GOMAL UNIVERSITY
JOURNAL OF RESEARCH
Gomal University, Dera Ismail Khan, Khyber Pakhtunkhwa, Pakistan
ISSN:1019- 8180 (Print) ISSN: 2708- 1737 (Online)

Website	www.gujr.com.pk	HEC Recognized	Social Sciences	CrossRef	DOI:10.51380

THE EMOTIONAL LABOR AND BURNOUT IN MARRIED FEMALE DOCTORS OF PAKISTAN: THE MODERATING ROLE OF WORK-FAMILY CONFLICT

Faiqa Yaseen[1], Qurat Ul Ain[2] & Yousaf Jamal[3]
[1]Assistant Professor, Lahore Garrison University (LGU), Lahore, Pakistan
[2]Clinical Psychologist, Lahore, Pakistan
[3]Assistant Professor, Effat University, Jeddah KSA, SAUDI ARABIA

KEYWORDS
Surface Acting, Emotional Exhaustion, Work-Family Conflict, Emotional Labor, Burnout

Article History
Date of Submission: 16-09-2021
Date of Acceptance: 27-12-2021
Date of Publication: 31-12-2021

ABSTRACT
The current study aimed to investigate the moderating role of work-family conflict between emotional labor (surface acting) and burnout (emotional exhaustion) in married female doctors. A cross-sectional study was carried out on 200 married female doctors working in public and private hospitals. Data was collected using the three reliable and valid scales. Findings revealed that work-family conflict is the significant moderator. The results indicated that at the low level of work-family conflict, the association of surface acting and emotional exhaustion was not significant (B = .02, SE = .17, p > .05) whereas at a moderate level of work-family conflict (B = .46, SE = .12, p < .01) the association between the surface acting and emotional exhaustion is significant. When the level of work-family conflict is high then the association of surface acting and emotional exhaustion is highly significant (B = .91, SE = .19, p = >.001).The findings are discussed in light of existing literature.

Corresponding Author: Faiqa Yaseen: faiqayousaf@hotmail.com

DOI: https://doi.org/10.51380/gujr-37-04-05

INTRODUCTION

In today's world, jobs require a great deal of emotion management from employees to obtain more positive outcomes. The people working in many sectors are required to hide their negative emotions while displaying the positive ones to attract more clients and customers. Especially jobs having ceremonial or helping nature demand an individual to elicit welcoming and warm emotions more often to large number of clients (Pugh, 2001; Tsai & Huang, 2002). Hochschild (1983) introduced the term "emotional labor" as observable display of the human emotions by the worker in exchange for wage, and that this display is intended to elicit emotional responses in others that the organization desires. Hochschild distinguished two forms of emotional labor; surface acting (SA) and deep acting (DA). In SA, person simply acts as if they are experiencing the desired emotion (e.g., smiling at an annoying patient). In this connection, the employee in

DA tries to feel the emotions that should be expressed during service interaction in organizations (Zammuner & Galli, 2005a). In SA, outward emotional displays are changed, but actual feelings are not (Benita, Levkovitz, & Roth, 2016; Walsh, Yang, Dahling, Schaarschmidt & Takahashi, 2019).

Employees act out emotions that are required by the organization or conform to the demanding situation (Ogunsola, Fontaine & Jan, 2020). They portray positive emotions but they do not feel them, such as faking a smile (Lu, Wu, Mei, Zhao, Zhou, Li & Pan, 2019). It involves changing own feelings to a more natural state that is more in line with the demanding situation (Grandey & Gabriel, 2014). However, this form of emotional manipulation has repercussions. Employees that engage in emotional labor for a longer period may experience physiological arousal due to stress (Butler, Egloff, Wilhelm, Smith, Erickson & Gross, 2003). Prolonged exposure to stress due to intense emotional demands can activate stress system. It may lead to physical activity, anxiety and depression (Limm et al., 2016). Hochschild (1983) said that acting inauthentically over time might lead to a sense of being disconnected not just from one's true feelings but also feelings of others, implying a link to burnout. An increase in SA at work has also been linked to decreased personal accomplishment (Fischer, 2019). Work-family conflict occurs when demands of one role area conflict with involvement or performance of another (Greenhaus & Beutell, 1985).

LITERATURE REVIEW

WFC was characterized as type of inter-role conflict that occurs when the job's overall demands and strain interfere with one's capacity to complete family-related tasks (Netemeyer, Boles, & McMurrian, 1996). As explained by the spillover model proposed by Frone (2003), it postulates that one domain affects another by way of the positive relationship i.e. spilling over from one domain to the next. When both job and family demand high levels of emotion regulation, WFC is at its peak. The WFC and burnout were shown to be most strongly predicted by emotional job demands (Montgomery, Panagolou & Alexos, 2005). Burnout is work-related well-being indicator that refers to depletion of energy and resources due to long-term stress (Schaufeli & Enzmann, 1998). The most prevalent cause for burnout is the frequency or amount of contact with clients (Cordes & Dougherty, 1993). However, such hectic and stressful contacts with clients require the need for employees to manage their emotions (Rafaeli & Sutton, 1990). Each component of burnout can be caused by chronic stress. In this regard, emotional exhaustion is component of burnout. EE is defined as a feeling of psychological exhaustion due to intense interactions with clients. It is considered to be the central aspect of burnout. Consequently, it includes the feeling of being stressed and the loss of one's physical and psychological resources (Maslach & Leiter, 2008).

It is proposed to be the primary symptom of burnout and indicator of chronic stress (Tanner, Kalimo & Mutanen, 2002). Individuals experience EE when they go over emotionally demanding work for longer time (Schaufeli & Greenglass, 2001) and activates the stress system that might lead to the physical inactivity, anxiety and depression (Lim et al., 2016) diminished quality of service, and low morale (Brotheridge & Lee, 2002; Grandey, 2003). The moderating role of work-family conflict is also investigated among married female doctors with at least one child. Previous studies suggested a positive association between SA and EE (Bono & Vey, 2005). SA has been theorized as the self-regulatory behavior which depletes an individual's cognitive and emotional resources (Grandey, 2000). As a result, the individual is exhausted to perform other

tasks (Muraven & Baumeister, 2000). While conducting this study researcher proposed that an individual who is constantly engaged in SA at workplace depletes his psychological resources which as a result leads to withdrawal from home responsibilities. Accordingly, as per resources paradigm (Hobfoll, 1989), an individual may minimize use of resources (time, energy, money) at home, which may cause conflict with family expectations (Krannitz, Grandey, Liu & Almeida, 2015).

The present study is interested in considering that in addition to increased emotional demands of job, in Pakistani culture, married female doctors have to handle all the household activities which include providing the attention and care to husband and children and other domestic responsibilities as female gender roles have now merged proportions of economic independence and support responsibilities that once belonged only to males of the family. But the distribution of housework and childcare has not transformed with these emerging patterns (Bianchi, Milkie, Sayer & Robinson, 2000; Anxo, Flood, Solaz, Mencarini, Pailhé & Tanturri, 2011). Women are not only responsible to manage their feelings but also their spouses and other family members along with the household chores. This continuous management of their family needs while working the full-time job is a great toll on women. Furthermore, this notion that a woman is primarily responsible for emotional climate at home has always been the invisible work women are expected to do. Unfortunately, this emotional work is perceived as something natural to women without the realization that it takes time, energy and skill (Pelley, 2018). Thus, it has resulted in double burden for women and led to tension between work and family life (Olah et al., 2018).

Rationale of Study

In Pakistan, doctors face a lot of stressors in their work besides the stressful nature of the job. Regarding the healthcare system of Pakistan, WHO reports that the density of physicians per 10,000 people to be 7.8%, and nurses are 3.8% (Khalid & Abbasi, 2018). This clearly shows an unbalanced ratio of physicians in Pakistan, thus increasing workload on doctors. Additionally, structural problems like low pay, increased workload, job insecurity, no positive feedback upon good performance, poor teamwork and hostile attitude of media toward doctors have increased their stress levels (Imran et al., 2011). Similarly, doctors were also found to be most dissatisfied with their pays, benefits, safety and workload (Khuwaja et al., 2004). Lack of job security, unpaid service, potential loss of health, and non-recognition of services has led the young doctors to strike (Laiq et al., 2013; Saeed & Ibrahim, 2005). In response to doctors' strikes and protests, the Government of Pakistan has yet to prioritize legislative policymaking for doctors' working conditions, like emergency calls, job timings, day and night shifts, salary increments, and other benefits.

These physical stressors add along with the psychological and emotional efforts performed by doctors to provide their best care and attention to their patients. The patients who constantly seek empathy and attention put direct strain on professionals to present themselves emotionally concerned (Grandey et al., 2004). Thus, this emotional labor has negative consequences for the healthcare professionals (Diogo & Mendonca, 2018). It is presumed that this stress fetches work-family conflict into their lives, which in turn makes the doctor unpathetic and indifferent towards their patients. Married female doctors, must deal with numerous domestic, social, and cultural obligations besides job stressors and demands. This research is on a sample of married female doctors to investigate how their psychological, emotional, and professional well-being is affected because of job situations and demands when it syndicates WFC. This study is attempt

to investigate whether work and family issues are adding stress to lives of employed married female doctors which as a result makes them emotionally exhausted for their patients. It will be worth investigating whether WFC plays moderating role between SA and EE in married female doctors.

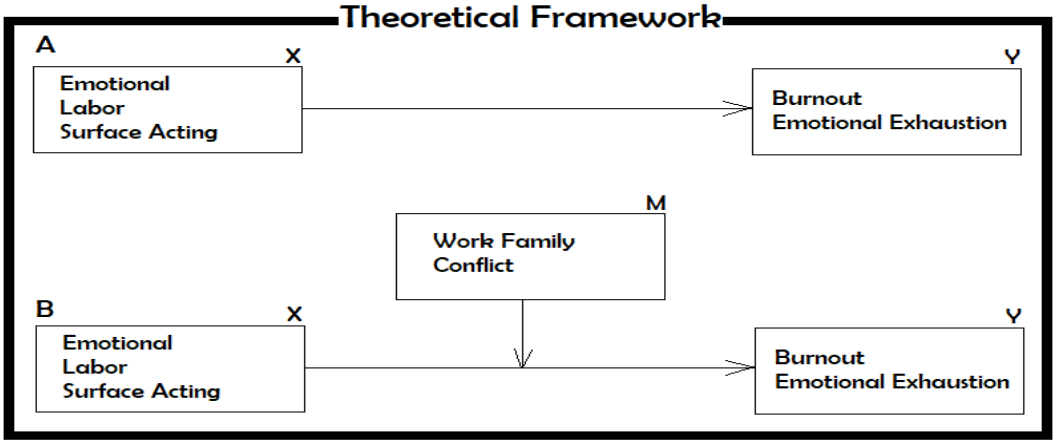
Theoretical Framework

The theoretical framework for current research is job-demand resource model (J-DR model). According to this model, job characteristics are of two types, job demands and job resources. Job demands, such as a hard workload, emotional labor, WFC, and job insecurity, are examples of 'negative elements' (Bakker & Demerouti, 2007). On contrary, job resources are classified as 'positive elements', which allude to social support and opportunities for personal growth and development (Demerouti et al, 2001). The J-DR model is made up of two processes: motivation and the health impairment (Bakker & Demerouti, 2007). The current research focuses on the process of health impairment, which means that high job expectations might raise the risk of burnout (Schaufeli, 2017). Work-family conflict is one type of job pressure (Bakker, 2008), and emotional tiredness is at the heart of burnout (Maslach & Leiter, 2016). Individuals with work-family conflict feel that job responsibilities drain their resources, making it harder to satisfy familial expectations during health impairment process. Job demands like SA and WFC lead to emotional exhaustion. EE can deplete employees' mental and physical resources over the time, contributing to mental health issues (Schaufeli, 2017). The previous research has indicated that emotional tiredness plays moderating function in the health deterioration process (Santa et al., 2018).

As the literature shows that the emotional labor (surface acting, SA) is an inevitable part of a medical professional. The present study, therefore, has an objective to investigate the role of WFC as a moderator between the emotional labor (SA) and burnout (EE) relationship. Figure 1. The following hypothetical model was used for the current study. Thus, the emotional labor is an antecedent variable, work-family conflict is a moderator variable and burnout is a consequent variable.

Fugure 1

Theoretical Framework



Hypotheses
Hypothesis 1. Emotional labor (SA) would have a positive relationship with burnout (EE).
Hypothesis 2. WFC would moderate between emotional labor (SA) and the burnout (EE).

RESEARCH METHODOLOGY

The departmental research committee of Psychology department, University of Gujrat, Pakistan approved the current study. Cross-sectional survey was conducted across five cities of Pakistan. Purposive sampling technique was used to collect data from 200 married female medical doctors after permission was granted by hospital management. Female doctors currently living with their husbands having at least one child, working in public and private hospitals included in study. Divorced, widowed, and issueless female doctors were excluded. Informed consent was taken from participants. Confidentiality and anonymity were ensured and data was collected from them at times of convenience. Age of respondents ranged from 20 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 were 6 to 21 hours (M=1.36, SD=0.61). The children of doctors were from 1 to 5 (M=2.47, SD=1.05). 39% of married female doctors were from the joint family system and 61% lived in the nuclear family system.

Scales/Measures
All three scales were used after taking formal permissions from the respective authors. The emotional labor scale was developed and validated by Naring (2007). The scale contains four subscales named with the Cronbach's α as .79,.81, 70 & .61 respectively. The response format is 5 point Likert scale. For the current research, the surface acting sub-scale is used. Kopelman, Greenhaus, and Connolly in 1983, developed WFC scale. It consists of 12 items, each rated in a five-point Likert format. The alpha value of the scale was found to be .91. The Maslach burnout inventory consisting of 22 items (Maslach & Jackson, 1986) assess the three components of burnout- emotional exhaustion (known as Depressive anxiety syndrome), depersonalization & personal accomplishment. In this regard, emotional exhaustion subscale is used in the present research. Each item is rated from 0=never to 6=always. The reliability value of the scale was .65.

FINDINGS OF STUDY

After data collection, all the questionnaires were assigned a number. Data were analyzed by using SPSS (version 25). Reliability analyses for scales were conducted to determine Cronbach alpha value for the study. Frequencies of demographic characteristics of respondents were also found.

Table 1
Intercorrelation of Surface Acting, Work-Family Conflict & Emotional Exhaustion

Variables	1	2	3
1. Surface Acting	-	.23*	.18**
2. Work-Family Conflict		-	.58**
3. Emotional Exhaustion			-
M	10.68	40.21	14.35
SD	4.00	8.32	9.04

*p < .05, **p < .01

Correlation analysis was used to explore intercorrelation in SA, WFC and EE. Findings indicated significant positive association between SA and WFC (r = .23, p < .05). Findings also suggested significant positive association between SA and EE (r = .18, p < .01) and WFC and EE (r = .58, p < .01).

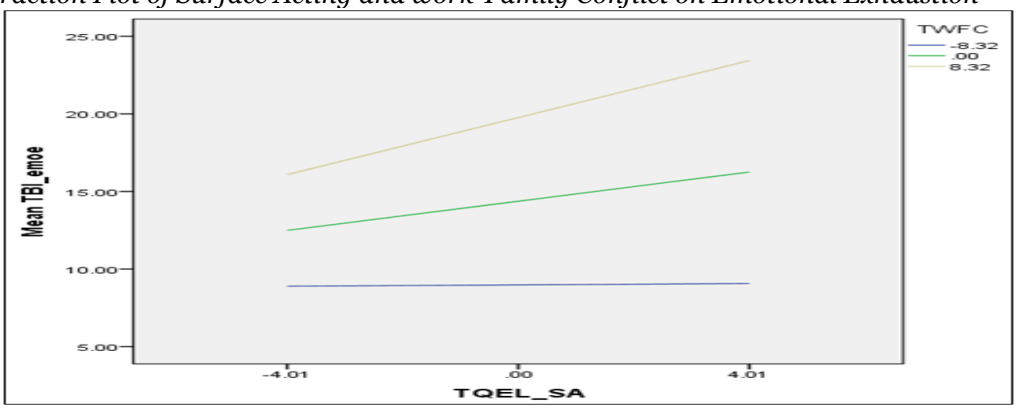
Table 2
Interaction Effect of surface acting and Work-Family Conflict on Emotional Exhaustion

Variables	Emotional Exhaustion		
	B	SE	95% CI
Constant	14.37	.49***	[13.39, 15.35]
Surface Acting	.47	.12***	[.22, .71]
Work-Family Conflict	.64	.05***	[.52, .76]
Surface Acting x Work Family Conflict	.05	.01*	[.02, .08]
Low Work-Family conflict	.02	.17	[-.32, .36]
Moderate Work-Family Conflict	.46	.12***	[.22, .71]
High Work Family Conflict	.91	.19***	[.53, 1.29]
R2	.40		
F	45.03		

***p < .001, * p<.05

The findings of correlation analysis suggested interrelatedness of SA, WFC, and EE. Therefore, the moderating role of WFC in the association between SA and EE was explored by using Hayes (2018) Bootstrapping approach. Table 2 indicates that SA (B = .47, SE = .12, p < .001) and WFC (B = .64, SE = .05, p < .001) were found significant predictors of EE. Moreover, interaction effects of SA and WFC (B = .05, SE = .01, p < .05) was significant. Thus, conditional effects of SA on EE at different levels of WFC were analyzed, where at low level of WFC, association of SA and EE was not significant (B = .02, SE = .17, p > .05) where at moderate level of WFC (B = .46, SE =.12, p<.01), association amid SA & EE is significant. When level of WFC is high then association of SA and EE becomes significant (B=.91, SE=.19, p=>.001). Interaction plot is given in Figure 1.

Figure 2
Interaction Plot of Surface Acting and work-Family Conflict on Emotional Exhaustion



DISCUSSION

The findings of the current research suggested that SA is related to the WFC. This follows the impression that female married doctors continuously engaged in surface acting at work utilize their physical and cognitive resources that cause depletion of resources that results in reduced time, energy, and money at home thus leading to WFC (Krannitz et al., 2015). The relationship between SA and EE can be explained by the idea that as a result of faking emotions for a longer period doctors get emotionally drained and exhausted (Muraven & Baumeister, 2000). Findings suggested that when WFC is present in lives of female married doctors, the association between SA and EE is significantly higher than when the WFC does not exist. In this connection, these results advocate that a significant effect of SA influences emotional exhaustion concerning the WFC and is significantly related to negative affect and withdrawal from work (Scott & Barnes, 2011). Consequently, the individuals with high level of WFC are more prone to get emotionally exhausted (Yustina et al., 2018). Results are also in line with JBR model (Bakker & Demerouti, 2007).

It could be explained by the conservation of resources model (Hobfoll, 1989) that individuals are inclined to protect and conserve resources (time, energy, money, personal characteristics), so as a result of WFC, loss or threat of loss of any of these resources, the individual gets stressed and withdraw from their responsibilities (Chau et al., 2009; Grandey et al., 2004) physically as well as emotionally, either at home or office. Consequently, when doctors withdraw themselves emotionally, it could result in a cold and uncaring attitude towards the patients. After a whole day of intense and emotionally laden interactions with the patients, the female married doctors experience EE i.e. their resources are drained and they feel as if they have no longer any energy, empathy and care to provide to their patients, and this phenomenon occurs when the WFC is experienced at home. WFC is highly correlated with EE in female medical doctors as compared to male doctors (Dreher et al., 2019) and negatively impacts their mental health (Carvalho et al., 2016).

The current study has brought forward the outlook about emotional labor (surface acting) not only in workplace but also its effects on family domain. It has highlighted effects of emotional labor that reach spouses, children, and other family members of doctors eventually detrimental to the doctor-patient relationship. This relationship is needed to be enriched for the welfare of the society while having deeper look into the effects emotional labor has on close relationships because evidently, affectionate family is ultimate resource that is to be treasured and cherished. To cope with this situation, several tunings should be done because medical professionals are backbone of healthcare system, they must be advantaged with decent and equipped workplace conditions. The timings, schedules and shifts should be defined so that workload can be reduced. As the interactions with the patients are emotionally taxing, so reducing the number of patients attended daily could help manage emotional labor. A supportive work environment can help reduce emotionally exhausted doctors as recent research has demonstrated that social support has more positive outcomes for female medical staff than male medical personnel (Gattino et al., 2019).

CONCLUSION

The findings of present study imply that doctors' emotional management should be included in their training courses because doctor's profession is emotionally demanding. Besides, emotion management training would also help in attaining meaningful relationships with clients and

family. It is recommended that future researches may develop indigenous measures to assess emotional labor, WFC, and burnout in female doctors. It is suggested to investigate the current phenomenon on large sample so results can be capably generalized. To sum up, previous research literature and findings of this study are aligned. The findings suggested that WFC significantly moderates between emotional labor (SA) and burnout (EE). When WFC is low then association between SA and EE is not significant which revealed that in absence of WFC, SA alone is not responsible for emotional exhaustion in married female doctors. On contrary, when WFC is high, association amid SA and EE is highly significant. This study highlighted need for healthy work environment and counseling of married female doctors to assist them in reducing WFC doctors' stress.

REFERENCES

Anxo, D., Flood, L., Solaz, A., Mencarini, L., Pailhé, A. & Tanturri, M. (2011). Gender Differences in Time Use over the Life Course in France, Italy, Sweden, and US. *Feminist Economics*, 17, 159-195.

Bakker, B, & Demerouti, E. (2007). The job demands-resources model: state of the art. *Journal of Management & Psychology*, 22:309–28.

Bakker, A. B., & Emmerik, H. P. (2008) VR: how job demands, resources, and burnout predict objective performance: a constructive replication. *Anxiety Stress Coping*, 21(3):309–24.

Benita, M., Levkovitz, T., & Roth, G. (2016). Integrative emotion regulation predicts adolescents' Prosocial behavior through mediation of empathy. *Learning and Instruction*, 50, 1-7.

Bianchi, S., Milkie, M., Sayer, L., & Robinson, J. (2000). Is Anyone Doing the Housework? Trends in the Gender Division of Household Labor. *Social Forces*, 79(1), 191-228.

Bono J. E., & Vey, M. A. (2005). Toward understanding emotional management at work: A quantitative review of emotional labor research. In Hartel C. E. J., Zerbe W. J., Ashkanasy N. M. (Eds.), Emotions in organizational behavior: 213-233. Mahwah, NJ: Lawrence Erlbaum.

Brotheridge, C. M., & Grandey, A. A. (2002). Emotional labor and burnout: Comparing two perspectives of "people work". *Journal of Vocational Behavior*, 60(1), 17–39.

Brotheridge, C. M., & Lee, R. T. (2002). Testing a conservation of resources model of the dynamics of emotional labor. *Journal of Occupational Health Psychology*, 7(1), 57–67.

Butler, E. A., Egloff, B., Wilhelm, F. H., Smith, N. C., Erickson, E. A., & Gross, J. J. (2003). The social consequences of expressive suppression. *Emotion*, 3:48–67.

Cándido R., Amparo O., Patricia R., Begoña U., & José M. (2015). Work-family conflict, self-efficacy, and emotional exhaustion: A test of longitudinal effects. *Revista De Psicología Del Trabajo Y De Las Organizaciones*, 31 (3), 147-154.

Carvalho, V. S., & Chambel, M. J. (2016). Perceived high-performance work systems- and subjective well-being: work-to-family balance and well-being at work as mediators. *Journal of Career Development*, 43(2).

Chau, S. L., Dahling, J. J., Levy, P. E., Diefendorff, J. M. (2009). A predictive study of emotional labor and turnover. *Journal of Organizational Behavior*, 30: 1151–1163.

Cheung, F., & Tang, S. K. (2009). Quality of Work Life as a Mediator Between Emotional Labor and Work-Family Interference. *Journal of Business and Psychology*, 24. 245-255.

Cigarán-Méndez, M., Jiménez-Antona C., Parás-Bravo, P., Fuensalida-Novo S., Rodríguez-Jiménez J., Fernández-de-las-Peñas C. (2019). Active trigger points are associated with anxiety and widespread pressure pain sensitivity in women, but not men, With Tension-Type headaches. *Pain Practice*, 19(5):522–9.

Cordes, C., & Dougherty, T. (1993). A Review and an Integration of Research on Job Burnout. *The Academy of Management Review*,18 (4), 621-656.

Dreher, A., Theune, M., Kersting, C. & Geiser F. (2019). Prevalence of burnout among German general practitioners: comparison of physicians working in solo and group practices. *PLoS One*, 14(2), e0211223.

Demerouti, E., Bakker, B., Nachreiner, F., & Schaufeli, B. (2001) The job demands resources model of burnout. *Journal of Applied Psychology*, 86(3), 499.

Diogo, P., & Mendonça, T. (2018). Emotional labor in Healthcare: a scoping review of the literature. 8-21.

Fischer, M. W. (2019). The impact of emotional labor on burnout over time: How emotional work impacts well-being at work. https://scholarworks.iupui.edu/handle/1805/18886.

Front, M. R. (2003). Work-family balance. In J. C. Quick & L. E. Tetrick (Eds.), Handbook of occupational health psychology (143–162).

Gattino, S., Piccoli, N., Grosso, M. S., & Miozzo, S. (2019). Awareness of gender- medicine among family doctors. A field investigation. *Journal of Prevention Intervention Community*, 1-14.

Grandey, A. (2000). Emotion regulation in the workplace: A new way to conceptualize emotional labor. *Journal of occupational health psychology*, 5, 95-110.

Grandey, A. (2003). When "the show must go on": Surface acting and deep acting as determinants of emotional exhaustion and peer-rated service delivery. *Academy of Management Journal*, 46(1), 86–96.

Grandey, A., Dickter, D. & Sin, H. (2004). The Customer is not always right: Customer aggression and emotion regulation of service employees. *Journal of Organizational Behavior*, 25, 1-22.

Grandey, A., & Gabriel, A. (2014). Emotional Labor at a Crossroads: Where Do We Go from Here? *Annual Review of Organizational Psychology and Organizational Behavior*, 2.

Greenhaus, J., & Beutell, N. (1985). Sources of Conflict between Work and Family Roles. The *Academy of Management Review*, 10(1), 76-88.

Hayes, A. F. (2018). Partial, conditional, and moderated mediation: Quantification, inference, and interpretation. *Communication Monographs, 85*, 4-40.

Hobfoll, S. E. (1989). Conservation of resources: A new attempt at conceptualizing stress. *American Psychologist*, 44(3), 513–524.

Imran, N., Haider, I., Iqtadar, S., & Bhatti, M., & Med, P. (2011). Unhappy doctors in Pakistan: What are the causes and what can be done? *Pakistan Journal of Medical Sciences*, 2: 244-247.

Jalil, A., Mahmood, Q. K., & Fischer, F. (2020). Young medical doctors' perspectives on professionalism: a qualitative study conducted in public hospitals in Pakistan. *BMC Health Service Research*, 20, 847.

Khalid, F., & Abbasi, N. (2018). Challenges Faced by Pakistani Healthcare System: Clinician's Perspective. *Journal of Coll Physicians Surgery,* 28(12), 899-901.

Khuwaja, A. K., Qureshi, R., Andrades, M., Fatmi, Z., Khuwaja, K. (2004). Comparison of job satisfaction and stress among male and female doctors in teaching hospitals of Karachi. *Journal of Ayub Medical College Abbottabad*, 16(1):23-7.

Kopelman, R., Greenhaus, J., & Connolly, T. (1983). A model of work, family, and inter role conflict: A construct validation study. *Organizational Behavior and Human Performance*. 32. 198-215.

Krannitz, M. A., Grandey, A. A., Liu, S., & Almeida, D. A. (2015). Workplace surface acting and marital partner discontent: Anxiety and exhaustion spillover mechanisms. *Journal of occupational health psychology*, 20(3), 314–325.

Zaman, M., Jawaid, M., & Hafeez, K. (2013). Patients' receptiveness for medical students during consultation in the out-patient department of a teaching hospital in Karachi *Pakistan. Pakistan Journal of Medical Sciences,* 29(2):454–7

Lim, S. S., Lee, W., Hong, K., Jeung, D., Chang, S. J., & Yoon, J. H. (2016). Facing complaining customers and suppressed emotion at worksite related to sleep disturbance in Korea. *Journal of Korean Medical Sciences*, 31:1696–1702.

Lu, Y., Wu, W., Mei, G., Zhao, S., Zhou, H., Li, D. and Pan, D. (2019). Surface Acting or Deep Acting, Who Need More Effortful? A Study on Emotional Labor Using Functional Near-Infrared Spectroscopy. Front. *Human Neurosci.* 13:151.

Maslach, C., & Jackson, S. E. (1986). Maslach burnout inventory manual (2nd ed.). Palo Alto, CA: Consulting Psychologists Press.

Maslach, C., & Leiter, M. P. (2016). Understanding the burnout experience: recent research and its implications for psychiatry. *World Psychiatry*. 15(2): 103–11.

Maslach, C., & Leiter, M. P. (2008). Early predictors of job burnout and engagement. *Journal of Applied Psychology*, 93(3), 498 512.

Montgomery, A., Panagopolou, E., Alexos, B. (2005). Emotional labor at work and home among Greek healthcare professionals. *Journal of Health Organization and Management*, 19:4/5, 395-408.

Montgomery, A., Panagopolou, E., Wildt, D., & Meenks, E. (2006). Work-family interference, emotional labor and burnout. *Journal of Managerial Psychology, 21*, 36-51.

Muraven, M., & Baumeister, R. F. (2000). Self-regulation and depletion of limited resources: Does self-control resemble a muscle? *Psychological Bulletin*, 126(2), 247-259.

Näring, G. (2007). Validation of the Dutch questionnaire on emotional labor (D-QEL) in nurses and teachers. IEEE Transactions on Circuits and Systems I-regular Papers - *IEEE Trans Circuit System*-I. 135-145.

Netemeyer, R. G., Boles, J. S., & McMurrian, R. (1996). Development and validation of work-family conflict and family-work conflict scales. *Journal of Applied Psychology*, 81(4), 400–410.

Noor, N. M., & Zainuddin, M. (2011). Emotional labor and burnout among female teachers: Work-family conflict as mediator. *Asian Journal of Social Psychology, 14*, 283-293.

Ogunsola, K. O., Fontaine, R. H. & Jan, M. T. (2020), "Impact of surface acting and deep acting techniques on the teachers' organizational commitment", *PSU Research Review*, 4 (1), 61-79.

Oláh L. S., Kotowska I. E., & Richter, R. (2018). The New Roles of Men and Women and Implications for Families and Societies. In: Doblhammer G., Gumà J. (eds) A Demographic Perspective on Gender, Family and Health in Europe. Springer, Cham.

Pugh, S. D. (2001). Service with a smile: Emotional contagion in the service encounter. Academy of Management Journal 44, 1018-1027. Published By: *Academy of Management*. https://doi.org/10.2307/3069445.

Rafaeli, A., & Sutton, R. (1990). Busy Stores and Demanding Customers: How Do They Affect the Display of Positive Emotion? *Academy of Management Journal*, 33(3), 623-637.

Richter, A., Schraml, K. & Leineweber, C. (2015). Work-family conflict, emotional exhaustion and performance-based self-esteem: reciprocal relationships. *Int Arch Occup Environ Health*, 88, 103–112.

Saeed, A., Ibrahim, H. (2005). Reasons for the problems faced by patients in government hospitals: results of a survey in a government hospital in Karachi, Pakistan. *Journal of Pakistan Mediacal Association*, 55:45.

Maria, A., Wörfel, F., Wolter, C., Rotter, M., Stark, S., Kleiber, D., Renneberg, B. (2018). The role of job demands and job resources in the development of emotional exhaustion, depression, and anxiety among police officers. *Police,* 21(1):109–34.

Schaufeli, W. B., & Greenglass, E. R. (2001) Introduction to Special Issue on Burnout and Health. *Psychology and Health*, 16, 501-510.

Schaufeli, W. B., & Enzmann, D. (1998). The burnout companion to study and practice: A critical analysis. London: Taylor & Francis.

Scott, B. A., & Barnes, C. M. (2011). A multilevel field investigation of emotional labor, affect work withdrawal,and gender. *Academy of Management Journals,* 54:116–136.

Song, G., & Liu, H. (2010). Customer-related social stressors and emotional exhaustion: The mediating role of surface and deep acting. *Social Behavior and Personality: An international journal*, 38(10), 1359-1366.

Tanner, S. T., Kalimo, R., & Mutanen,. (2002). The process of burnout in white-collar and blue-collar jobs: Eight-year prospective study of exhaustion. *Journal of Organizational Behavior*, 23, 555 - 570.

Tsai, W. C., & Huang, Y. M. (2002). Mechanisms linking employee effective delivery and customer behavioral intentions. *Journal of Applied Psychology*, 87(5), 1001–1008.

Wagner, D. T., Barnes, C.M. & Scott, B. A. (2013). Driving It Home: How Workplace Emotional Labor Harms Employee Home Life. *Personnel Psychology*. 67. 10.1111/peps.12044.

Walsh, G., Yang, Z., Dahling, J., Schaarschmidt, M. and Takahashi, I. (2019). Effects of service employees 'negative personality traits on emotional labor and job satisfaction evidence from two countries, *Management Decision*, pp. 1-19.

Yustina, A. I., & Valerina, T. (2018). Does work-family conflict affect the auditor's performance?: examining the mediating roles of emotional exhaustion and job satisfaction. *Gadjah Mada International Journal of Business,* 20(1), 89.

Zammuner, V., & Galli, C. (2005). The Relationship with patients: "Emotional Labor" and its Correlates in Hospital employees.