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# Acknowledging the Effect of "Affect" in Healthcare: Empirical Investigation of Emotional Labor Practices of Physicians During the COVID-19 Pandemic

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**Abstract:** Relevance of Affect or Emotions is paramount in front-line jobs. Especially during times like these with the global spread of COVID-19, both mental and physical well-being of healthcare workers are at stake. Having to face hardships of treatment of infected patients, exhausted resources and fear of infection, doctors and paramedical staff need resolute and emotional composure more than ever. Our research aimed to understand the sequential effect of doctors' emotional job demands on their emotional labor practices at work, emotional exhaustion and well-being. With data gathered from 332 doctors serving in 11 tertiary hospitals across Pakistan, we found that emotional job demands can lower doctors' subjective, psychological and physical well-being, if they opt to use surface acting at work. However, showing genuine and natural emotions at workplace helps beat emotional exhaustion, thereby increasing the well-being levels. The study contributes to theory and practice by providing a detailed literary examination of emotions in healthcare context and suggesting ways to combat the adversities associated with the affective part of healthcare profession.

**Keywords:** Emotional Job Demands, Emotional Labor, Well-being, Covid-19

## INTRODUCTION

With a massive expansion of service sector, a large portion of the workforce is assigned with front line service tasks that require them to exhibit certain emotions towards their customers. Considering how it might affect their functioning, it is imperative for today's organizations to understand the antecedents and outcomes of emotions that explicate various human or psychological outcomes at workplace. Ample research has explored emotional or affective factors related to work, however, perhaps the most vulnerable profession to emotional regulation is healthcare. With the outbreak of new COVID-19 pandemic in 2019, healthcare workers face the grave challenge to not only combat the fast spread of the diseases but also battle stress, burnout, anxiety and emotional outbursts at work (Sinnott, Georgiadis, Park & Dixon-Woods, 2020).

Apart from the general risks of working in healthcare, any anomaly or operational failure in hospitals can lead to significant increase in stress and burnout among healthcare staff. On one hand, working with crowds in primary care of patients, information control, issues of coordination and extra daily mundane tasks already take a toll on medical professionals' well-being. So much so that they might tend to require extra compensation to keep going. (Sinnott, Georgiadis, Park & Dixon-Woods, 2020). On the other hand, during a pandemic outbreak like Covid-19, there are added pressures including worrying about self-infection, sick family members, heightened fatigue and shortage of essential facilities to treat the ill (Bhuyan, 2020).

On the organizational level, the jobs of healthcare workers have become tougher. Already required to exhibit positive and upbeat emotions as part of their job, healthcare professionals would now have to guard even more the display of their natural emotions including panic, uncertainty, concern, grief, apprehension and frustration and public anxiety (Bhuyan, 2020: Murthy, Gomersall & Fowler, 2020). An examination into emotional labor practices of physicians during a global outbreak of Covid-19 would assess the challenges faced by them as well as the consequences of their choices.

This research aims to determine the role of high emotional job demands in triggering the use of emotional labor strategies at work. The study would uncover whether doctors employ surface acting, deep acting or genuine emotions in response to high emotional job demands at work. Given the need to understand the repercussions of emotional work in healthcare, impact of EL practices on emotional exhaustion and subsequently on employee physical, subjective and psychological well-being would also be examined.

Thus, this study will empirically test a serial mediation model of high emotional job demands, emotional labor strategies, emotional exhaustion and employee well-being dimensions. This study hypothesizes the relationships based on Conservation of Resource Theory and Free Trait Theory. Former states that individuals seek to

improve and retain resources that are crucial for their survival. In case of loss, either physical or psychological, they try to minimize the stress of that loss by holding onto the resources (Hobfoll, 1989). Free Trait Theory proposed by Little (1996) states that every individual possesses a unique personality and set of traits that are genetic and cannot be changed. However, in order to fit in various roles and fulfill expectations, people adopt traits that might be incompatible with their true self. Little (1996, 2000, 2008) calls these roles "personal projects and goals." These personal projects or goals drive a person to ignore his/her natural personality and practice traits that might be completely different and even conflicting with his/her own self.

Based on COR theory, it is proposed that since doctors need to possess ample emotional resources to practice emotional labor, the high emotional job demands in healthcare organizations lead to an increase in the use of surface acting and deep acting among doctors, while inhibiting genuine emotions. This stifling of naturally felt emotions and displaying of acted emotions is likely to negatively affect well-being of doctors at work. Similarly, based on FTT (Little, 1996: 2000), it is assumed that individuals are relaxed, when are given the freedom act natural. When organizations increase emotional job demands for the workers, former's ability to show genuine emotions in inhibited. This causes them to experience emotional exhaustion as a result of suppressing their true and natural emotions and thus decrease their well-being levels.

## LITERATURE REVIEW

### Emotional Job Demands and Emotional Labor

Every human-being experiences certain emotions, either positive or negative, at a given time (Robbins & Coulter, 2015). In organizational terms, this natural process must be kept in check to make sure, no inconsistency arises between one's emotions and job responsibilities (Tarabeih & Bokek-Cohen, 2020). This particularly applies to service jobs, where individuals are not only expected to contain their emotional display but sometimes even heighten or suppress them, given the requirements. These are emotional display rules or emotional job demands (Botheridge & Lee, 2003: Riedl & Thomas, 2019). Any employee required to exhibit these demands practices emotional labor, mainly in three ways, either faking emotions, internalizing emotions or simply opting to display genuinely felt emotions (Ashforth & Humphrey, 1993: Hochschild (1979).

In service sector, the front-line employees have to project an image of their emotional self which must be compatible with the organizational needs. These needs are translated into emotional job demands that workers have to meet on the job (Botheridge & Lee, 2003). This is very accurate when we take into account jobs like receptionist, salespersons and customer care personnel, air hostesses, attendants, shopkeepers, nurses, waiters, teachers, and doctors. However, these demands are often found to have taxing effects on workers. Adding to the work pressures, the emotional demands cause decline in vigor and dedication of employees towards their jobs (Riedl & Thomas, 2019) as well as their work engagement (Han, Yin, Wang & Bai, 2019) and job satisfaction (Tarabeih & Bokek-Cohen, 2020). On the other hand, some studies found that emotional demands can be fine tuned to produce certain positive outcomes as well. For instance, one study found that emotional job demands can not only create meaning in work for the employees but also enhance their quality of work (Geisler, Berthelsen & Hakanen, 2019). Furthermore, vocal inflection techniques are oftentimes part of emotional demands, which create consumer perception of a caring service provider, thereby decreasing customer uncertainty (Roseman, 2019). Usually individuals with high emotional intelligence are better at meeting emotional job demands (Nauman, Raja, Haq And Bilal, 2019). Unlike intelligence quotient (IQ), emotional quotient (EQ) is easier to improve through training, which is why organizations should train their front-line workforce in emotional intelligence and emotional regulation techniques (Sharp, Bourke & Rickard, 2020).

Service workers tend to adopt emotional labor practices to meet emotional job demands. Ashforth and Humphrey (1993) define emotional labor as a behavioral representation of employee's emotion in a work environment. Keeping in mind its utmost importance in service industry, numerous studies have discussed the role of emotional labor in different scenarios. It has instrumental role in enhancing and improving customer reactions to the service provider (Grandey & Sayre, 2019). That is why workers often practice emotional labor without seeing it as a desirable part of their job (Bucher, Fieseler, Lutz & Newlands, 2020). According to Hochschild (1983), there is a significant difference between emotional management and emotional labor. While the former is people's free volition, latter is mostly governed by society or organization in which individuals find themselves. Emotional labor is more in practice in kind of jobs where employees come in close contact with customers, more specifically, where their emotional displays or emotional behavior is directly exposed to the customers and might affect latter's affiliation with company's product/service. For instance, waiters at restaurants, cashiers at grocery stores or receptionists at front desk always smile and greet their customers in order to maintain a soft company image in their minds (Pugh, 2001). Moreover, despite being sometimes an implicit job requirement, employees good at emotional labor are considered more effective and efficient workers (Wharton, 2009).

Hochschild (1979) coined two facets of emotional labor namely surface acting and deep acting. The former refers to situations where an employee merely displays the emotional act without actually feeling it from within. Whereas, the latter refers to actually trying to feel and internalize the emotions an individual is displaying.

Ashforth and Humphrey (1993) discussed the inadvertent and genuine emotional act which does not incorporate any preplanned emotion. Based on previous works by Hochschild (1983) and Morris and Feldman (1996), Botheridge and Lee (2003) developed a scale measuring six distinct dimensions of emotional labor in service industry namely frequency, intensity, variety of emotional display, duration of interaction, surface acting and deep acting. The first four dimensions were presented by Morris and Feldman (1996) who also cited that emotional dissonance as a dimension rather than an outcome of emotional labor. The first four dimensions have also been termed as job focused whereas, surface and deep acting are the employee focused facets of emotional labor (Botheridge & Grandey, 2002). Hochschild (1983) discussed surface and deep acting under the domain of emotional labor intensity. Where deep acting is beneficial for creating internal positivity, surface acting too is preferred in situations where people need to be encouraged to accomplish a task despite of all the potential hurdles. That is why surface acting is employed by leadership or managerial positions in order to build motivation and positive upbeat among the team members. However, surface acting leads to duplicity and insensitivity overtime (Humphrey, Pollack & Hawver, 2008).

Majority of emotional labor research found that surface acting has detrimental effects. Since surface acting entails faking and pretence, it plays a major role in draining the workers' resources. Especially if the emotional display is not from the heart, one might easily feel tired and physically drained (Cheung and Lun, 2015: Bhave and Glomb, 2016: Xu, Martinez & Lv, 2017). Surface acting also increases the chances of work-family conflict (Gu, You & Wang, 2020), reduces positive affect (Lennard, Scott, & Johnson, 2019), lessens organizational commitment (Ogunsola, Fontaine & Jan, 2020). Thus, it is recommended to discourage surface acting among workers (Öngöre, 2020). However, it is possible that an individual is proficient in handling social interactions. Thus, if a worker possesses sound communication and interactional skills, negative effects of surface acting can be eliminated. That is why emotional labor should ideally be intrinsically motivated (Grandey & Sayre, 2019). However, research suggests that people who are have harmonious passion for work and are intrinsically motivated at work, are more likely to adopt deep acting rather than surface acting (Chen, Chang & Wang, 2018). Use of deep acting has shown mixed results across different studies. On one hand, it is received positively by customers, perceiving the behaviour to be caring and concerned (Grandey & Sayre, 2019). It reduces work-family conflict (Gu, You & Wang, 2020) and elevates employees' organization identification (Yu, Kim & Qu, 2020), improves performance and job satisfaction (Hur, Han, Yoo & Moon, 2014), creativity (Geng, Yang, X., Zheng, H. & Li, 2015) and professional efficacy (Anaza, Nowlin & Wu, 2016). On the other hand, deep acting can lessen organization commitment (Ogunsola, Fontaine & Jan, 2020), leads to strain since it entails psychological effort (Picard, Cossette & Morin, 2016) and even cause workplace deviance (Yu, Kim & Qu, 2020). Third dimension of emotional labor is genuine or naturally felt emotions. Since this EL dimension entails authenticity, it has positive effects including affective commitment (Cossette & Hess, 2015), positive affectivity (Lee & Chelladurai, 2016) and decrease in burnout and turnover intentions (Öngöre, 2020: Xu, Martinez & Lv, 2017).

**Emotional Exhaustion**

Emotional exhaustion is defined as the strain occurring as a result of depletion of an individual's emotional resources (Maslach and Jackson, 1981). Commonly associated with stress, cynicism, burnout and inefficacy, emotional exhaustion involves "feelings of being overextended and depleted of one's emotional and physical resources" (Maslach, Schaufeli and Leiter (2001, p.399). Emotional exhaustion can be caused by job insecurity and work-family conflict (Nauman, Zheng, & Naseer, 2020), workload (Panela, Varela & Bande, 2018) and stress (Richter, Schraml & Leineweber, 2015). These effects can even translate into cognitive difficulties on the part of service provider (Horvat & Tement, 2020). However, it can also be controlled through workers' self-efficacy (Panela, Varela & Bande, 2018) and emotional intelligence (Lee & Chelladurai, 2016).

Emotional exhaustion is often found to be a significant outcome of emotional job demands (Han, Yin, Wang & Bai, 2019). Combined with work pressure, high emotional demands at job increase emotional exhaustion among service workers (Riedl & Thomas, 2019). It is also strongly associated with emotional labor (Adams & Mastracci, 2020). Workers who are intrinsically motivated adopt deep acting which might assist in lessening the exhaustion levels. Conversely, extrinsically motivated workers usually employ surface acting, thereby increasing their emotional exhaustion (Chen, Chang & Wang, 2018). Similar findings were reported by Nauman, Raja, Haq and Bilal (2019) who concluded a positive impact of surface acting on emotional exhaustion among emergency personnel in healthcare. However, Yu, Kim and Qu (2020) reported that deep acting can also trigger emotional exhaustion. Scherer, Zapf, Beitler and Trumpold (2020) state that negative impact of emotional labor on emotional exhaustion can be buffered by emotional regulation abilities of employees. As mentioned earlier, training in the following area can control the detrimental effects of emotional labor including emotional exhaustion (Sharp, Bourke & Rickard, 2020).

**Employee Well-Being**

Both psychological and physical well-being play a vital role in determining the degree to which a person can be holistically considered healthy and well. Employee well-being has significant effects on productivity (Hassard, Teoh, Visockaite, Dewe & Cox, 2018), job satisfaction and performance (Johari, Shamsudin, Yean, Yahya & Adnan, 2018). Indicators of well-being include meaningful work and sense of community (Aboobaker, Edward & Zakkariya, 2018), positive emotions (Raina & Khatri, 2015), happiness (Nagar, 2017) and task identity (Johari, Shamsudin, Yean, Yahya & Adnan, 2018). The three facets of well-being cover both the psychological and physiological aspects of well-being. Firstly, hedonic well-being represents superficial and often temporary happiness and pleasure. Secondly, eudemonic well-being goes beyond mere happiness and involves satisfaction or fulfilment derived from realizing and utilizing one's talents (Waterman 1993). Physical well-being refers to physical health, including fitness, diet, stamina and strength (Best, Downey & Jones, 1997). It is closely linked with mental well-being. Lack of physical well-being would eventually affect mental well-being in the form of cognitive functioning, anxiety, stress and depression (Schully et al, 1998). Hence, maintaining sound physical environment including proper ventilation or even placement of office furniture in the right place can increase physical well-being and improve sleep (Layous, 2019).

Literature suggests a strong correlation between emotional job demands and employee well-being (Huang, Xing & Gamble, 2019). The distress resulting from incompatible job demands and resources lead to emotional strain that inevitably compromises employee well-being (Tarabeih & Bokek-Cohen, 2020: Cheng, Yang, Ding & Wang, 2020: Tucker, Jimmieson & Bordia, 2020). Increase in job demands requires more energy investment from service workers, this leads to decrease in their hedonic or subjective well-being (Butt, Abid, Arya & Farooqi, 2018). Use of surface acting also lowers hedonic and eudaimonic well-being by creating strain, anxiety and dissonance; and physical well-being by impairing sleep (Grandey & Sayre, 2019: Lennard, Scott, & Johnson, 2019).

Given the situation of pandemic outbreak worldwide, it has become paramount to examine well-being of front-line healthcare personnel. Ever since the emergence of novel Covid-19 virus, healthcare workers are in dire need of mental relaxation techniques including counselling and therapy. The stress from work is causing them to experience emotional turmoil, anxiety and depression (Adams & Walls, 2020: Bhuyan, 2020). During these times, doctors and healthcare workers need to exercise self-compassion and prioritize their work demands, starting from their own protection from infection. Moreover, giving job autonomy to healthcare personnel and creating a sense of belongingness among the medical fraternity can further improve their mental health (Teoh & Kinman, 2020).

Covid-19 infection puts doctors' and nurses' lives at risk too. Their physical well-being is paramount to fight the virus. Encountering crowds daily specifically the emergency staff, the doctors need to exercise caution towards themselves and the patients. Wearing masks and ensuring hand hygiene can improve the odds of not catching the virus. Medical staff already ill should be posted in low risk areas (Adams & Walls, 2020). In this regard, proper training along with basic knowledge about the novel virus and necessary equipment must be provided to all medical personnel (Murthy, Gomersall & Fowler, 2020). Such testing circumstances raise the need to only look at the Eudaimonic or psychological well-being of physicians, but also their physical well-being and comfort.

Given the above discussion, we propose the following hypotheses based on COR theory (Hobfoll, 1989) that workers try to retain as much resources and energy as they can to avoid emotional exhaustion. However, high emotional job demands forces them to employ either surface or deep acting, thus straining their emotional resources and increasing emotional exhaustion among them. Emotional exhaustion or the strain resulting from emotional acting decreases employee hedonic (subjective), eudaimonic (psychological) and physical well-being levels.

H1A: High Emotional Job Demands will have a negative impact on Hedonic Well-being.
H1B: High Emotional Job Demands will have a negative impact on Eudaimonic Well-being.
H1C: High Emotional Job Demands will have a negative impact on Physical Well-being.
H2: High Emotional Job Demands will have a positive impact on Surface Acting.
H3: High Emotional Job Demands will have a positive impact on Deep Acting.

When it comes to genuine emotions, organizations where emotional job demands are high, their ability to display genuine emotions in inhibited. This causes them to experience emotional exhaustion as a result of suppressing their true and natural emotions and thus decrease their hedonic (subjective), eudaimonic (psychological) and physical well-being levels.

H4: High Emotional Job Demands will have a negative impact on Genuine Emotions.
H5: High Emotional Job Demands will increase Emotional Exhaustion among employees.

**Serial Mediation Hypotheses**

Based on Free trait theory (Little, 1996: 2000), we propose that both surface and deep acting are straining for physicians. Former entails faking emotions while the latter involves internalizing the emotional demands of a

job. In both cases, emotional demands might not be in sync with one's true personality. Thus, both surface and deep acting will result in emotional exhaustion (Picard, Cossette & Morin, 2018). Similarly, inhibition of genuine emotions would create emotional exhaustion among the physicians.

H6A: Surface Acting and Emotional Exhaustion mediate the relationship between high Emotional Job Demands and low Hedonic Well-Being.

H6B: Surface Acting and Emotional Exhaustion mediate the relationship between high Emotional Job Demands and low Eudaimonic Well-Being.

H6C: Surface Acting and Emotional Exhaustion mediate the relationship between high Emotional Job Demands and low Physical Well-Being.

H7A: Deep Acting and Emotional Exhaustion mediate the relationship between high Emotional Job Demands and low Hedonic Well-Being.

H7B: Deep Acting and Emotional Exhaustion mediate the relationship between high Emotional Job Demands and low Eudaimonic Well-Being.

H7C: Deep Acting and Emotional Exhaustion mediate the relationship between high Emotional Job Demands and low Physical Well-Being.

H8A: Genuine Emotions and Emotional Exhaustion mediate the relationship between high Emotional Job Demands and high Hedonic Well-being.

H8B: Genuine Emotions and Emotional Exhaustion mediate the relationship between high Emotional Job Demands and high Eudaimonic Well-being.

H8C: Genuine Emotions and Emotional Exhaustion mediate the relationship between high Emotional Job Demands and high Physical Well-being.

The hypothesized relationships are shown in figure 1.

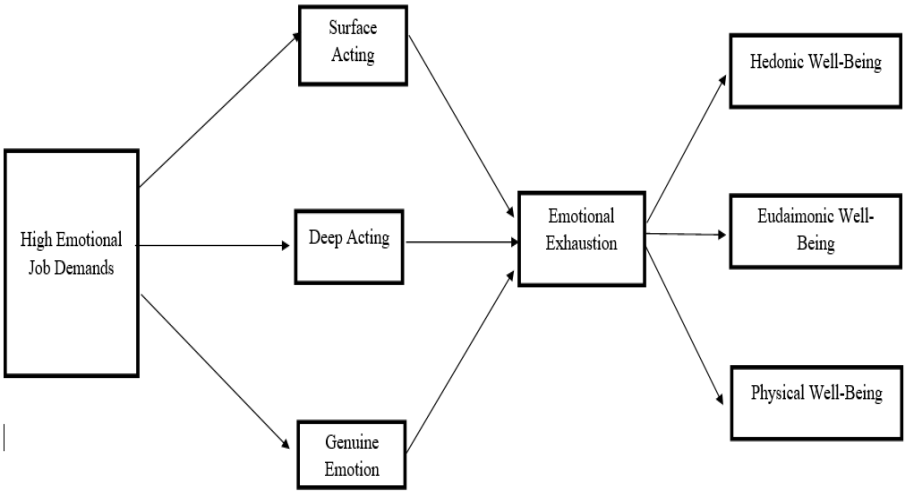


**Fig.1: Theoretical Framework**

**Sampling and Research Instruments**

For empirically investigating the hypothesized relationships, 11 tertiary hospitals in Pakistan were visited. Five in Islamabad/ Rawalpindi, three in Lahore and three in Bahawalpur. Online survey was also floated to doctors via LinkedIn and WhatsApp. This study has specifically selected doctors or physicians as its sample. Non-probability snowball sampling method was used. Since doctors have busy schedules and are not accessible in one place during the week, thus, snowball sampling assisted in maximizing the response rate. 360 surveys were distributed among doctors, out of which 301 were acquired and 293 were useable. Online survey was sent to twenty individual contacts on WhatsApp and four groups on LinkedIn, that were affiliated with hospitals and various healthcare institutes. Snowball sampling and online survey allowed to widen the sample frame to cities including Karachi, Peshawar, Quetta, Sialkot, Gujranawala, Vehari, Fateh Jang, Nowshera and Attock. 72 responses were received through online survey out of which only 39 were useable. The total sample size for the study is 332.

For measuring emotional job demands, scale developed by Best, Downey and Jones (1997), consisting of 7 items is used. Surface acting and deep acting are measured through 6-item scale by Brotheridge and Lee (2003), while genuine emotions are measured using a 3-item scale by Diefendorff, Croyle and Gosserand (2005). Emotional exhaustion is measured using 8-item Maslach burnout inventory (Maslach and Jackson, 1981). For hedonic/subjective well-being, shot version (5-item) of WHO subjective well-being inventory by Sell and Nagpal (1992) is used. Euadaimonic/psychological well-being is measured using 9 items from Ryff (1989)

psychological well-being scale. Physical well-being is gauged through perceived well-being scale by Recker and Wong (1984), comprising of 7 items.

**Frequencies**

Following table shows the frequencies of all the categorical variables.

**Table 1**

| Variables | Options | Frequency | Percentage |
|---|---|---|---|
| Gender | Male | 133 | 40 |
| | Female | 194 | 58 |
| Age | 20-30 | 141 | 42 |
| | 31-40 | 112 | 34 |
| | 41-50 | 34 | 10 |
| | >50 | 41 | 12 |
| Area/Field | General Physician | 52 | 16 |
| | Internal Medicine | 44 | 13 |
| | Dentistry | 39 | 12 |
| | ENT | 22 | 6 |
| | Dermatology | 22 | 6 |
| | Surgery | 57 | 17 |
| | Gynaecology | 31 | 9 |
| | Other | 65 | 18 |
| Experience | <1 year | 35 | 10 |
| | 1-5 years | 142 | 43 |
| | 6-10 years | 64 | 19 |
| | >10 years | 82 | 25 |
| Sector | Public | 69 | 21 |
| | Private | 262 | 79 |
| City | Islamabad/Rawalpindi | 186 | 56 |
| | Lahore | 111 | 33 |
| | Karachi | 10 | 3 |
| | Bahawalpur | 11 | 3 |
| | Other | 14 | 4 |

**Confirmatory Factor Analysis**

Confirmatory factor analysis is conducted to test the strength of relationship between observed variables and their latent factors. The measurement model resulting from CFA ensures that all items in a scale belongs to their home factor. CFA is particularly employed when an existing theory is tested on a sample and is followed by structural model that explicates the relationship between independent and dependent variables in the model (Hair et al, 2009). In this study, CFA is conducted via AMOS. Figures 2 shows the initial measurement model, and highlights factor loadings as well as covariances among all the latent variables.

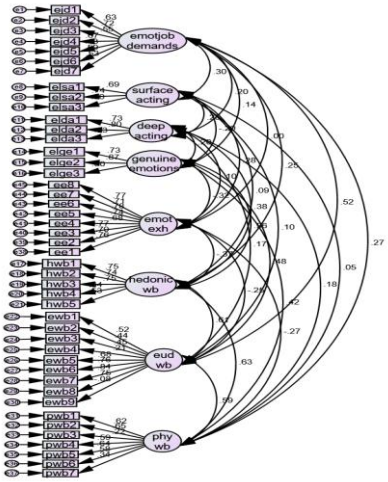


**Fig.2: CFA Model 1**

According to Hair et al (2009), factor loadings must not fall below 0.5. However, the loadings for some of the observed variables including ejd5, ejd6, ewb2, ewb3, ewb4, ewb9, pwb1, pwb3 and pwb7. After adjusting the correlations between the error terms that showed high scores on modification indices, the above items were removed from the model. Note that only those error terms were correlated whose relationship can be explained by theory.

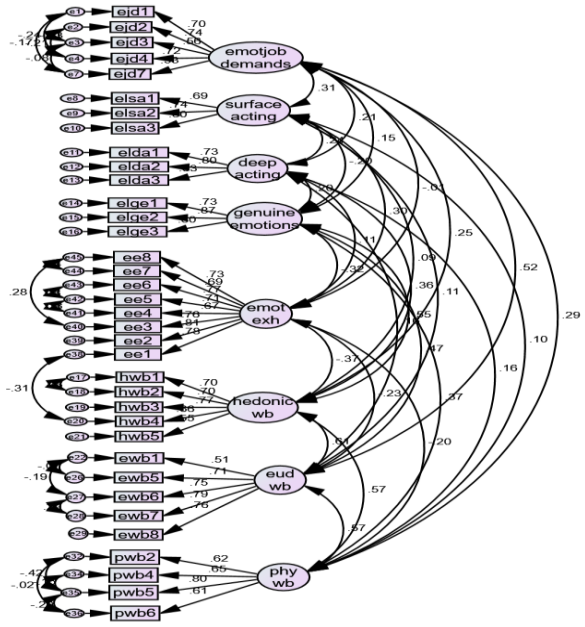


**Fig.3: CFA Model 2**

Figure 3 highlights the final and refined model obtained from confirmatory factor analysis. After eliminating the aforementioned items, a better model fit was attained. Table 2 shows the CFA results and improvement across models. In second and final model, CMIN/DF is 1.856 well below the standard threshold of 3, thus acceptable. Values of AGFI and RMSEA are also within acceptable limits i.e. AGFI> 0.8 and RMSEA<0.08. CFI is above 0.9 whereas GFI is above 0.851, both within acceptable range (Baumgartner & Homburg, 1996: Doll, Xia & Torkzadeh, 1994: Forza & Fillipino, 1998: Greenspoon & Saklofske, 1998). For concluding model fitness, Hair et al (2009) suggests that one of both absolute as well as incremental indices should be within acceptable range to conclude model fitness. Since both CFI, an incremental fit index and RMSEA, an absolute fit index, lie within acceptable ranges, model fitness is established.

**Table 2: CFA**

| Model | CMIN/DF | GFI | AGFI | NFI | CFI | RMSEA | Chi-Square p-value |
|---|---|---|---|---|---|---|---|
| 1 | 2.392 | 0.751 | 0.719 | 0.703 | 0.801 | 0.065 | 0.000 |
| 2 | 1.856 | 0.851 | 0.819 | 0.829 | 0.912 | 0.051 | 0.000 |

**Table 3: Validity and Reliability of Scales**

| S. No | Construct | Instrument | No. of Items | Composite Reliability | Average Variance Extracted | Maximum Shared Variance |
|---|---|---|---|---|---|---|
| 1 | Emotional Job Demands (EJD) | EJD Scale (Best, Downey & Jones, 1997) | 5 | 0.785 | 0.427 | 0.268 |
| 2 | Surface Acting (SA) | Emotional Labor Scale (Brotheridge & Lee, 2003) | 3 | 0.790 | 0.558 | 0.093 |
| 3 | Deep Acting (DA) | Emotional Labor Scale (Brotheridge & | 3 | 0.830 | 0.621 | 0.132 |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | Lee, 2003) | | | | |
| 4 | Genuine Emotions (GE) | Genuine Emotions Scale (Diefendorff, Croyle & Gosserand, 2005) | 3 | 0.844 | 0.645 | 0.305 |
| 5 | Hedonic Well-being (HWB) | WHO-5 Well-being Scale () | 5 | 0.808 | 0.461 | 0.376 |
| 6 | Eudaimonic Well-being (EWB) | Psychological Well-being Scale (Ryff, 1989) | 5 | 0.835 | 0.508 | 0.376 |
| 7 | Physical Well-being (PWB) | Perceived Well-being Scale (Recker & Wong, 1984) | 4 | 0.767 | 0.455 | 0.329 |
| 8 | Emotional Exhaustion (EE) | Maslach Burnout Inventory (Maslach & Jackson, 1981) | 8 | 0.906 | 0.549 | 0.136 |

Composite reliabilities are calculated to ensure all instruments are reliable for analysis. CR values for all scales are well above the acceptable threshold of 0.7 (Hair et al, 2009). For establishing convergent validity, AVE must not fall below 0.5. whereas, discriminant validity is concluded when all values of MSV are less than their corresponding AVE values (Hair et al, 2009). Table 3 shows that all scales have discriminant validity. Similarly, all scales fulfil the criterion of convergent validity except EJD, HWB and PWB. Here, the literature suggests that if CR for a scale is above 0.7 and factor loadings are above 0.5, the AVE above 0.4 is acceptable and convergent validity is established. Given the scales meet this standard, it is concluded that all scales used in this study are valid and reliable.

**Table 4: Correlations**

| | | EJD | SA | DA | GEs | HWB | EWB | PWB | EE |
|---|---|---|---|---|---|---|---|---|---|
| EJD | R | 1 | | | | | | | |
| | Sig. | | | | | | | | |
| SA | R | .305*** | 1 | | | | | | |
| | Sig. | .000 | | | | | | | |
| DA | R | .209** | .245*** | 1 | | | | | |
| | Sig. | .003 | .000 | | | | | | |
| GEs | R | .151* | -.197** | .199** | 1 | | | | |
| | Sig. | .025 | .004 | .003 | | | | | |
| HWB | R | .250*** | .092 | .364*** | .552*** | 1 | | | |
| | Sig. | .000 | .185 | .000 | .000 | | | | |
| EWB | R | .518*** | .112 | .158* | .471*** | .613*** | 1 | | |
| | Sig. | .000 | .103 | .021 | .000 | .000 | | | |
| PWB | R | .291*** | .101 | .161* | .372*** | .567*** | .574*** | 1 | |
| | Sig. | .000 | .131 | .017 | .000 | .000 | .000 | | |
| EE | R | -.012 | .301*** | .111 | -.322*** | -.369*** | -.228*** | -.200** | 1 |
| | Sig. | .848 | .000 | .083 | .000 | .000 | .000 | .003 | |

For examining the one to one relationship among all the variables, correlations are calculated. Firstly, emotional job demands (EJD) have significant and positive relationships with emotional labor (EL) strategies as hypothesized. However, no relationship was found between EJD and emotional exhaustion (EE). EJD has strong correlations with hedonic (HWB), eudaimonic (EWB) and physical (PWB) well-being. However, the relationship was not found to be inverse as presumed. Moreover, surface acting (SA) increases whereas, genuine emotions (GE) decreases EE as hypothesized. No relation was found between deep acting (DA) and EE. Finally, EE has a negative impact on HWB, EWB and PWB as expected. For further comprehension of results about hypothesized relationships, multiple regression through structural equation modelling is conducted.

**Structural Model**

Structural model involves a causal relationship between independent and dependent variables. The path diagram in figure 5 shows all causal and measurement paths in the model.

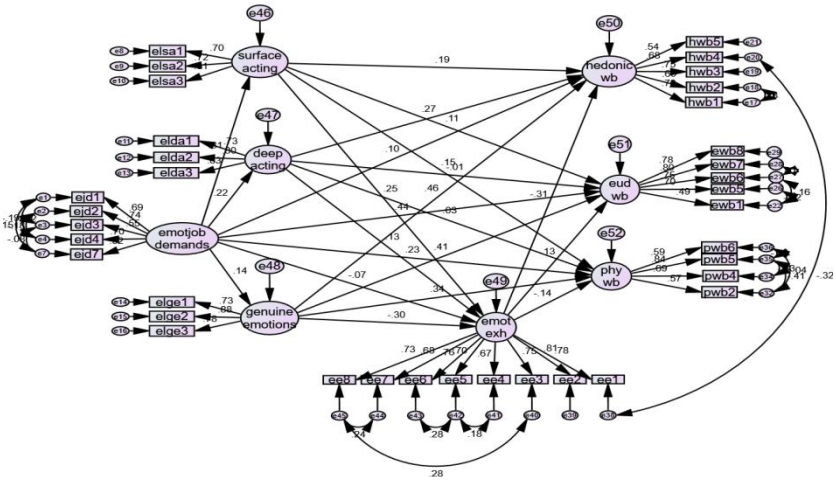


**Fig.5: Structural Model**

Standardized regression weights depicting the direct effects in the model are shown in table 4 along with the respective significance values.

**Table 4: Regression Weights**

| Relationship | Regression Weight | P-Value |
|---|---|---|
| EJD → SA | 0.312 | 0.000 |
| EJD → DA | 0.220 | 0.001 |
| EJD → GE | 0.140 | 0.034 |
| EJD → EE | -0.071 | 0.288 |
| EJD → HWB | 0.099 | 0.102 |
| EJD → EWB | 0.445 | 0.000 |
| EJD → PWB | 0.228 | 0.002 |
| SA → EE | 0.247 | 0.000 |
| DA → EE | 0.129 | 0.037 |
| GE → EE | -0.303 | 0.000 |
| EE → HWB | -0.313 | 0.000 |
| EE → EWB | -0.132 | 0.024 |
| EE → PWB | -0.136 | 0.031 |

Regression results show that EJD has significant and very high positive effect on EWB (0.445) and PWB (0.228). p-values for each relationship is below 0.05, thus significant. No impact of EJD on HWB was found. Although, the impact of EJD on two of WB dimensions is significant, the hypothesized direction of the relationship was negative. Thus, H1A, H1B and H1C are rejected. Impact of EJD on SA (0.312: p-value=0.000) and DA (0.220: p-value=0.001) was significant and positive, thus our H2 and H3 are accepted. Effect of EJD on GE was significant (0.140: p-value=0.034), however, as theorized, the relationship was not negative as theorized, hence H4 is rejected. No significant effect of EJD was found on EE (-0.071: p-value=0.288), therefore H5 is also rejected. It must be noted here that the structural model revealed only direct effects. The serial or indirect effects would further clarify the nature of relationships in the research model.

**Serial Mediation**

Since the model aims to examine sequentially mediated relationships in a latent model, a custom-made latent mediation estimand is imported in AMOS. This estimand calculates mediation effects by multiplying as many sequential paths in a structural model without accepting any disturbance from other latent predictors or mediators. Bootstrapping with a sample of 2000 and confidence interval of 95 was employed to calculate the mediating effects.

The following mediation paths shown in table 5 highlight each sequential path within the structural model. Estimate values show the strength and direction of each path. P-values along with the lower and upper limits of confidence interval indicate significance of each mediation path.

**Table 5: Serial Mediation Paths**

| | Mediation Path | Estimate | LLCI | ULCI | p-value | Decision |
|---|---|---|---|---|---|---|
| I | EJD→SA→EE→HWB | -0.028 | -0.071 | 0.010 | 0.001 | Accepted |
| II | EJD→SA→EE→EWB | -0.009 | -0.030 | -0.001 | 0.022 | Accepted |
| III | EJD→SA→EE→PWB | -0.011 | -0.043 | 0.001 | 0.065 | Rejected |
| IV | EJD→DA→EE→HWB | -0.010 | -0.035 | -0.001 | 0.023 | Accepted |
| V | EJD→DA→EE→EWB | -0.003 | -0.013 | -0.0002 | 0.034 | Accepted |
| VI | EJD→DA→EE→PWB | -0.004 | -0.023 | 0.0001 | 0.062 | Rejected |
| VII | EJD→GE→EE→HWB | 0.015 | 0.0002 | 0.038 | 0.047 | Accepted |
| VIII | EJD→GE→EE→EWB | 0.005 | 0.0001 | 0.017 | 0.045 | Accepted |
| IX | EJD→GE→EE→PWB | 0.006 | -0.0004 | 0.022 | 0.069 | Rejected |

The serial mediation analysis shows different results than the correlation and regression analysis. Firstly, EJD's direct impact on HWB, EWB and PWB is found to be positive, however, mediation paths I through VI show that with the intervening role of SA, DA and EE, the indirect effect of EJD on HWB, EWB and PWB is negative. This is aligned with our assumption based on COR theory, that emotional exhaustion is triggered using surface acting and deep acting among physicians, thereby decreasing their HWB, EWB and PWB levels. Since the indirect effect is only significant for HWB and EWB, not PWB, hypotheses H6A, H6B, H7A and H7B are accepted. Whereas, hypotheses H6C and H7C are rejected. Similar results were attained for the mediation path through GE and EE. The indirect effects were significant only for HWB and EWB. Note that the direct effect of EJD on GE is positive unlike hypothesized, however, as theorized based on free trait theory, physicians who showed genuine or naturally felt emotions at work experience less EE. This decrease in EE elevates their HWB and EWB. No significant effect was found for PWB.

**DISCUSSION**

Inferring from correlations and regression results, it is evident that emotional job demands has a positive impact on surface acting, deep acting and genuine emotions. As assumed through literary support, EJDs increase surface acting and deep acting among doctors. However, our presumption about the negative effect of EJDs on genuine emotions was not met. A possible explanation for this might be that high emotional job demands are already embedded in healthcare jobs; thus, they tend to easily meet emotional demands and internalize exhibited emotions more than any other occupation. Thus, it is probable to show genuine care and empathy for patients irrespective of emotional job demands. Direct impact of EJDs on hedonic, eudaimonic and physical well-being was found to be positive unlike hypothesized. These results coincide with those of Bhave and Lefter (2018) and Cropanzano, Weiss and Elias (2004) who suggested that emotional job demands and emotional labor can elevate well-being in certain contexts. Similarly, unlike expected, no association was found between EJDs and emotional exhaustion. A possible explanation for this might be that degree or intensity of emotional job demands also determines its outcome. Low intensity of EJD may even decrease exhaustion (Heijden, Mahoney & Xu, 2019).

Both surface and deep acting had positive while genuine emotions had negative relationship with emotional exhaustion as presumed. Similar findings were obtained by Hulsheger and Schewe (2011), Lee and Chelladurai (2016), Picard, Cossette and Morin (2018), Wang, Hall and Taxer (2019) and Zhan, Wang and Shi (2016).

The above results were obtained from testing one to one relationships or linear regression, taking into account one independent and one dependent variable at a time. However, our purpose was to assess whether there exists a serial mediation effect in the research model. We found that significant serial mediation effect exists between emotional job demands via surface acting and genuine emotions. No significant serial mediation effect was found for physical well-being. This implies that emotional exhaustion resulting from engaging in surface and deep acting only adversely affect mental (hedonic and eudaimonic) and not physical well-being. Similarly, mediation path via genuine emotions help reduce emotional exhaustion, which subsequently help elevate hedonic and eudaimonic well-being. Again, no significant mediation effect was found for physical well-being.

Nature of results quickly shifted when examined from a holistic perspective. It is therefore deemed important to take a closer look at various intervening variables that might enable certain relationships that were previously dormant. Our findings match with studies by Cheng, Yang, Ding and Wang (2020), Grandey and Sayre (2019), Lennard, Scott and Johnson (2019), Tarabeih and Bokek-Cohen (2020) and Tucker, Jimmieson and Bordia (2020).

## CONCLUSION

This research aimed to understand the sequential impact of emotional job demands on emotional labor, emotional exhaustion and well-being. Our results show a strong and significant chain relationship exists among the studied variables. This implies the need to comprehend the palpable effect of affective or emotional work, especially in healthcare. During the corona virus outbreak, it has become absolutely imperative for healthcare organizations to take into account the detrimental effects of emotions. Dealing with exhaustion, burnout and low well-being among doctors and medical staff is much more serious than it seems. With more than half the world under lockdown, healthcare workers anywhere do not have the privilege or even choice of quitting. Under such circumstances, governments and healthcare regulatory authorities need to up their game in keeping the medical workers sane and motivated. It must also be kept in mind that our study is conducted in Pakistan where the COVID-19 cases and death toll are still significantly lower than numerous countries. Hence, replicating the same study in countries like United States, United Kingdom, India, Italy, France or Spain might reveal even more grave results.

### Research Implications

Our research provides several theoretical and practical implications. Firstly, our research contributes to emotional labor literature in healthcare during a pandemic outbreak. With corona virus cases still increasing worldwide, our research provides insights into affective challenges faced by frontline healthcare staff i.e. doctors, as well as their consequences at work. This research tests the variables of surface acting and deep acting that have had contradictory results before, thus recommended to be examined again in different settings. Moreover, physical well-being hasn't been taken into account by previous researches since most of the literature comes from the first world countries where physical unease or discomfort associated with work has been controlled through comfortable working environment, healthier surroundings and organization's efforts to make the employees feel at home. However, in countries like Pakistan, lack of apt resources in the organizations can lead people to experience physical strain in the form of headaches, back aches and miscellaneous illness, as evident from the findings. Lastly, construct of well-being has been studied and empirically tested in our study as a multidimensional variable.

Our research would assist healthcare organizations in outlining strategies that might deter the negative effects of emotional job demands and emotional labor, especially nowadays when healthcare systems across the world are on the verge of collapsing, given the outbreak of COVID-19. Policies can be formulated to keep doctors' and other medical personnel' psychological and physical well-being in check. Trainings and counselling can be expanded to curb burnout and emotional exhaustion among doctors and miscellaneous healthcare workers.

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