

Emotional Exhaustion as a Mediator between Emotional Labor and Work-to-Family Conflict

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Abstract: In clinical work, nurses need to pay not only physical and mental labor but also emotional labor. This study recruited 163 nurses from 5 hospitals in China as the research object. Based on COR theory, this study aimed to explore the relationships between nurses' emotional labor strategies, emotional exhaustion, and work-to-family conflict. Findings show that surface acting is indirectly related to work-to-family conflict via emotional exhaustion. While deep acting was unrelated to emotional exhaustion and work-to-family conflict. The results of this study enrich the literature on emotional labor and provide some suggestions to balance work-family conflict for nurses.

Keywords: Emotional labor; Emotional exhaustion; Work-to-family conflict

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1. Introduction

In recent years, emotional labor has been an important topic among nurses. Studies have shown that emotional labor is a crucial aspect of healthcare workers^[1]. Nurses need to pay not only physical and mental labor but also emotional labor. Although emotional labor can promote nurses' clinical work and help to harmonize interpersonal relationships, inappropriate emotional labor strategies will result in turnover intention, job dissatisfaction, burnout, and poor mental health^[2-3].

Emotional labor refers to employees managing or changing their emotions at work to meet the requirements of the organization, which has usually been conceptualized in two strategies to manage or modify emotion to express the desired emotion which were defined as surface acting and deep acting^[4]. Existing research shows that employees who experience surface acting may be forced to devote more resources to their work, which can lead to harmful results, such as job dissatisfaction, health problem as well as burnout^[5-7]. According to the Conservation of Resources theory (COR theory), surface behavior consumes too much energy and the negative organizational results caused by surface behavior cannot be used as a supplement to employees' resources^[8]. Thus, when employees consider both work and family roles, resources will be lost, resulting in work-family conflict. Previous research indicated that deep-

acting requires little energy resources, and it is less likely than surface-acting to be associated with resource loss. Moreover, it has been postulated that deep acting could replenish an individual's resources by increasing professional efficacy and job satisfaction^[3, 7]. Based on COR theory, deep acting allows nurses to have enough energy and emotional resources to participate in family life. Thus, the following is proposed.

Hypothesis 1a: Surface acting is positively correlated with work-to-family conflict.

Hypothesis 1b: Deep acting is negatively correlated with work-to-family conflict.

Early evidence suggests that emotional labor can result in work-to-family conflict^[9-10]. However, the process of emotional labor leads to work-to-family conflict is less clear. According to COR theory, to expend fewer resources at work, employees are motivated to retain, protect, and maintain valuable resources. When their resources are actually lost, they will feel anxiety and pain, eventually leading to exhaustion and health problems. Emotional exhaustion at work leads to employees' insufficient emotional resources to meet the requirements of their families. Therefore, this study proposes that emotional labor can affect work-family conflict through emotional exhaustion.

Hypothesis 2a: Emotional exhaustion partially mediates between surface acting and work-to-family conflict.

Hypothesis 2b: Emotional exhaustion partially mediates between deep acting and work-to-family conflict.

2. Method

2.1. Participants and procedure

The subjects were nurses from 5 hospitals in China. The nurses completed measures of emotional labor and emotional exhaustion at work, while nurses' families rated their work-to-family conflict. All subjects participated anonymously and voluntarily. In total, 225 matching questionnaires for nurses and their families were distributed, and 163 valid matching questionnaires were returned for analysis, representing a 72% response rate. For nurses, married participants accounted for 70% of the sample, there were 150 females, and 13 males, and the modal age was 20–29 years for nurses. For the nurse's family who complete the matching questionnaire, spouses account for 70%, parents account for 20%, and siblings account for 10%.

2.2. Measures

The emotional labor scale consists of two subscales^[11]. The surface acting dimension includes seven items ($\alpha=.79$), and the deep acting dimension includes four items ($\alpha=.72$). The questionnaire was scored with five points, measured in the range of 1 (strongly disagree) to 5 (strongly agree).

Emotional exhaustion was measured by the well-validated Dutch version of the Maslach Burnout Inventory^[12]. In this research, the researchers used the Chinese translation of the emotional exhaustion scale from Li^[13]. The questionnaire was scored with six points, measured in the range of 0 (never) to 6 (always, daily) ($\alpha=.86$).

Work family conflict scale includes two subscales: The work conflict with the family subscale and the family conflict with work subscale^[14]. This study adopts a work-to-family subscale. The questionnaire was scored with five points, measured in the range of 1 (strongly disagree) to 5 (strongly agree) scale ($\alpha=.87$).

2.3. Data analysis

Descriptive statistics for the major study variables, Cronbach alpha reliability estimations, and corrections were conducted using the SPSS (version 26.0). Studies have shown that structural equation modeling can be used as a better method to test the mediation hypotheses. Therefore, this study used structural equation modeling to test the

mediation role of emotional exhaustion by using Lisrel 10.1.

3. Results

3.1. Correlations assessment

Table 1 shows the means, SDs, and the correlations among the research variables. The data show that hypothesis 1 was partially supported. Nurses who performed surface acting reported stronger positive work-to-family conflict ($r=.289, P<.01$). While deep acting was unrelated to work-to-family conflict. Thus, Hypothesis H1a was supported, but H1b was not supported.

Table 1. Correlation table ($n=163$)

Measure	1	2	3	4
1. Surface acting				
2. Deep acting	.254			
3. Emotional exhaustion	.221**	-.088		
4. Work-to-family conflict	.289**	.050	.495**	
Means	2.90	3.59	3.05	3.40
SD	.66	.64	1.59	.83

* $P<.05$ ** $P<.01$

3.2. Mediating effects of emotional exhaustion

Following Iacobucci et al.'s research, the study fit a structural model containing both direct and indirect paths [15]. The goodness of fit statistics are as follows: $\chi^2(222) = 525.16$, RMSEA = 0.091, NFI = 0.80, NNFI = 0.86, CFI = 0.87, IFI = 0.88, GFI = 0.80.

Figure 1 shows the direct path between surface acting and work-to-family conflict was significant: $\beta_{\text{surface acting} \rightarrow \text{work-to-family conflict}} = .25, P<.05$; the mediation paths both from surface acting to emotional exhaustion and from emotional exhaustion to work-to-family conflict were significant: $\beta_{\text{surface acting} \rightarrow \text{emotional exhaustion}} = .19, P<.05$; $\beta_{\text{emotional exhaustion} \rightarrow \text{work-to-family conflict}} = .52, P<.01$. Consequently, the study concluded that emotional exhaustion partially mediates between surface acting and work-to-family conflict. Thus, Hypothesis H2a is supported.

The model shows that both the direct and indirect paths between the deep acting and the work-to-family conflict were not significant. Thus, Hypothesis H2b was not supported.

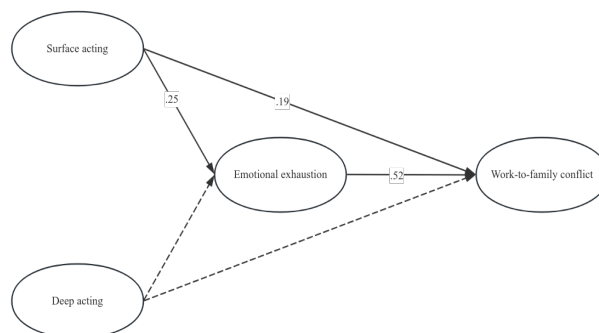


Figure 1. Estimated structural model

4. Discussion

Previous studies found a significant negative correlation between surface acting and work-to-family conflict in preschool teachers and service employees^[16]. This study took nurses as the research object and found that nurses who performed more surface acting resulted in more work-to-family conflict. According to COR theory, nurses only change their external performance when they perform surface acting, and the internal real feelings are seriously inconsistent with the external expression. Such inconsistencies will deplete emotional resources, which makes nurses unable to have enough resources to participate in family life, resulting in work-to-family conflict. Thus, it can be seen that the impact of emotional labor on employees is not only in the work domain but also extended to the family.

Inconsistent with previous research, this study found that deep acting was not corrected with work-to-family conflict^[16]. The possible reason is that the emotional labor strategies of nurses at work are more complex. They need to take care of patients and comfort the patients' families, which would consume emotional resources. If nurses perform deep acting, which improves the expression level of their true feelings by adjusting strategies, they can get more positive feedback from patients and their families or organizations. Such feedback can be used as a kind of resource compensation to help nurses restore or regain important resources.

According to the findings of this study, the researchers suggest that nurses should learn to internalize their role as nurses, and reduce disguising or hiding their real emotions. At the same time, nurses should learn to empathize with patients in clinical work, which helps them use a more deep-acting strategy. For the organization, they should provide more material or spiritual rewards as a supplement to the energy loss of nurses. The organization shall also carry out emotional labor strategy training, which helps nurses use better emotional labor strategies and promote nurses' mental health and family harmony.

Disclosure statement

The author declares no conflict of interest.

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