals' basic needs, personal care services, rehabilitation, or social insertion (i.e., integrating an individual into his/her environment while developing his/her life), from a structural point of view, the national social care system in Romania includes social assistance directorates at county and city levels. The beneficiaries of the social care services are usually children, people with disabilities, elderly persons, family violence victims, homeless people, individuals with addictions, and other categories of people who need care. Many social care workers who work directly with the beneficiaries are employed in residential care centers or day centers. This implies constant and frequent contact with the same beneficiaries who are in most cases persons with various disabilities, abandoned children, or dependent elderly persons, who feel a high degree of frustration and often discharge it on others. While social care work can be rewarding through the help provided to supported people, it is highly emotionally demanding and often paid

back with ill-treatment from the beneficiaries (Cesznek and Simon 2019). Working closely with children with deviant and often disrespectful behaviors, physically or mentally impaired people who exhibit erratic reactions in relationships with close ones, or elderly people who sometimes display unreasonable and repetitive demands, can be highly challenging for social care workers (Dickens and Serghi 2000; Lazar et al. 2020).

The work in social care in Romania is viewed as highly challenging, not only due to its emotional load but also due to the undersized workforce compared to the large number of individuals served as beneficiaries. Moreover, social care workers in Romania have limited career opportunities and rarely benefit from training programs. The line managers, who are usually the head of the residential or day center, can be a major resource for providing support to care workers. They have a social educational background and a minimum of 3 years of experience in working directly with beneficiaries. Line managers have both an administrative role, to run the daily activities of the unit, and a support role for the social care workers.

We contacted the HR representatives of 20 of the social care directorates throughout the country. The survey was positively acknowledged in 12 of these directorates and was administered online in one or two social care centers from each city. Data were collected in three waves, at an interval of 1 week. At Time 1, social care workers responded to questions about care recipient incivility and servant leadership. One week later, they provided data on work meaningfulness (at Time 2), and after another week, they rated their resilience (at Time 3). The questionnaire was anonymous, and a respondent code was used to match the responses from the three waves. We received 332 responses in the first wave (out of 722 distributed, giving a response rate of 46%) and 307 in the second wave. The final sample included 296 completely answered questionnaires. The social care workers in the sample are mostly females (89%) and aged between 30 and 50 (81%). More than half of them (66%) have been working for more than 5 years in their organizations, and only 22% of them



**FIGURE 2** | Moderating role of servant leadership in the relationship between care recipient incivility and work meaningfulness (Study 1).

**TABLE 3** | Intercorrelations, reliability estimates, and descriptive statistics (Study 2).

Construct	1	2	3	4	5	6	7
1. Gender							
2. Age	0.078						
3. Organizational tenure	-0.014	0.377***					
4. Care recipient incivility	0.142**	-0.005	0.108*	0.877 (0.943)			
5. Servant leadership	0.077	-0.041	-0.112*	-0.284***	0.802 (0.873)		
6. Work meaningfulness	0.080	0.121**	-0.051	-0.348***	0.635***	0.884 (0.914)	
7. Care worker resilience	-0.015	0.054	0.023	-0.301***	0.652***	0.680***	0.807 (0.903)
Mean	1.90	2.67	4.71	3.39	5.17	6.20	6.05
Standard deviation	0.30	0.95	1.56	1.53	1.39	0.95	0.94

Note: Sub-diagonal entries are the intercorrelations. The first entry on the diagonal is the square root of the AVE and the second (in parentheses) is the composite reliability.

\* $p < 0.10$ ;

\*\* $p < 0.05$ ;

\*\*\* $p < 0.01$ .

have a higher education degree. The descriptive statistics and correlations for Study 2 are presented in Table 3.

### 3.3.1 | Data Analysis

**3.3.1.1 | CFA.** As in Study 1, item parcels were used as indicators of the latent variables in the analysis. The measurement model in Study 2 also exhibited acceptable fit [ $\chi^2$  (df(152))=317.912,  $p < 0.01$ , CFI=0.958, TLI=0.942, RMSEA=0.061]. The AVE for all constructs was more than 0.6 and the composite reliability was more than 0.8, which indicates that the constructs had high internal consistency. In addition, the square root of the AVE for all constructs was

more than the intercorrelations between them, which supports discriminant validity.

**3.3.1.2 | Analytical Strategy and Hypotheses Testing.** The same analytical procedure used in Study 1 was also used in Study 2. As shown in the Table 4, care recipient incivility was negatively related to work meaningfulness ( $\beta = -0.121$ ,  $p < 0.01$ ) which, in turn, was positively related to care worker resilience ( $\beta = 0.425$ ,  $p < 0.01$ ). Additionally, the indirect effect of care recipient incivility on care worker resilience via meaningfulness was significant ( $\beta = -0.051$ ,  $p < 0.01$ , 95% CI = -0.079 to -0.023). These results indicate that work meaningfulness mediates the relationship between care recipient incivility and care worker resilience. Thus, Hypothesis 1 was supported.

**TABLE 4** | Results of moderated mediation model (Study 2).

	Work meaningfulness				Care worker resilience			
	$\beta$ (SE)	$t$	LL	UL	$\beta$ (SE)	$t$	LL	UL
Control variables								
Gender					-0.139 (0.136)	-1.02	-0.406	0.128
Age					-0.005 (0.047)	-0.11	-0.096	0.086
Organizational tenure					0.056 (0.028)	1.98**	0.000	0.111
Predictor variable								
Care recipient incivility	-0.121 (0.029)	-4.09***	-0.179	-0.063	-0.047 (0.029)	-1.64	-0.103	0.009
Moderator variable								
Servant leadership	0.368 (0.032)	11.24***	0.304	0.432	0.213 (0.037)	5.81***	0.141	0.285
Mediator variable								
Work meaningfulness					0.425 (0.056)	7.65***	0.316	0.534
Interaction effect								
Care recipient incivility $\times$ servant leadership	0.078 (0.044)	3.90***	0.039	0.118	-0.028 (0.019)	1.45	-0.010	0.065
Indirect effect								
Care recipient incivility $\rightarrow$ meaningfulness $\rightarrow$ resilience	—	—	—	—	-0.051 (0.014)	-3.61***	-0.079	-0.023
Conditional indirect effect								
Low servant leadership	—	—	—	—	-0.098 (0.022)	-4.53***	-0.140	-0.055
Mean servant leadership	—	—	—	—	-0.051 (0.014)	-3.61***	-0.079	-0.024
High servant leadership	—	—	—	—	-0.005 (0.017)	-0.31	-0.039	0.028

Note: Unstandardized coefficients are presented.

Abbreviations: LL, 95% confidence interval lower limit; SE, standard error; UL, 95% confidence interval upper limit.

\*\* $p < 0.05$ ;

\*\*\* $p < 0.01$ .

The interaction term of care recipient incivility and servant leadership was significant and positive ( $\beta=0.078, p<0.01$ ). The simple slope plot for the interaction is illustrated in Figure 3. The relationship between care recipient incivility and work meaningfulness was negative but not significant when servant leadership perceptions were high ( $\beta=-0.012, SE=0.040, t=-0.31, p=0.759$ ). However, it was negative and significant when servant leadership perceptions were low ( $\beta=-0.229, SE=0.041, t=-5.63, p<0.01$ ). These results provide support for Hypothesis 2.

Lastly, the indirect relationship between care recipient incivility and care worker resilience via work meaningfulness was significant when servant leadership was low ( $\beta=-0.098, p<0.01, 95\% CI=-0.140$  to  $-0.055$ ) but not when servant leadership was high ( $\beta=-0.005, p=0.75, 95\% CI=-0.039$  to  $0.028$ ). Thus, Hypothesis 3 was supported.

Figure 4 summarizes the results of our two studies.

## 4 | Discussion and Conclusions

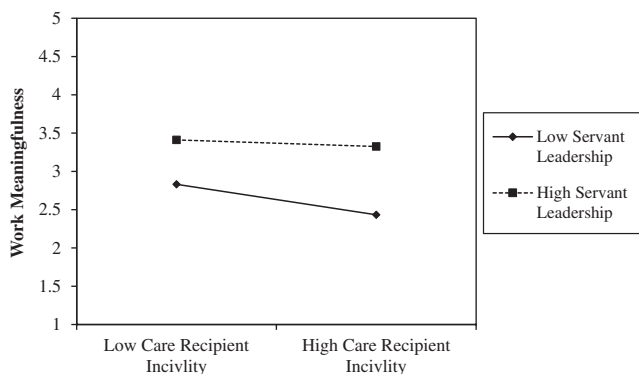
Drawing on COR theory (Hobfoll 1989), our study examined the indirect relationship between care recipient incivility and social care workers' resilience via work meaningfulness. We also tested the moderating role of servant leadership in this mediated relationship. As predicted, we found that work meaningfulness mediates the negative relationship between care recipient incivility and care workers' resilience. In addition, our findings support the moderating role of servant leadership in this indirect relationship. The indirect relationship

between care recipient incivility and care worker resilience via work meaningfulness was stronger when servant leadership was low.

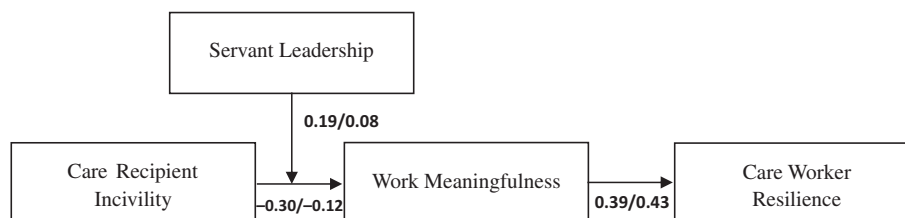
### 4.1 | Theoretical Implications

Our findings extend the literature in several ways. First, our study is among the few studies that examine the impact of adverse experiences with care recipients on social care workers' resilience. Previous studies have mostly focused on how organizational factors such as HRM systems and leadership could foster employee resilience at work (Cooper et al. 2019; Lu et al. 2023; Wibowo and Paramita 2022; Zhu, Zhang, and Shen 2019). However, research has overlooked the detrimental effects of adverse workplace experiences, such as dysfunctional service user interactions, on employee resilience. Our findings demonstrate that adverse service user behaviors, such as care recipient incivility, are associated with decreased care worker resilience in the social care context.

Our study extends knowledge by showing that work meaningfulness is an important mechanism of the relationship between care recipient incivility and care worker resilience. In line with COR theory, our findings suggest that, for social care workers, mistreatment from care recipients and the experience of loss of an important resource (i.e., positive interactions or relationships with their care recipients) triggers the loss of important job resources, such as work meaningfulness. This, in turn, leads to the loss of other valuable resources such as their resilience. This finding extends the work meaningfulness literature. Extant research on the antecedents of work meaningfulness revolves around the role of positive workplace factors such as job design, leadership, and positive workplace relationships in enhancing perceptions of meaningfulness (Bailey et al. 2019). However, limited attention has been directed to the factors that could undermine such perceptions. Our findings add to the literature by showing that unfavorable relationships with external organizational stakeholders, such as care recipients, have a negative relationship with the extent to which social care workers view their jobs as meaningful, valuable, and worthwhile. Thus, in the social care context, interactions with care recipients play a crucial role in affecting care workers perceived work meaningfulness, since social care workers develop a sense of "other-agency" (i.e., a feeling that their actions on the job are serving something greater than the self; Rosso, Dekas, and Wrzesniewski 2010) as they are providing support to their care recipients.



**FIGURE 3** | Moderating role of servant leadership in the relationship between care recipient incivility and work meaningfulness (Study 2).



**FIGURE 4** | Unstandardized Path Coefficients (Study 1 and Study 2). The first value of each path refers to Study 1 and the second refers to Study 2; All coefficients are significant at  $p<0.01$ .

Our study also extends the current knowledge of the moderators in the care recipient incivility–care worker outcomes relationship and adds to the few studies that have considered the role of leadership in that relationship (Arnold and Walsh 2015; Mostafa 2022). Scholars argue that servant leadership is one of the important means that could help alleviate distressing work experiences in social care (Mahon 2021a, 2021b). Our findings support this claim and show that servant leaders are influential in minimizing the adverse effects of care recipient mistreatment on social care workers. More specifically, servant leadership helps mitigate the negative impact of care recipient incivility on work meaningfulness and consequently care worker resilience. Consistent with COR theory, this finding suggests that servant leaders, as a critical job resource, help buffer the negative effect of a social resource loss (i.e., the loss of positive service user or care recipient relationships) on other valuable resources, such as work meaningfulness, and consequently resilience of care workers.

It is important to note that, besides the relationships between variables, the means of the variables were also highly consistent across social care workers in the UK and Romania, apart from care recipient incivility. Perceptions of care recipient incivility in the Romanian sample (mean = 3.39) were stronger than in the UK sample (mean = 2.68 after converting the 5-point scale mean to a 7-point mean). This could be for two reasons. First, in the past few years, highly qualified social care workers in Romania have been migrating to other European countries for better opportunities and, as a result, there has been a shortage of qualified carers (Hakak and Anton 2021). In addition, as noted before, contrary to social care workers in the UK, care workers in Romania suffer from inadequate training (Dickens and Serghi 2000; Lazar et al. 2020). This could have led to low-quality social care service and consequently increased incivility from care recipients. The second reason relates to the nature of care recipients in the two samples. The care recipients in the UK sample are mostly individuals with physical and learning disabilities. However, besides people with disabilities, the Romanian sample included other care recipients such as elderly people, abandoned children, family violence victims, and individuals with addictions. Such recipients are more likely to suffer from serious mental health issues, engage in more aggression, and display more offending behaviors (e.g., Lander, Howsare, and Byrne 2013; Lovell and Skellern 2019; Mphaphuli 2023; Villar et al. 2021), which could have also increased social care worker perceptions of incivility in the Romanian sample.

## 4.2 | Practical Implications

Our findings suggest that care recipient incivility negatively affects social care workers. Therefore, organizations in the social care context should apply procedures to reduce its effects. Social care organizations could offer training to their care workers on how to deal with mistreatment from their care recipients. Training care workers on strategies such as issuing *polite reprimands* or *reframing*, for example, could be effective and beneficial for care workers experiencing care recipient incivility (Amarnani et al. 2019; Henkel et al. 2017). Such training can equip social care workers with the necessary

knowledge to anticipate and manage social and emotional demands that arise during interactions with the care recipients. Moreover, it could help them develop the emotional regulation skills and behavioral competencies required to effectively cope with instances of mistreatment (Castanheira and Chambel 2010; Hu et al. 2018). Fostering care worker participation could also be useful and help reduce the negative influence of care recipient mistreatment on care workers (Hu et al. 2018). Social care organizations could facilitate activities such as discussions regarding care and support service ideas and collaborative problem-solving groups. This will allow care workers to share their concerns, workplace challenges, and opinions, and will enable them to gain insights regarding the complexities of social care work, which in turn, should enhance their cognitive and motivational resources and help them deal with care recipient incivility.

The results of the mediating effect of work meaningfulness suggest that it is also important that social care organizations pay attention to enhancing care workers' perceptions of the positive significance of their work. This could be achieved through increasing care workers' involvement in and autonomy or influence on work-related decisions, supporting their personal development and growth, and enabling them to achieve their career goals (Fürstenberg, Alfes, and Shantz 2021; Mostafa and Abed El-Motalib 2020). Organizations and/or line managers also need to engage in consistent and transparent communication with care workers about how their work is impactful and beneficial to others and encourage workers to share their meaningful experiences with their colleagues (Loi et al. 2018).

The findings of our study also suggest that when social care workers encounter mistreatment from care recipients, their perceptions of work meaningfulness and resilience could be conserved by working under servant leaders. As discussed before, line managers are the care workers' regular point of contact in the organization and are accountable for several HRM responsibilities (McDermott et al. 2013; Nishii and Paluch 2018). Servant leaders seem to “exert huge sway” over social care workers, and how they react to deviant care recipient behaviors (McDermott et al. 2013, 293). Therefore, social care organizations should nurture servant leadership. Such organizations could use servant leadership attributes as a basis for hiring line managers. They could also train line managers on displaying servant leadership behaviors to followers and design performance appraisals for them using servant leadership qualities such as altruism, service orientation, and the development of care workers (Mostafa 2022).

It is worth noting that, in many social care organizations, investing in HR practices may pose a challenge because of limited resources (Haunch and Spilsbury 2023). For such organizations, fostering practice-based leadership experience is a feasible option. The adoption of hybrid leadership (Snelling, Exworthy, and Ghezelayagh 2020) that combines leadership responsibilities with the duties of regular social care workers may enhance the practice as well as care workers' perceptions of servant leadership. The allocation of a percentage of their work hours to engage directly in caregiving activities not only renews line managers' experience with the job's demands and refreshes their insights into the daily pressures of the caregiving role, but also helps



them gain their followers' respect and be viewed as desirable role models (Meuser and Smallfield 2023). It is also important to note that, in some instances, leadership experience alone is not sufficient to grow servant leadership skills and perceptions, and other interventions may be necessary. For example, developing a *concern for the community culture* that focuses on serving others could prove to be an effective management strategy. This is particularly pertinent as the emphasis on community or broader societal well-being is a hallmark of servant leadership and closely aligns with principles in social care. (Meuser and Smallfield 2023).

Finally, it is also important to acknowledge and reward instances of servant leadership behaviors exhibited by line managers overseeing social care workers. Such recognition will serve as a motivational factor for managers to consistently exhibit and uphold servant leadership attributes.

### 4.3 | Limitations and Avenues for Future Research

Our study has some limitations that might pave the way for future research. First, although the causal linkages between care recipient incivility, work meaningfulness, and care worker resilience have been explained theoretically, the cross-sectional design of the study limits the ability to infer causality. Future research could examine whether there are causal relationships between the variables adopted in our study by using experimental and/or longitudinal study designs.

Second, the self-report nature of our data might potentially give rise to self-reporting bias. We cannot avoid common method bias by adopting this measurement method. Therefore, more objective methods of measurement may be employed, particularly to assess care worker resilience. Moreover, future studies may also focus on other outcomes, such as job burnout or emotional labor, which are also critical for care workers in social care contexts.

Another limitation of our study is that it focuses on a single mediator (i.e., work meaningfulness) and a single moderator (i.e., servant leadership) of the relationship between care recipient incivility and care worker resilience. It is likely that other factors such as task significance and work engagement may mediate this relationship. Likewise, in the social care context, other leadership styles such as self-leadership could possibly attenuate the negative impact of care recipient incivility on care workers' resilience (Holroyd, Brown, and Turner 2015). In our study, social care workers in both samples (i.e., the Study 1 and Study 2 samples) are in regular contact with their line managers. However, social care workers could sometimes work at care recipients' homes with limited or no contact with their line managers (Ortiz-Gómez et al. 2022). In such cases, a care worker's ability to bring out the best in themselves and achieve their full potential would be necessary to accomplish their tasks regardless of the challenges (Holroyd, Brown, and Turner 2015). Taken together, future research might consider these as well as other mediating and moderating variables.

Additionally, the relatively small sample sizes and the short servant leadership scale used in both Study 1 and Study 2 did not

allow us to investigate the moderating effects of the different dimensions of servant leadership. It is possible that the individual dimensions of servant leadership have unique effects on different variables and relationships (van Dierendonck et al. 2014). Hence, future studies could examine the moderating impact of the servant leadership dimensions on the relationship between care recipient mistreatment and care worker outcomes.

Finally, to establish the generalizability of the findings, two studies were conducted in two different countries. However, for both studies, data were collected only from social care workers. Besides care workers in social care organizations, care recipient incivility is experienced by frontline employees in other types of service organizations and contexts, such as healthcare and hospitality (Mostafa 2022). Therefore, research in different contexts and organizations is needed to ascertain further the generalizability of our findings.

Despite these limitations, our study has revealed that social care workers who work with servant leaders are better able to deal with the negative consequences of customer mistreatment (i.e., decreased work meaningfulness) and feel more resilient. We hope that our study motivates more research on the mechanisms and boundary conditions of the care recipient incivility-care worker resilience relationship.

#### Conflicts of Interest

The authors declare no conflicts of interest.

#### Data Availability Statement

The data that support the findings of this study are available upon reasonable request.

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