



## EMOTIONAL LABOR AND BURNOUT IN PAKISTANI FEMALE DOCTORS: THE ROLE OF WORK-FAMILY CONFLICT AS A MEDIATOR

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**ABSTRACT-** The objective of the present study was to investigate the mediating role of Work-family conflict in the relationship between Emotional Labor (surface acting) and Burnout (depersonalization) in married female doctors. A cross-sectional study was carried out on 200 married female doctors (having at least one child) working in public and private hospitals of Gujrat, Lahore, Sialkot, and Jehlum. Data was collected using the Dutch Questionnaire of Emotional Labor, Work-family Conflict Scale, and Maslach Burnout Inventory. SPSS version 22.0 was used to analyze the data. Findings revealed that Emotion Labor (Surface Acting) was found to be a significant positive predictor of work-family conflict and Burnout (depersonalization). It is also revealed that work-family conflict is a significant positive predictor of depersonalization. The findings indicated that work-family conflict partially mediates relationship between surface acting and depersonalization. The results are discussed in the light of pertinent literature and some future recommendations are given for upcoming studies.

**Keywords:** Emotional Stress, Psychological Burnout, Depersonalization, Depressive Symptoms

### I. INTRODUCTION

Emotions are an integral part of our personal and social life. Social factors greatly influence how emotions are elicited, interpreted, and managed. In collectivistic cultural contexts interpersonal relationships are given sheer importance, and individuals view themselves in terms of quality of relationship with others (Tsai & Huang, 2002), like Pakistan. Furthermore, the jobs nowadays entail emotional demands as well. The job having a ceremonial or helping nature requires an individual to display positive emotions to the client/patient (i.e., interest, readiness, affection, and empathy) despite his/her actual feelings at the moment. Therefore, to present one's positive impact on others, positive emotions are displayed while negative expressions are suppressed. An individual who occupies work and family roles has to inhibit and repress emotions often because they experience work overload, role conflict, ambiguity, and time strain (Montgomery et al., 2005). Eventually, the individual has to continuously manage his/her emotions to be socially and professionally acceptable. But this continued management of emotions in social situations for a longer time may be toxic. "Emotional labor" is a term that was first introduced by Arlie Russell Hochschild in 1983. She was a sociologist. In her book 'The Managed Heart: Commercialization of Human Feeling', she defined emotional labor as a discernible presentation of human emotions by a worker in exchange for a wage. The organization or company wants a certain elicit of emotions by the workers which are intended to generate such emotional responses in others that are desired by the organization. Hochschild described two forms of emotional labor; namely surface acting and deep acting. In surface acting, the person pretends as if the required emotion is felt (Zammuner et al., 2005). It is a kind of routine expression of emotions that does not involve conscious processes, e.g., despite feeling nothing, the doctor smiles at the patient (Zapf, 2002). It requires the employee to suppress their true feelings and express false feelings that are more aligned with the nature of the job (Gross & John, 2003). In Deep acting the person tries to feel the emotions that he or she has to express. Suppression is also the main component of emotional labor which means to hide emotions to be effective on the job (e.g., hiding your anger about something someone has done) (Montgomery et al., 2005).

Several investigators have concluded that women offer more socio-emotional support to their spouses (Wharton & Erickson, 1993; Greenhaus & Beutell, 1985; Kelloway, Gottlieb & Barham, 1999) and women may be more effective providers of socio-emotional support than men (Naring, Briet & Bouwers, 2007). Thus, this role or expectation is more associated with women as a wife and mothers than with the husband or father in the family (Schaufeli & Enzmann, 1998).

This juggling between two different roles demands a considerable amount of emotional labor from women. In the case of a high degree of emotion management at work and home, work-family interference (WFI) is the highest (Wharton & Erickson, 1993). Thus, when demands from one work domain interfere with the performance or participation of the other domain, work-family conflict is inevitable. This conflict between work and home could be of three types; Time-based; where the time pressure of one role prevents an

individual to assign time to meet the demands of other roles. Secondly, Strain based; straining, or pressure from one role upsets how a person performs in another role and third is behavior-based which happens if behavioral patterns exhibited and required in one role are incompatible with those required for another role (Greenhaus & Beutell, 1985; Kelloway, Gottlieb & Barham, 1999)

Being on this emotional roller coaster could be causing a lot of mental strain. In addition, inhibiting emotions causes increased physiological arousal, and if it gets chronic, it may harm health and well-being. Displaying fake emotions in jobs and relationships leads to exhaustion and drained energy (Lazanyi, n.d). Recent researches have argued that surface acting leads to poor self-esteem, self-denial, and estrangement from self (Dunbar, Mitra & Baker, 2014; Yin, Huang & Chen, 2019). It can also lead to exhaustion, distress, and depression (Indregard et al., 2018) Others argue that employees may be susceptible to emotional exhaustion (Yilmaz et al., 2015) particularly when they are psychologically and physically depleted (Mishra & Kumar, 2016). Moreover, Time-based conflict along with behavior-based and family-based conflict was found to be positively associated with depersonalization and reduced personal achievement (Lambert & Lambert, 2008).

Burnout refers to the draining of energy and resources due to chronic stress (Antonucci, 1985). The main components of burnout namely emotional exhaustion, depersonalization and reduced personal accomplishment are caused by chronic work stress. Depersonalization involves a negative or uncaring attitude towards others. It is a psychological withdrawal from relationships and a negative and cynical attitude. It is as if the person becomes cold in interactions with patients, colleagues and family. The individual suffering depersonalization becomes unempathetic, finds no meaning in their work and lacks energy. Constant negative thinking leads to further detachment from friends and family (Pranjic et al., 2014). Emotional exhaustion which is also called depressive anxiety syndrome (DAS) is feeling emotionally drained by intense interactions, and reduced personal accomplishment pertains to a decrease in a person's sense of expertise in working with people (Belle, 1982).

In Pakistan, doctors have to work in government or private hospitals to earn their bread but besides earning, social recognition is also a major factor contributing to perform emotional labor, for instance, applauses from bosses, staff, or colleagues. If an employee receives recognition in return for emotional labor, it will induce positive emotions and reinforcement to express positive emotions more often which are required by the organization (House, Umberson, & Landis, 1988). In Pakistan, specifically, medical doctors work in stressful workplace conditions and do not receive appreciation. Doctors have been raising voices for the problems they are facing like low pay, increased workload, job insecurity, no positive feedback upon good performance, poor teamwork, and hostile attitude of media towards doctors have increased their stress levels (Imran et al., 2011). Doctors were also found to be most dissatisfied with their pays, benefits, safety, and workload (Khuwaja et al., 2004).

To provide the best care to patients, doctors continuously need to manage their emotions. It leads them to fake emotions where one is not expressing his/her actual emotions and at the same time realizing that expressions are fake which makes them emotionally tired. Burnout is linked to the frequency and quantity of interactions with clients or customers. It has been commonly assumed that professions related to health care, social services, teaching, and various caring professions make their employees more likely to experience burnout (Pranjic, Nurka & Bilić, Ljiljana, 2014; Belle, 1982; Warren, 1974). As the working conditions of the doctors in Pakistan are very bad. In Pakistan, doctors have a lot of stressors in their work besides the stressful nature of the job. The current study is specifically designed to investigate the impact of emotional demands and work-family conflict on stress in the married female medical professionals. Emotional labor is one of the basic ingredients of the nature of the medical profession that a doctor has to perform during her duty hours. The process of emotional regulation is externally driven (Grandey, Dickter, & Sin, 2004) and to achieve social acceptance and recognition, health professionals strive to feel more control over their emotions (Pugh, 2001). Some researchers in Pakistan have studied the relationship between doctors' stress and working conditions but no empirical evidence has been found to the stress caused by the emotional demands of the medical profession. In Pakistan, to be a doctor is like being under stress but being a female married doctor is being double stressed, exhausted, and consequentially burnout. Many research studies in Pakistan have been conducted to investigate the relationship between doctors' stress and working conditions (Imran et. al, 2011; Khuwaja et. al, 2004; Hassan et. al, 2014) but little empirical evidence has been found in respect to the stress caused by the emotional demands of this profession in a married woman. This study is an attempt to investigate how work issues are adding stress to the lives of employed married female doctors. The findings of the current study would add to the existing body of knowledge about emotional labor, work-family conflict, and burnout in married female doctors of Pakistan.

The current study aims to examine the mediating role of work-family conflict in the relationship between emotional labor (surface acting) and burnout (depersonalization) in married female doctors. Surface acting

is the sub-scale of the emotional labor scale which is the independent variable of the current research and depersonalization is the sub-factor of burnout inventory which is the dependent variable. Work-family conflict is a mediator variable.

## II. SUBJECTS AND METHODS

Purposive sampling technique was used to collect data from 200 married female medical doctors. Female doctors living with their husbands and having at least one child, working in public and private hospitals were included in the study. Divorced, widowed, and issueless female doctors were excluded. The age of the doctors ranged from 25 to 65 years ( $M= 1.73, SD=0.69$ ). Marital duration ranged 1 to 39 years ( $M= 1.24, SD=0.42$ ). Working hours per day ranged from 6 to 21 hours ( $M=1.36, SD=0.61$ ). The number of dependent children ranged from 1 to 5. 39% of the doctors lived in a joint family system and 61% lived in the nuclear family system. English version of the Dutch Questionnaire on Emotional labor was used. This scale was developed by Dr. Naring and was also further validated by her in 2007 (Naring, Briet & Brouwers, 2007). The scale contains four subscales named Surface acting, Deep acting, Emotional consonance, and Suppression. The reliability of this scale for the present study was .60. All the items are rated on a five-point scale (1=never to 5=always). The work-family conflict scale (Revised) was used which was developed by Kopelman, Greenhaus, and Connolly in 1983. It consists of 12 items, each rating from 1=strongly disagrees to 5=strongly agree. The reliability of the scale for the present study is .86. Burnout was assessed by Maslach's burnout inventory consisting of 22 items (Maslach & Jackson, 1983). It assesses the three components of burnout emotional exhaustion, depersonalization & personal accomplishment. Each item is rated from 0=never to 6=always. The alpha coefficient of the scale for the present study was .65. Data was collected from public and private hospitals of Bhimber (Azad Kashmir), Gujrat, Daska, Jehlum, and Lahore. The average time taken for the administration of the questionnaire was 25-30 minutes. Incomplete questionnaires were discarded. Data were analysed by using SPSS 20.0 version. The Ethical Review Committee approved the topic and all the ethical considerations were taken into account.

### Objectives

The main objective of the present study was to

- i) Examine the association between emotional labor (surface acting), work-family conflict and burnout (depersonalization)
- ii) To find out the mediating role of work-family conflict in the relationship between emotional labor (surface acting) and burnout (depersonalization)

## III. RESULTS

In order to test the hypothesized relationship between the study variables, correlation analysis was carried out.

**Table 1**  
*Intercorrelation of Surface Acting, Work- Family Conflict and Depersonalization (N = 200)*

Variables	1	2	3
1. Surface Acting	-	.23*	.271**
2. Work-Family Conflict		-	.377**
3. Depersonalization			-
<i>M</i>	10.68	40.21	6.82
<i>SD</i>	4.0	8.3	12.53

\* $p < .05$ , \*\* $p < .01$ .

Table 1 illustrates that surface acting was positively associated with work-family conflict ( $r=.23, p<0.05$ ) and depersonalization ( $r=.28, p<0.001$ ). Findings also suggested a significant positive association between work-family conflict and depersonalization ( $r=.38, p <0.001$ ). Therefore, the mediating role of work-family conflict in the association between surface acting and depersonalization was identified.

### Mediation Analysis

To test the hypothesis that work-family conflict mediates the relationship between emotional labor (Surface Acting) and burnout (Depersonalization) mediation analysis was conducted. The current study fulfilled the proposed assumptions of Baron and Kenny (1986) and Hayes and Preacher (2013). Therefore, in the current research, Haye's (2018) bootstrapping approach was utilized to explore the mediating role

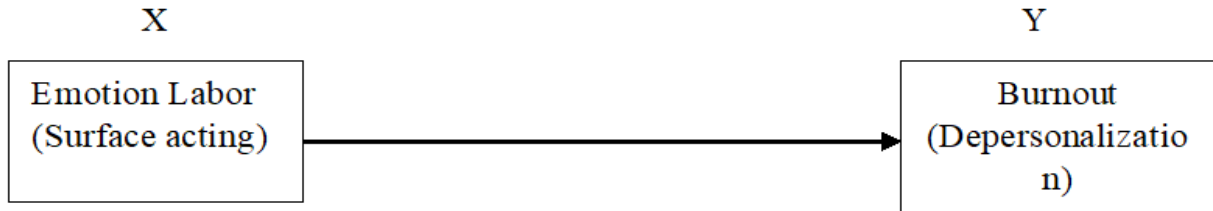
of work-family conflict in the relationship between surface acting and depersonalization as depicted in Figure 1.

**Figure 1**

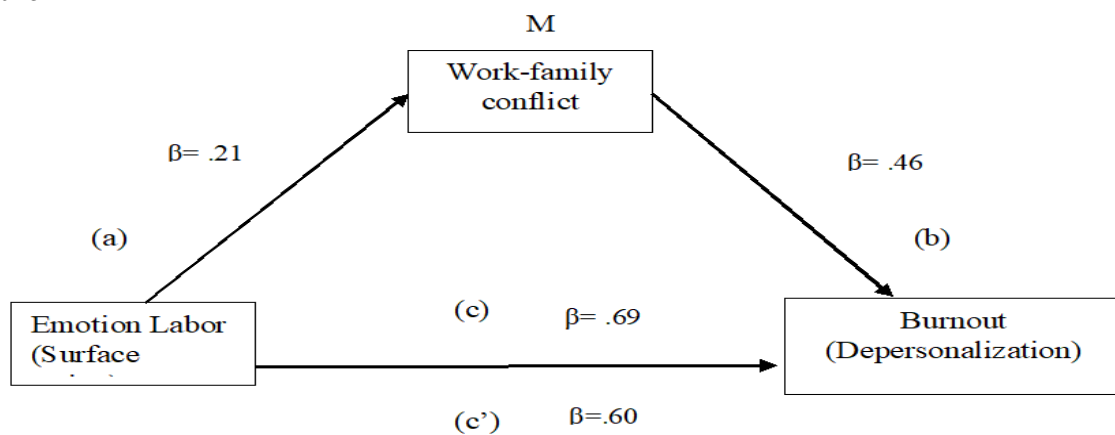
Mediation model of work-family conflict (M) on the association between surface acting (X) and depersonalization (Y)

The following theoretical model was used in terms of linking emotional labor as an antecedent to work-family conflict contributing variance in burnout.

**Figure 1A**



**Figure 1B**



**Table 2:**

Regression Coefficients, Standard Error, and Model Summary Information for the Surface Acting, Work-family Conflict, and Emotional Exhaustion (N=200)

Antecedent	Consequent							
	WFC (M)			DEP (Y)			P	
	$\beta$	SE	P	B	SE	P		
SA (X)	a	.21	.07	.003**	c'	.60	.20	.003**
WFC (M)	---	---	---	---	b	.46	.20	.02*
Constant	i	11.70	.63	.001***	i	32.47	2.96	.001***
		$R^2 = .04$				$R^2 = .08$		
		$F(1, 198) = 8.72, p = .003^{**}$				$F(2, 197) = 8.77, p = .001^{***}$		

Note. SA= surface acting, WFC= work-family conflict, DEP= depersonalization

\* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$ .

Table 2 depicts that surface acting is a significant positive predictor of work family conflict ( $\beta = .21, SE = .07, p < .01$ ) and work family conflict is a significant positive predictor depersonalization ( $\beta = .46, SE = .20, p < .05$ ). Work family conflict partially mediates the association between surface acting and depersonalization, as after controlling the work-family conflict, the direct effect of surface acting on depersonalization is reduced ( $\beta = .60, SE = .20, p < .01$ ) but still significant ( $\beta = .69, SE = .20, p < .001$ ).

#### IV. DISCUSSION

The findings of the present research suggested that surface acting, the sub-factor of emotional labor was significantly related to work-family conflict. When an employee engages in surface acting for a longer period, feels physically and psychologically depleted due to a conflict between felt and expressed emotion (Hochschild, 1983). As a result, the individual is no longer able to perform up to the expectations of the organization rather feels detached and less committed. The findings are consistent with previous researches (Kinman, Wray & Strange, 2011; Yanchus, Lance & Eby, 2010; Kammeyer-Mueller et al., 2013). Surface acting was also significantly correlated with depersonalization. This finding confirms the idea that showing oneself empathetic or interested may require more energy and create continuous mental tension in married female doctors which results in depersonalization. The medical profession demands emotional labor but the pretentious emotional labor like surface acting, where one feels not to be herself, predisposing to a feeling of depersonalization. Depersonalization behavior is not desirable in healthcare professionals as it has due disadvantages for themselves and their patients (Chen et al., 2012). The main finding of the present study is that work-family conflict partially mediates in the relationship between surface acting and depersonalization. Work demands like emotional labor can exceed employee's coping mechanisms (Krischer, Penney & Hunter, 2010) and this emotional deviance leads to counter-productive behavior like depersonalization (Krannitz et al., 2015). It can transfer aggression among peers, colleagues, and aftermath at family as well which may result in work-family conflicts (Erdamar et al., 2014). The conservation of resources model (Hobfoll, 1989) helps us to understand these findings. Surface acting jeopardizes a person's energy and time and practicing this labor for a long time would cause strain which eventually interferes with their family roles thus paving way for work-family conflict and lead to burnout. This could also be explained by the negative mood spill-over model. This model suggests that a worker's work involvements can be carried over to home and vice versa (Crouter, 1984). Heavy workload, emotionally laden or negative interactions with co-workers or client/patients may cause frustration, tension, and irritability. Thus, it induces detached and depressed feelings in them. The results revealed that work-family conflict partially mediates in the relationship between surface acting and depersonalization so, besides work-family conflict factors like the nuclear family system, household management, taking care of the young children, long work hours, and bad working conditions may also contribute to emotional taxation and burnout (French et al., 2018; Noor & Zainuddin, 2011)

#### V. CONCLUSION

In nutshell, results supported those emotional demands of the medical profession play a contributing role in increasing the level of work-family conflict and eventually feelings of depersonalization in female doctors. The use of surface acting for a longer time could be detrimental for female doctors because they are actually not feeling those emotions and thus lead to stress. Additionally, long and tiring work hours, bad working conditions, having a child, household responsibilities create tension between work and family. Better working conditions, household support, healthy spousal relationships, and positive thinking may help in reducing the work-family conflict and burnout in married female doctors. It is recommended that future researches may develop indigenous measures to assess emotional labor, work-family conflict, and burnout in female doctors. It is also suggested to investigate the current phenomenon on a large sample so results can be efficiently generalized.

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