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ABUSIVE SUPERVISION, JOB STRESS, AND CYBERLOAFING IN HOSPITAL SETTINGS: THE MEDIATING ROLE OF JOB STRESS AND MODERATING ROLE OF SELF-CONTROL

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ABSTRACT

Cyberloafing the personal use of organizational internet resources for non-work purposes during working hours poses a particularly critical threat in healthcare organizations, where attentional lapses can directly compromise service quality and patient safety. Anchored in Social Exchange Theory, Conservation of Resources Theory, and self-regulation frameworks, this study tests an integrated moderated-mediation model in which abusive supervision predicts employee cyberloafing through the sequential pathway of job stress, with self-control moderating both the stress-generation and stress-to-cyberloafing links. The study was conducted at RSUD Linggarjati and RSU El-Syifa, Kuningan Regency, West Java, Indonesia. A quantitative causal-verificative design was adopted, with data collected from 218 respondents (stratified proportional random sampling; Slovin formula, e = 5%) via closed-ended Likert-scale questionnaires. SEM-PLS via SmartPLS 4 served as the primary analytical technique. Outer model evaluation confirmed satisfactory convergent validity (all loadings ≥ 0.70; AVE ≥ 0.50), discriminant validity (HTMT < 0.90), and reliability (CR ≥ 0.70; α ≥ 0.70). Inner model results demonstrate strong predictive performance: R^2 (cyberloafing) = 0.919; R^2 (job stress) = 0.512; SRMR = 0.045–0.046; all $Q^2 > 0$. Hypothesis testing confirmed that: (H1) abusive supervision positively and significantly predicts cyberloafing (β = 0.274; p < 0.05); (H2) abusive supervision positively and significantly predicts job stress (β = 0.715; p < 0.05); (H3) job stress positively and significantly predicts cyberloafing (β = 0.861; p < 0.05); (H4) job stress partially mediates the abusive supervision–cyberloafing relationship (indirect β = 0.615; p < 0.05); (H5) self-control negatively moderates the abusive supervision–job stress path (β = −0.189; p < 0.05); and (H6) self-control negatively moderates the job stress–cyberloafing path (β = −0.287; p < 0.05). PLS-Predict confirms out-of-sample predictive superiority over naïve benchmarks for all endogenous indicators. These findings advance theory by demonstrating that self-control operates as a dual-stage protective resource under abusive leadership, and offer concrete human resource development implications for hospital management.

1. INTRODUCTION

The rapid digitalization of healthcare organizations has created an operational paradox: the same internet infrastructure that enables electronic health records, telemedicine, and clinical decision-support systems simultaneously provides employees with constant access to non-work digital content. When employees exploit this access for personal purposes during working hours—a behavior termed cyberloafing the consequences are particularly acute in healthcare settings because attentional lapses can translate directly into clinical errors, delayed patient responses, and degraded service quality (Lim, 2002; Askew et al., 2019). Unlike sectors where cyberloafing represents a productivity cost, in hospitals it can represent a patient safety risk. Evidence from the study context underlines the urgency of this issue. A preliminary survey of 34 hospital employees in Kuningan Regency revealed that a majority of respondents frequently engaged in social media browsing and personal messaging during work shifts, while a significant proportion acknowledged streaming online videos during patient care hours. A concurrent pre-survey of 30 employees documented moderate-to-high job stress levels, with particularly elevated indicators on emotional disturbance (M = 3.72, medical staff; 3.76, non-medical staff), cognitive overload, and sleep disruption attributable to occupational demands (Pra-Survey, 2025). These baseline data establish both the practical severity and the theoretical relevance of the present investigation.

The theoretical architecture of this study integrates three frameworks. Social Exchange Theory (SET; Blau, 1964; Cropanzano & Mitchell, 2005) explains why employees respond to abusive supervisory conduct with behavioral withdrawal: when supervisors violate the implicit reciprocity norms of the employment relationship through sustained hostile behavior, employees restore equity by redirecting effort away from work tasks. Conservation of Resources Theory (COR; Hobfoll, 1989) explains the stress-generating

mechanism: abusive supervision depletes employees' core psychological resources—self-esteem, relational security, sense of organizational belonging—producing occupational stress as a resource-depletion signal. Lazarus & Folkman's (1984) Transactional Model of Stress and Coping explains the stress-to-cyberloafing link: cyberloafing functions as an avoidance coping strategy that temporarily restores hedonic and social resources without requiring the cognitive effort that depleted employees cannot muster.

Abusive supervision subordinates' perceptions of supervisors engaging in sustained hostile verbal and non-verbal conduct, excluding physical contact (Tepper, 2000)—has been linked to a wide range of counterproductive work behaviors. Recent studies document its effects on workplace deviance (Liu et al., 2022), service sabotage (Bhattacharjee & Sarkar, 2023), and emotional exhaustion (Elrehail et al., 2021). In the cyberloafing literature, Fahreza (2022) confirmed positive abusive supervision–cyberloafing effects among millennial employees, while Wu et al. (2013) demonstrated the mediating role of stress in this relationship. What remains untested is whether self-control simultaneously moderates both the stress-generation stage (abusive supervision → job stress) and the behavioral stage (job stress → cyberloafing) constituting a dual-stage buffering model that has not been examined in an Indonesian hospital context.

This dual-stage moderation is theoretically grounded in Baumeister, Vohs, & Tice's (2007) Strength Model of Self-Control, which posits that self-control capacity enables individuals to override stress appraisal escalation through cognitive reappraisal and to resist impulsive behavioral responses under stress through effortful inhibition. High-self-control individuals are therefore expected to exhibit attenuated stress responses to abusive supervisory episodes and attenuated cyberloafing responses to stress states producing two distinct protective effects captured in a single moderated-mediation model.

Prior studies have examined these constructs in dyadic pairs without testing the integrated moderated-mediation architecture, and none have done so in the Indonesian hospital setting where professional role identity, patient-facing accountability, and organizational hierarchy interact to shape both stress responses and coping behavior in contextually distinctive ways. This study addresses that gap by testing the complete model among medical and non-medical personnel at RSUD Linggarjati and RSU El-Syifa, Kuningan Regency, West Java.

2. RESEARCH METHOD

This investigation employed a causal research design within a quantitative verificative framework. The causal design supports directional inference about antecedent–consequence relationships among the four study constructs, while the verificative component tests the theoretically derived hypotheses against empirically collected data (Suliyanto, 2018; Cooper & Schindler, 2014). The study was conducted at RSUD Linggarjati (regional public hospital, n = 157 staff) and RSU El-Syifa (private general hospital, n = 142 staff) in Kuningan Regency, West Java—two institutions selected to represent contrasting ownership structures while sharing common conditions of high workload intensity, digital infrastructure availability, and documented cyberloafing prevalence.

The study population comprised 299 active employees across both hospitals. Applying Slovin's formula at a 5% error margin ($n = N / [1 + N \cdot e^2] = 299 / [1 + 299 \cdot 0.0025] = 218.4 \approx 218$) determined the minimum sample size. Proportional stratified random sampling allocated respondents in accordance with each hospital's population share: RSUD Linggarjati (n = 115; 52.7%) and RSU El-Syifa (n = 103; 47.3%), further stratified by medical (n = 130) and non-medical (n = 88) staff categories.

Data were gathered via closed-ended, self-administered questionnaires using a five-point Likert agree–disagree scale. Four constructs were operationalized with reflective indicators: (1) Abusive Supervision (X—4 items): hostile treatment, subordinate development obstruction, non-constructive public criticism, and unfair blame attribution, adapted from Tepper (2000); (2) Cyberloafing (Y—4 items): social media browsing, online video consumption, personal email access, and entertainment platform use during working hours, adapted from Lim (2002) and Askew et al. (2019); (3) Job Stress (Z—4 items, mediator): emotional disturbance, cognitive overload, somatic symptoms, and behavioral disengagement, adapted from Lazarus & Folkman (1984) and Cooper et al. (2001); (4) Self-Control (M—4 items, moderator): impulse inhibition, emotion regulation, positive behavior maintenance, and distraction management capacity, adapted from Baumeister et al. (2007) and Tangney et al. (2004).

Structural Equation Modeling–Partial Least Squares (SEM-PLS) via SmartPLS 4 was selected for five methodological reasons: the study's prediction-oriented and theory-development objective; the reflective

construct specification throughout the model; the complex structure incorporating simultaneous mediation and moderation; the relatively modest sample (n = 218); and the need to evaluate both outer and inner model quality within a single analytical system (Hair et al., 2021; Ringle et al., 2022). Analysis followed two sequential stages. Stage 1—Outer Model: convergent validity assessed via outer loadings (≥ 0.70) and Average Variance Extracted (AVE ≥ 0.50); discriminant validity via Fornell-Larcker criterion and HTMT ratio (< 0.90); reliability via Cronbach's Alpha (≥ 0.70) and Composite Reliability (≥ 0.70). Stage 2—Inner Model: path coefficients and significance via bootstrapping (5,000 resamples; two-tailed; α = 5%); coefficient of determination (R^2); predictive relevance (Q^2); model fit (SRMR ≤ 0.08); multicollinearity (VIF < 3.3). Moderation was operationalized through product-term interaction (Abusive Supervision × Self-Control for H5; Job Stress × Self-Control for H6). Mediation significance was evaluated via bootstrapped indirect effect confidence intervals (H4).

3. RESULTS AND DISCUSSION

3.1 Respondent Profile

Table 1 summarizes respondent characteristics across medical and non-medical staff groups.

Table 1. Respondent Characteristics (n = 218)

Category	Medical (n=130)	Non-Medical (n=88)	Total (n=218)
Gender — Male	65 (50.0%)	54 (61.4%)	119 (54.6%)
Gender — Female	65 (50.0%)	34 (38.6%)	99 (45.4%)
Age 20–30 years	68 (52.3%)	33 (37.5%)	101 (46.3%)
Age 31–40 years	45 (34.6%)	33 (37.5%)	78 (35.8%)
Age > 40 years	16 (12.3%)	22 (25.0%)	38 (17.4%)
Tenure 5–10 years	63 (48.5%)	44 (50.0%)	107 (49.1%)
Education — S1 (Bachelor)	67 (51.5%)	46 (52.3%)	113 (51.8%)
Dominant staff type	Nurse (50.0%)	Administration (24.3%)	—

Source: Primary data processed (2026). Medical staff includes nurses, doctors, pharmacists, and health analysts; non-medical includes administration, managerial, general services, and technical staff.

3.2 Outer Model Evaluation

All outer model criteria were satisfied across all four constructs. Outer loadings ranged from 0.712 to 0.889 (all ≥ 0.70 threshold). AVE values were: Abusive Supervision = 0.641; Cyberloafing = 0.628; Job Stress = 0.619; Self-Control = 0.607 (all ≥ 0.50). Fornell-Larcker criterion was satisfied for all construct pairs—square roots of AVE exceeded all corresponding inter-construct correlations—and all HTMT ratios fell below 0.90, jointly confirming discriminant validity (Hair et al., 2021). Cronbach's Alpha values ranged from 0.744 to 0.821, and Composite Reliability values ranged from 0.803 to 0.876 (all exceeding respective thresholds). VIF values for all inner model paths remained below 3.0, ruling out multicollinearity.

3.3 Inner Model and Hypothesis Testing

Inner model results demonstrated exceptionally strong predictive power. The R^2 for cyberloafing was 0.919 (classified as high; Hair et al., 2021), indicating that abusive supervision, job stress, self-control, and their interaction terms jointly explain 91.9% of variance in cyberloafing—a remarkably high explanatory level for a behavioral outcome in healthcare. The R^2 for job stress was 0.512 (moderate), indicating that abusive supervision accounts for over half the variance in employee stress. All Q^2 values exceeded 0, confirming predictive relevance for both endogenous constructs. The SRMR for the saturated model was 0.045 and for the estimated model 0.046—both comfortably within the ≤ 0.08 acceptable range, supporting overall model fit. PLS-Predict confirmed strong out-of-sample predictive accuracy: all endogenous indicators (SK1–SK4; CB1–CB4) returned RMSE and MAE values from the PLS-SEM model consistently lower than corresponding naïve benchmark statistics, indicating that the structural model generates predictions superior to the mean-based alternative—a stringent standard recommended by Hair et al. (2021) for establishing predictive relevance beyond in-sample fit.

Table 2. Inner Model Fit Indicators

Criterion	Threshold	Cyberloafing (Y)	Job Stress (Z)
R^2	> 0.75 = high	0.919 (High)	0.512 (Moderate)
Q^2	> 0	> 0 ✓	> 0 ✓
SRMR (saturated)	≤ 0.08	0.045 ✓	-
SRMR (estimated)	≤ 0.08	0.046 ✓	-
Max VIF	< 3.3	< 3.0 ✓	< 3.0 ✓
PLS-Predict	RMSE < Naïve	All ✓	All ✓

Source: SmartPLS 4 output (2026). Classification criteria: Hair et al. (2021).

Bootstrapping results (5,000 resamples; two-tailed; α = 5%) supported all six hypotheses. H1 was supported: abusive supervision positively and significantly predicts cyberloafing (β = 0.274; t = 2.892; p = 0.004). H2 was supported: abusive supervision positively and significantly predicts job stress (β = 0.715; t = 11.441; p < 0.001)—the strongest direct path in the model. H3 was supported: job stress positively and significantly predicts cyberloafing (β = 0.861; t = 15.037; p < 0.001) the most powerful single-predictor path. H4 was supported: job stress significantly partially mediates the abusive supervision–cyberloafing relationship (indirect effect = 0.615; bootstrapped 95% CI excludes zero; t = 9.988; p < 0.001). The co-existence of a significant indirect effect and a remaining significant direct effect (H1) confirms partial mediation. H5 was supported: self-control negatively and significantly moderates the abusive supervision–job stress relationship (interaction β = −0.189; t = 3.214; p = 0.001). H6 was supported: self-control negatively and significantly moderates the job stress–cyberloafing relationship (interaction β = −0.287; t = 3.891; p < 0.001). Table 3 presents the full hypothesis testing summary.

Table 3. Hypothesis Testing Results

H	Path	β	t-stat	p-val	Decision
H1	Abusive Supervision (X) → Cyberloafing (Y)	0.274	2.892	0.004	Supported
H2	Abusive Supervision (X) → Job Stress (Z)	0.715	11.441	<0.001	Supported
H3	Job Stress (Z) → Cyberloafing (Y)	0.861	15.037	<0.001	Supported
H4	X → Job Stress (Z) → Y (indirect)	0.615*	9.988	<0.001	Partial mediation
H5	X × Self-Control (M) → Job Stress (Z)	−0.189	3.214	0.001	Supported (buffering)
H6	Z × Self-Control (M) → Cyberloafing (Y)	−0.287	3.891	<0.001	Supported (buffering)

** Bootstrapped indirect effect (5,000 resamples; two-tailed; 95% CI excludes zero). Moderation via product-term interaction (Hair et al., 2021).*

3.4 Discussion

The positive, significant direct effect of abusive supervision on cyberloafing (H1; β = 0.274; p = 0.004) establishes that hostile supervisory conduct independently drives employees toward personal internet use beyond its stress-mediated pathway. Social Exchange Theory (Blau, 1964; Cropanzano & Mitchell, 2005) provides the primary explanatory mechanism: when supervisors consistently violate reciprocity norms—through unfair blame, non-constructive public criticism, and developmental obstruction—employees perceive the employment exchange relationship as imbalanced and respond by withdrawing discretionary effort and redirecting work-time toward self-serving behavior that restores a sense of personal agency. Cyberloafing represents an especially effective withdrawal mechanism in this context because it is low-risk, immediately accessible, and affords both hedonic reward and psychological distance from the abusive supervisor (Lim, 2002). Kahn's (1990) Job Engagement Theory offers a complementary lens: abusive supervision systematically erodes the psychological safety and meaningfulness conditions that sustain cognitive and emotional engagement, creating a disengagement vacuum that cyberloafing fills. These findings align closely with Fahreza (2022) and Liu et al. (2022), who confirmed abusive supervision–cyberloafing direct effects in millennial and Chinese employee samples, respectively. The hospital-specific implication is significant: where supervisory interaction is most frequent—ward rounds, clinical briefings, performance evaluations the behavioral toxicity of abusive supervision is most continuously activated, suggesting that cyberloafing surveillance alone is insufficient without addressing the upstream supervisory conduct driving it.

The large path coefficient for abusive supervision on job stress (H2; $\beta = 0.715$; $p < 0.001$) positions abusive supervision as the dominant stress determinant in this organizational context—an effect size that exceeds the typical range documented in meta-analyses (Hershcovis & Barling, 2010; Tepper et al., 2017). Conservation of Resources Theory (Hobfoll, 1989) explains this dominance: abusive supervisory behavior attacks the core personal resources most central to occupational identity and well-being self-esteem (threatened by public blame), relational security (undermined by hostile interaction), and professional legitimacy (eroded by discriminatory treatment). Because hospital employees particularly medical staff anchor a substantial portion of their personal identity in their professional role (Rachmawati & Pratama, 2023), resource attacks that target this professional domain generate amplified stress responses. Lazarus & Folkman's (1984) appraisal model predicts that the primary appraisal of abusive supervision as a high-threat stressor will be stronger among employees who have invested heavily in professional competence development—precisely the profile of the S1-educated, 5–10-year-tenure cohort that dominated the sample. This finding challenges organizational interventions that focus exclusively on workload reduction as the pathway to hospital stress reduction; the data suggest that interpersonal supervisory behavior is a more potent stress driver than task load in this context.

The dominant path coefficient for job stress on cyberloafing (H3; $\beta = 0.861$; $p < 0.001$) reveals that employee stress constitutes the principal proximate driver of cyberloafing behavior in this sample—a finding that positions job stress as a more powerful cyberloafing predictor than abusive supervision directly. This result operationalizes the coping-as-resource-recovery logic of COR theory: stressed employees seek activities that restore hedonic, social, and identity-affirming resources without demanding the cognitive effort they no longer possess (Hobfoll, 1989). Social media platforms provide immediate social feedback (restoring social resources), entertainment content provides hedonic relief (restoring positive affect), and personal email access provides a sense of autonomous agency (restoring self-esteem)—all at zero cognitive cost. The hospital context intensifies this dynamic: medical staff under clinical stress have professional norms prohibiting direct emotional release (crying, verbal frustration) on the ward, making covert cyberloafing one of the few available stress-relief channels during shift hours. Non-medical administrative staff, facing lower clinical norms but high service demand, similarly exhibit cyberloafing as a tension-release behavior. This mechanism-level understanding suggests that interventions reducing job stress will yield disproportionate cyberloafing reductions a leverage ratio supported by the β coefficient comparison (0.861 vs. 0.274).

The partial mediation of job stress in the abusive supervision–cyberloafing relationship (H4; indirect effect = 0.615; $p < 0.001$) confirms that abusive supervision operates through two structurally distinct mechanisms simultaneously. The indirect pathway (abusive supervision → job stress → cyberloafing) represents a resource-depletion-then-recovery sequence that unfolds over time: stress accumulates under sustained supervisory abuse, and cyberloafing emerges as a behavioral coping response to that accumulated stress. The remaining direct pathway (H1; $\beta = 0.274$) represents a more immediate, possibly retaliatory or equity-restoration mechanism that is activated by abusive incidents independently of stress arousal consistent with organizational justice theory's prediction that perceived injustice motivates immediate deviant rebalancing behavior (Cropanzano & Mitchell, 2005). The co-occurrence of both pathways at significance creates a compounding problem for hospital management: even if stress-reduction interventions attenuate the indirect pathway, the direct retaliatory pathway remains operative unless supervisory conduct itself improves. This dual-mechanism architecture is consistent with Putri & Sari (2021) and Ramdani et al. (2024), who documented both direct and stress-mediated paths in related Indonesian workplace deviance studies.

Self-control's negative moderation of the abusive supervision–job stress pathway (H5; $\beta = -0.189$; $p = 0.001$) operationalizes the first protective mechanism: cognitive reappraisal and threat-intensity attenuation under abusive leadership. Consistent with Baumeister et al.'s (2007) Strength Model, high-self-control employees apply effortful regulatory strategies—reframing abusive incidents, maintaining perspective, suppressing retaliatory impulses—that reduce the subjective threat severity of hostile supervisory behavior before it escalates into full physiological and psychological stress activation. This finding aligns with Kwan & Mao (2021) and Tangney et al. (2004), who documented self-control's capacity to attenuate appraisal-based stress escalation in workplace contexts. The stronger negative moderation of the job stress–cyberloafing pathway (H6; $\beta = -0.287$; $p < 0.001$) confirms the second protective mechanism: behavioral impulse inhibition under stress conditions. The larger coefficient magnitude for H6 compared

to H5 suggests that self-control exercises its most powerful regulatory function at the behavioral decision point, where the immediate availability and low perceived cost of cyberloafing make impulse inhibition the critical protective function. High-self-control employees, when experiencing stress, can override the hedonic pull of social media and entertainment toward more adaptive coping alternatives—work task prioritization, colleague support-seeking, or structured breaks. An important theoretical nuance, however, is introduced by Muraven et al. (2008): self-control is a finite resource that degrades under sustained regulatory demand (ego depletion). In a high-demand hospital environment where nurses and clinical staff engage in continuous emotional labor, the self-control resource available to buffer stress-to-cyberloafing translation may be systematically depleted by prior regulatory expenditures during patient interactions. This implies that self-control's protective effect may be context-dependent and shift-sensitive—stronger at the start of shifts and progressively attenuated as regulatory demands accumulate. Future research should probe this temporal dynamic through experience sampling or multi-wave designs. Practically, the dual-stage buffering model argues that self-control capacity—rather than being treated as a stable individual difference should be cultivated through organizational interventions: recovery opportunities that replenish self-regulatory resources (scheduled breaks, quiet spaces, workload rotation) will sustain self-control's protective function across full hospital shifts.

Taken together, the six supported hypotheses advance theory in three ways. First, they provide the first empirical test of a dual-stage self-control buffering model (simultaneously moderating both the stress-generation and stress-translation stages) in a healthcare organizational context, extending prior single-stage moderation studies. Second, the exceptionally high R^2 (0.919 for cyberloafing) demonstrates that the four-construct model achieves near-complete explanatory coverage of cyberloafing variance in this population, suggesting that abusive supervision, job stress, and self-control in their direct, mediated, and moderated configurations represent the dominant behavioral architecture driving hospital employee cyberloafing in the Indonesian context. Third, the convergence of SET, COR theory, and self-regulation frameworks into a single structural model offers a more comprehensive account of cyberloafing antecedents than any single-theory approach could provide, addressing Askew et al.'s (2019) call for multi-theory integration in cyberloafing research.

4. CONCLUSION

This investigation establishes a comprehensive moderated-mediation model of cyberloafing in Indonesian hospital settings, supported by six empirically confirmed hypotheses. Abusive supervision directly increases cyberloafing (β = 0.274) and strongly predicts job stress (β = 0.715). Job stress is the most powerful proximate predictor of cyberloafing (β = 0.861) and partially mediates the abusive supervision–cyberloafing relationship (indirect β = 0.615). Self-control significantly attenuates both the stress-generation pathway (β = −0.189) and the stress-to-cyberloafing pathway (β = −0.287), functioning as a dual-stage protective buffer against the behavioral consequences of negative leadership. The model explains 91.9% of cyberloafing variance demonstrating exceptionally strong explanatory power for this behavioral outcome. For hospital administrators and human resource departments, these findings identify four interconnected management priorities. First, supervisory conduct development must be treated as the highest-leverage intervention: leadership training programs emphasizing constructive feedback, subordinate development support, and equitable treatment should be institutionalized—prioritizing supervisory roles in departments where pre-survey data identified the highest abusive supervision perceptions. Second, occupational stress management infrastructure should be formalized: structured counseling access, peer support circles, workload rotation policies, and adequate recovery intervals between intensive clinical duties address the dominant proximate driver of cyberloafing. Third, self-control capacity should be treated as a renewable organizational resource rather than a fixed individual trait: scheduled recovery breaks, quiet retreat spaces, mindfulness training, and reasonable shift lengths sustain the self-regulatory resources that buffer stress-to-cyberloafing translation—particularly important given the ego-depletion risk in emotionally demanding clinical environments. Fourth, digital governance policies that establish clear, fair, and consistently enforced boundaries around personal internet use during working hours reduce cyberloafing availability as a stress-coping mechanism while signaling organizational respect for professional standards.

Several boundary conditions limit generalizability. The cross-sectional design captures a single-point behavioral snapshot and cannot establish temporal causal ordering; longitudinal or experience-sampling designs would better illuminate how stress accumulates over shifts and how self-control resources deplete across the workday. The sample is limited to two hospitals in one regency of West Java, constraining geographic generalizability. Future research should test the moderated-mediation model across multiple hospital types (tertiary teaching hospitals, specialized clinics, community health centers), regencies, and patient-care intensity levels. Theoretical enrichment could be achieved by incorporating organizational justice perceptions, supervisor–subordinate relationship quality, and clinical specialty as additional boundary conditions. The temporal dynamics of self-control depletion under sustained hospital workload represent a particularly promising avenue that would bridge self-regulation theory with occupational health psychology in ways directly actionable for hospital workforce planning.

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