Academic Journal of Psychology and Counseling
Vol. 6, No. 1, November 2024 - April 2025, pp. 89 – 114, DOI: https://doi.org/10.22515/ajpc.v6i1.9656
ISSN (Online): 2722-5461, ISSN (Print): 2722-5453

Emotional Labor And Compassion Fatigue: A Correlational Analysis On Mental Health Practitioners

Javeria Saeed
Quaid-i-Azam University, Islamabad, Pakistan

Sumra Mumtaz Khawaja*
University of Lahore, Islamabad, Pakistan
Correspondence author's email: sumra.mumtaz@yahoo.com

Naz Qirat
University of South Wales, United Kingdom

Qammar Vish Zahid
University of South Asia, Lahore, Pakistan

Keywords:
compassion fatigue; emotional labor; practitioners' mental health

Abstract

In this fast-paced world, mental health is at a greater toll due to the continuous pressure of excellence. Emotional labor is common among mental health professionals, and with extended practice, they are more prone to compassion fatigue and job burnout. This study examined the relationship between emotional labor and compassion fatigue among mental health practitioners by considering the demographic factors (age, gender, qualifications, and experience). It employed a cross-sectional design to survey mental health practitioners. The sample (N=117) comprised male (n=50) and female (n=67) aged 24 to 61 years old. Participants were selected from hospitals, rehabilitation centers, and community health centers in collaboration with department administrators. Results showed that emotional labor was positively associated with compassion fatigue ($p<0.01$). Female professionals exhibited higher emotional labor and compassion fatigue levels than their male counterparts. Mental health professionals with extended job experience exhibit lower levels of emotional labor and compassion fatigue than those with less experience in the mental health field. Moreover, the results indicated that older professionals reported a lower level of emotional labor than those in the younger age group. There needs to be a supportive environment addressing the diverse factors affecting the emotional well-being of these professionals.

Academic Journal of Psychology and Counseling
Vol. 6, No. 1, November 2024 - April 2025, pp. 89 – 114, DOI: https://doi.org/10.22515/ajpc.v6i1.9656
ISSN (Online): 2722-5461, ISSN (Print): 2722-5453

Kata kunci: kelelahan belas kasih; beban emosional; kesehatan mental praktisi

Abstrak

Di dunia yang serba cepat ini, kesehatan mental berada pada kondisi yang buruk akibat tekanan untuk unggul yang muncul terus-menerus. Beban emosional adalah hal biasa di kalangan profesional kesehatan mental, dan dengan praktik yang berkesinambungan, mereka lebih rentan terhadap letih karena rasa kasihan dan kelelahan kerja. Studi ini menyelidiki hubungan antara beban emosional dan kelelahan karena belas kasih di kalangan praktisi kesehatan mental dengan mempertimbangkan faktor demografi (usia, jenis kelamin, kualifikasi, dan pengalaman). Penelitian ini menggunakan desain *cross-sectional* untuk mensurvei praktisi kesehatan mental. Sampel (N=117) terdiri dari pekerja profesional laki-laki (n=50) dan perempuan (n=67) dengan rentang usia 24 hingga 61 tahun. Partisipan direkrut dari rumah sakit, pusat rehabilitasi, dan puskesmas yang bekerja sama dengan pengurus departemen masing-masing. Hasil penelitian menunjukkan bahwa beban emosional berhubungan positif dengan kelelahan karena belas kasih. Pekerja perempuan profesional menunjukkan tingkat beban emosional dan kelelahan karena belas kasih yang lebih tinggi dibandingkan pekerja laki-laki. Profesional kesehatan mental dengan pengalaman kerja yang lebih banyak menunjukkan tingkat beban emosional dan kelelahan karena belas kasih yang lebih rendah dibandingkan mereka yang memiliki pengalaman lebih sedikit. Selain itu, hasil penelitian menunjukkan bahwa pekerja profesional yang berusia lebih tua lebih rendah beban emosionalnya dibandingkan pekerja pada kelompok usia lebih muda. Diperlukan lingkungan yang mendukung mengatasi beragam faktor yang memengaruhi kesejahteraan emosional para pekerja ini.

How to cite this (APA 7th Edition):

Javeria, S., Sumra, M., Qirat, N., & Qammar-wish, Z. (2025). Emotional Labor And Compassion Fatigue: A Correlational Analysis On Mental Health Practitioners. *Academic Journal Of Psychology And Counseling, 6*(1), 89–114. https://doi.org/10.22515/ajpc.v6i1.9656

INTRODUCTION

Background Of The Study

Mental health problems have become a silent pandemic. Professionals in the sector experience burnout due to the rapid increase in mental health-related cases. According to the World Health Organization (WHO) (2024), a study published by *The Lancet Neurology* indicates that more than 3 billion people live with neurological disorders globally.

Vol. 6, No. 1, November 2024 - April 2025, pp. 89 – 114, DOI: https://doi.org/10.22515/ajpc.v6i1.9656
ISSN (Online): 2722-5461, ISSN (Print): 2722-5453

Mental health professionals, including therapists, counselors, and psychologists, provide care and support to individuals facing mental and emotional struggles. While performing their jobs, they are highly exposed to trauma, violence, and physical and emotional abuse, which unintentionally affects their own mental health and well-being. This makes them more susceptible to physical, emotional, and psychosocial stress.

Emotions are a fundamental aspect of our lives, and it is apparent that the daily experiences of employees in service professions (van Gelderen, Konijn, & Bakker, 2016). This phenomenon, known as emotional labor, involves the regulation of emotions in response to external expectations and organizational demands (Purper, Thai, Frederick, & Farris, 2023). Individuals within such industries are expected to express socially desirable emotions during work-related interactions, even if those emotions do not align with their authentic feelings. Emotional labor encompasses a range of strategies employed by workers when interacting with clients to meet the emotional display standards set by organizations (Xanthopoulou, Bakker, Oerlemans, & Koszucka, 2018).

Many workers practice emotional labor by masking their true feelings to fit in with the company, prescribed display guidelines (e.g., "service with a smile"). This practice has both professional and personal repercussions. The ability to control one's emotions while working is vital for improving customer satisfaction and mood, yet depending on how one manages their emotions, smiling for work may come at a surprising cost. It leads to various negative work-related outcomes, e.g., burnout, job dissatisfaction, depression, and memory loss, making emotional labor attract significant study in the areas of public health and psychological well-being (Chun, Cho, Choi, & Cho, 2020; Jeung, Kim, & Chang, 2018). Research consistently points out the negative effects of emotional labor on a variety of workplace factors. For instance, Akhter & Haque (2017) highlighted its detrimental effects on employee well-being, organizational commitment, emotional weariness, and turnover. These results imply that employee experience and outcomes might be significantly impacted by emotional labor.

Additionally, emotional labor has been linked to poor health conditions. Kim & Choo (2017) discovered a link between emotional labor and unfavorable health results, namely depression and musculoskeletal problems. This suggests that employees' mental and physical health may be directly affected while performing emotional labor. Emotional labor has also been associated with unfavorable professional outcomes, e.g., job dissatisfaction and exhaustion, particularly among workers in caregiving and other

service-related professions (Jeung, Kim, & Chang, 2018). These results highlight the harmful effects of emotional labor on working experience and point to the need for solutions.

Engaging in emotional labor involves consistent emotion regulation in professional roles. This continuous effort to display specific emotions can gradually deplete individuals' emotional resources and lead to a condition known as compassion fatigue.

Compassion fatigue can be characterized as an emotional reaction to observing hardship in which one understands the suffering of others and genuinely wants to help them (Pommier, Neff, & Tóth-Király, 2020). Compassion fatigue can be understood as a secondhand syndrome, in which exposure to trauma occurs through direct practice, organizational settings, or coexistence with others who have been traumatized (Ludick & Figley, 2017). It results in emotional, physical, social, and even spiritual declines, which profoundly affect one's eagerness, capacity, and energy to nurture and care for others (Clifford, 2014).

Personal and environmental variables, such as societal conventions and expectations surrounding how carers should communicate their emotional concern, can contribute to compassion fatigue (Rauvola, Vega, & Lavigne, 2019). It can be difficult to address some symptoms of compassion fatigue because they run counter to the widely held notion that healthcare workers are kind and selfless (Isdal, 2017). These symptoms include a loss of interest in patients or irritation with them. Clinical social workers who interact with traumatized people were the primary focus of early research on compassion fatigue, which frequently used the term interchangeably with secondary traumatic stress (Bride, Radey, & Figley, 2007).

Numerous organizational and work-related elements have been identified as risk factors for developing compassion fatigue in various research investigations. These elements include the opportunity to interact with patients, tools, time limits, responsibility, and administrative requirements (Severn, Searchfield, & Huggard, 2011). Additionally, it has been discovered that resources, department size, and the level of connections at work can increase the possibility of compassion fatigue (Dasan, Gohil, Cornelius, & Taylor, 2015). Studies have also shown that individuals with fewer healthcare qualifications and years of experience are more prone to developing compassion fatigue (Mangoulia, Koukia, Alevizopoulos, Fildissis, & Katostaras, 2015).

Vol. 6, No. 1, November 2024 - April 2025, pp. 89 – 114, DOI: https://doi.org/10.22515/ajpc.v6i1.9656
ISSN (Online): 2722-5461, ISSN (Print): 2722-5453

Literature Review

Extensive research has been carried out on the intricate relationship between emotion management in professional settings, known as emotional labor, and the potential impact on individuals' well-being, particularly the onset of compassion fatigue due to prolonged exposure to others' emotional distress or suffering.

Emotional labor requires individuals to invest their emotional energy and skills to display appropriate emotions in work-related interactions. Over time, the continuous expenditure of emotional resources without adequate replenishment can lead to emotional exhaustion (Mauno, Kubicek, Minkkinen, & Korunka, 2019). The job demand resource theory (Schaufeli & Bakker, 2004) offers a heuristic approach to understanding the influence of job qualities on work engagement, burnout risk, and job performance. This framework encompasses two highlighted pathways: motivational and health deterioration. The motivational pathway argues that providing tools for employees will increase their work engagement, whereas the health deterioration pathway posits that workplace expectations will increase the likelihood of burnout.

A study by Brotheridge & Lee (2002) found that emotional dissonance, a key aspect of emotional labor, is directly associated with emotional fatigue, highlighting the resource depletion process. Furthermore, a study by Chou, Gaysynsky, & Vanderpool (2021) demonstrated that the depletion of emotional resources indicates a relationship between emotional labor and mental distress. Another study conducted among healthcare professionals in South Korea found a positive association between emotional labor and exhaustion, indicating that advanced levels of emotional labor are linked to increased burnout symptoms (Hwang & Han, 2019).

In a study conducted by Dworznik-Hoak (2022), the tenets of emotional labor were explored among journalists covering a natural disaster. The research focused on the emotional burden experienced by journalists when covering Hurricane Harvey. Through qualitative analysis of 30 interviews with journalists, it was found that these professionals actively engaged in emotional labor while covering the news. Their choices of emotional display were influenced by shared understandings of professional guidelines and expectations, which emphasized the importance of maintaining emotional distance to preserve objectivity.

In conclusion, the studies on emotional labor and compassion fatigue have enhanced our understanding of these phenomena and their impacts on individuals. The

findings highlight the importance of recognizing and addressing emotional labor to mitigate the negative consequences of compassion fatigue. It also emphasizes the importance of considering individual traits and experiences in assessing the risk of developing compassion fatigue. Therefore, it is essential to recognize and address the factors contributing to compassion fatigue among mental health professionals to support their overall welfare.

Research Gap

There has been a lack of exploration of emotional labor and compassion fatigue in mental health professionals, as opposed to other professions. Previous studies focused on professions like flight attendants, customer service representatives, and healthcare professionals (Maslach, Schaufeli, & Leiter, 2001; Grandey, 2003). However, limited attention has been given to examining emotional labor and compassion fatigue within the context of mental health professionals (Melnyk, Hsieh, et al., 2021; Melnyk, Tan, et al., 2021).

Another research gap exists in the investigation of emotional labor and compassion fatigue collectively, with most studies examining the variables separately or in conjunction with other variables rather than exploring their relationship (Beaton et al., 2019). Previous research predominantly examined emotional labor as a standalone concept or investigated its association with burnout, job satisfaction, or other related factors. Similarly, studies on compassion fatigue have often focused on healthcare professionals in general, without specifically exploring its combined relationship with emotional labor.

In Pakistan, research on emotional labor and compassion fatigue among mental health professionals is crucial due to the unique challenges they face in a high-stress and under-resourced working environment. Cultural factors and limited mental health resources further contribute to their vulnerability. This highlights the need for dedicated studies that specifically explore the relationship between emotional labor and compassion fatigue among mental health professionals in the Pakistani context. Understanding these dynamics allows for tailored interventions, support systems, and policies to promote the well-being of mental health professionals and improve the quality of care in Pakistan.

Vol. 6, No. 1, November 2024 - April 2025, pp. 89 – 114, DOI: https://doi.org/10.22515/ajpc.v6i1.9656
ISSN (Online): 2722-5461, ISSN (Print): 2722-5453

Novelty Of The Study

The present study aimed to investigate the relationship between emotional labor and compassion fatigue among mental health professionals. It is also expected to draw a framework for the interventions and strategies to mitigate the adverse effects of emotional labor, reduce the risk of compassion fatigue, and promote resilience and psychological welfare of mental health experts.

Exploring empirical evidence on emotional labor and compassion fatigue in the Pakistani context provides valuable insights into the challenges faced by professionals in this region. According to the study conducted by Ali et al. (2024), nurses in Pakistan and Britain are required to perform emotional labor as part of their duties. In contrast to their British colleagues, Pakistani nurses reported higher degrees of emotional weariness. Another study conducted by Khan, Khan, & Malik (2015) and Asif, Khan, & Adil (2019) demonstrated that high job demand and emotional labor were associated with lower well-being among the participants. Specifically, the researchers reported that nurses with higher job demands and emotional labor reported lower levels of well-being.

According to a study conducted by Anjum et al. (2020), higher levels of emotional labor were associated with greater compassion fatigue among nurses. The researchers highlighted that nurses who have to consistently regulate their emotions due to job responsibilities are more susceptible to compassion fatigue. These findings suggest that the emotional demands of the nursing profession influence compassion fatigue, indicating the need for effective strategies and support systems to mitigate its impact on nurses' well-being.

Additionally, a study by Makudza (2023) examined the effect of emotional labor on boundary-crossers in the banking sector. The study concluded that surface acting, which involves faking emotions, causes emotional weariness and job discontent. Meanwhile, deep acting, which entails feeling and expressing emotions, was found to have a beneficial effect. Deep actors tend to enjoy their jobs more and have fewer emotional outbursts.

In conclusion, these studies highlight the significance of emotional labor in various professional contexts in Pakistan, particularly in the nursing and banking sectors. The findings underscore the potential negative consequences, e.g., emotional exhaustion, job dissatisfaction, lower well-being, and compassion fatigue, associated with high levels of

emotional labor. In this study, we targeted a specific work group, i.e., mental health professionals, and emphasized the importance of recognizing and addressing the emotional demands placed on mental healthcare professionals.

Rationale Of The Study

This study investigated the relationship between emotional labor and compassion fatigue among mental health professionals. Due to their enormous effects on both the health of professionals and the quality of care offered to patients, emotional labor and compassion fatigue are major issues of concern among mental health practitioners. Mental health professionals, such as therapists and counselors, operate in emotionally demanding environments, engaging in deep discussions and offering support to clients in distress (Adams, 2016; Adams, Boscarino, & Figley, 2006; Lincoln & Adams, 2016).

The nature of their work necessitates effective emotion management, requiring professionals to display empathy and compassion, even when they are personally affected by clients' experiences (Smith, Lawrence, Sadler, & Easter, 2019; Patel et al., 2019). This emotional labor can be draining, potentially leading to emotional exhaustion and burnout. Additionally, extended exposure to others' suffering puts mental health professionals at risk of compassion fatigue, a state of physical and emotional exhaustion resulting from prolonged empathy, thereby hindering the delivery of quality care (Figley, 1995). Recognizing the impact of emotional labor and compassion fatigue is crucial for supporting mental health professionals and ensuring positive client outcomes.

Hypothesis Of The Study

This research proposed five hypotheses: 1) emotional labor is positively associated with compassion fatigue among mental health professionals; 2) mental health professionals with extended job experience are likely to exhibit a lower level of emotional labor and compassion fatigue; 3) women professionals exhibit a higher level of emotional labor and compassion fatigue than their male counterparts; 4) respondents in the younger age group experience a high level of emotional labor and compassion fatigue than those in the older age group; 5) professionals with MBBS education exhibit a higher level of emotional labor and compassion fatigue than those holding ADCP and post graduate education.

Academic Journal of Psychology and Counseling
Vol. 6, No. 1, November 2024 - April 2025, pp. 89 – 114, DOI: https://doi.org/10.22515/ajpc.v6i1.9656
ISSN (Online): 2722-5461, ISSN (Print): 2722-5453

METHODS

Study Design

This cross-sectional study used a purposive sampling approach. Questionnaires were distributed to mental health practitioners, including therapists, counselors, and psychologists.

Research Sample

Purposive sampling was used to gather data from practitioners with assistance from managers of mental health departments in Rawalpindi and Islamabad, Pakistan. The researchers distributed 150 questionnaires, with only 117 valid responses (50 men, 67 women). Table 1 describes the demographics of the sample.

Table 1.

Demographic Characteristics Of Sample (N=117)

Demographic characteristics	N	Percentages (%)
Age		
26 – 34	51	43.5
34 – 44	42	35.8
45 – 62	24	20.7
Gender		
Male	50	42.7
Female	76	57.3
Education		
Advanced diploma in clinical psychology	34	29.1
Post-graduation	48	41.0
MBBS	35	29.9
Professional License		
Yes	48	41.0
No	69	59.0
Years of Experience		
1 – 6	52	44.4
6 – 10	36	30.7
>10	29	24.9
Work Setting		
Private Hospital	36	30.7
Public Hospital	32	27.4
Rehabilitation Center	28	23.9
Community Health Care	21	17.1

Instrument Of Measurements

The Emotional Labor Scale (ESL) was developed by Brotheridge & Lee (2002) to measure emotional labor. There are 14 items on this scale. It consists of six dimensions measuring various proportions of emotional exertions (Table 2).

Table 2.

Descriptive Analysis Of ELS

Construct	Mean	SD	Cronbach's α	Items
Duration of Interaction	34.4	6.1	0.84	Q1. I am overall satisfied with the duration of interaction with my patients
Frequency of Emotional Display	32.3	5.1	0.71	Q1. I display specific emotions required by my job Q2. I adopt certain emotions required by the job Q3. I express particular emotions needed for my job
Intensity of Emotional Display	31.7	5.6	0.69	Q1. I express intense emotions Q2. I show some strong emotions
Variety of Emotions	33.9	5.2	0.73	Q1. I display different emotions when interacting with others Q2. I display different emotions depending on the situation Q3. I display mixed emotions
Deep Acting	36.8	5.8	0.76	Q1. I make an effort to feel the emotions that I need to display to others Q2. I try to experience the emotions that I must show Q3. I try to feel the emotions I have to show as part of my job
Surface Acting	34.9	6.2	0.80	Q1. I resist expressing my true emotions Q2. I pretend to have emotions that I don't have Q3. I hide my true feelings about the situation
Emotional Labor (CFI = 0.951, TLI = 0.924, RMSEA = 0.077, GFI = 0.735, ECVI = 1.341)				

The Compassion Fatigue Short Scale developed by Adams, Figley, & Boscarino (2008) was used in this study. It comprises 13 items to measure compassion fatigue and consists of two subscales: vicarious trauma (5 items) and occupational burnout (8 items). This scale has been used in several previous studies (Wen, Huang, & Hou, 2019) and was designed to assess both vicarious trauma and job burnout (Table 3). The survey asked respondents to consider each scale item and indicate how closely it reflected their experience. Participants responded on a 4-point Likert scale (1 = rarely to 4 = almost always), with scores ranging from 13 to 65. The higher the score, the higher the level of compassion fatigue.

Vol. 6, No. 1, November 2024 - April 2025, pp. 89 – 114, DOI: https://doi.org/10.22515/ajpc.v6i1.9656
ISSN (Online): 2722-5461, ISSN (Print): 2722-5453

Table 3.

Descriptive Analysis Of CF-SS

Construct	Mean	SD	Cronbach's α	Items
Vicarious Trauma	26.8	6.4	0.87	Q1. I am losing sleep over the patient's traumatic experiences Q2. I have had flashbacks connected to my patients Q3. I often have this fear of experiencing similar tragedies as some of my difficult patients. Q4. I experience troubling dreams, similar to those of my patients Q5.I involuntarily/suddenly recalled frightening experiences while working with patients
Vicarious Trauma	26.8	6.4	0.87	Q1. I am losing sleep over the patient's traumatic experiences Q2. I have had flashbacks connected to my patients Q3. I often have this fear of experiencing similar tragedies as some of my difficult patients. Q4. I experience troubling dreams, similar to those of my patients Q5.I involuntarily/suddenly recalled frightening experiences while working with patients

Compassion Fatigue (CFI = 0.9, TLI = 0.962, RMSEA = 0.067, GFI = 0.793, ECVI = 1.217)

Data Collection

Hard copies of questionnaires were distributed to mental health professionals of Islamabad and Rawalpindi. Nearly two and a half months were spent in data collection and analysis.

Informed consent was meticulously acquired from each participant, underscoring confidentiality. Clear instructions, both written and verbal, were offered to ensure participants' full understanding of the study's protocols. Participants were granted ample time for their responses. Collected questionnaires were then retrieved from each mental health professional.

Data Analysis Technique

ANOVA and an independent sample t-test, performed using SPSS-22, were used to conduct demographic analysis. Meanwhile, the relationship between variables

was assessed using the Pearson product moment correlation analysis. The confidence interval was accepted as 95% while $p<0.05$ was considered statistically significant. The suitability of the data to normal distribution was examined, and skewness/kurtosis values showed that the data were normally distributed.

Cronbach's reliability coefficients were computed for emotional labor and compassion fatigue using the sample of mental health professionals (N=117). The collected data underwent psychometric analysis using SPSS 22. This analysis aimed to uncover response patterns. The mean (M), standard deviation (SD), Cronbach's α, skewness, kurtosis (μ), and data range were all calculated. The features and distributional properties of the dataset were also revealed.

RESULTS AND DISCUSSION

Research Result

The goal of the present study was to understand the relationship between emotional labor and compassion fatigue among mental health professionals. ANOVA and an independent sample t-test were used to examine all the demographic factors, i.e., age, gender, the number of years of experience in the mental health sector, education, professional licensure approved by any legislative body, and work setting.

Table 4.

Description Of ELS And CF-SS (N=117)

Scale	K	α	M	SD	Skewness	Kurtosis	Range (Potential)	Range (Actual)
Emotional Labor Scale (ELS)	14	0.76	34.7	5.6	-0.03	-0.35	14-70	13-65
Compassion Fatigue Short Scale (CF-SS)	13	0.85	27.6	6.6	0.33	-0.72	19-62	15-57

Table 4 shows that the reliability coefficients for both instruments were in the acceptable range, indicating that the scales are internally consistent and reliably measure the constructs. Furthermore, the skewness and kurtosis values were in the range of +1 to -1, indicating that the data were normally distributed and that parametric tests could be used.

Academic Journal of Psychology and Counseling
Vol. 6, No. 1, November 2024 - April 2025, pp. 89 – 114, DOI: https://doi.org/10.22515/ajpc.v6i1.9656
ISSN (Online): 2722-5461, ISSN (Print): 2722-5453

Table 5.

Pearson's Product-Moment Correlation Analysis (N=117)

Variables	1	2	3	4
The Emotional Labor Scale (ELS)	-	0.37**	0.32**	0.37**
Compassion Fatigue Short Scale	-	-	0.87**	0.97**
Vicarious trauma	-	0.73**	-	-
Job burnout	-	-	-	-

**p<0.05, **p <0.01*

Based on Table 5, an overall positive correlation was observed between emotional labor and compassion fatigue, suggesting that as individuals experience higher levels of emotional labor, their levels of compassion fatigue also tend to increase. Furthermore, the correlation analysis reveals that vicarious trauma had a positive and statistically significant correlation with job burnout and emotional labor.

Table 6.

One-Way ANOVA Based On Years Of Experience Across Study Variables (N=117)

Variables	Emotional Labor	Compassion Fatigue
M^1	34.7	26.4
SD^1	6.04	6.42
M^2	33.2	22.4
SD^2	4.6	4.6
M^3	30.1	20.2
SD^3	3.9	2.4
F (2, 114)	3.52	8.34
p	0.03	0.00
η^2	0.05	0.012
i-j	1>2>3	1>2>3
	2>3	2>3

$M^{1, 2, 3}$ and $SD^{1, 2, 3}$ for years of experience groups 1, 2, and 3
Years of experience 1 (1-6 years=51)
Years of experience 2 (7-10 years=35)
Years of experience 1 (>10 years=29)

Table 6 shows significant variations in mean scores, particularly concerning the emotional labor and compassion fatigue. Notably, individuals with extended job experience tend to exhibit lower scores on both compassion fatigue and emotional labor than those with relatively less experience.

Table 7.

One-Way ANOVA Based On Gender Across Study Variables (N=117)

Variables	Emotional Labor	Compassion Fatigue
M^1	32.4	24.9
SD^1	5.1	6.8
M^2	35.2	29.7
SD^2	5.9	5.6
t	-3.29	-4.13
p	0.04	0.01
LL (95% CL)	-4.51	-7.11
UL	-4.24	-2.54
Cohen's d	0.5	0.7

$M^{1, 2}$ and $SD^{1, 2}$ for gender groups 1 and 2
Gender groups 1 (Male=50)
Gender groups 1 (Female=67)

Table 7 presents the mean differences based on gender across the study variables. The scores reveal that female professionals score higher on emotional labor and compassion fatigue than their male counterparts. The results indicate a significant correlation between gender and the study variables.

Table 8.

One-Way ANOVA Based On Age Across Study Variables (N = 117)

Variables	Emotional Labor	Compassion Fatigue
M^1	35.9	20.5
SD^1	5.90	5.62
M^2	33.4	23.4
SD^2	4.3	5.7
M^3	31.4	22.1
SD^3	5.3	2.8
F (2, 114)	2.99	5.23
p	0.05	0.00
η^2	0.05	0.012
i-j	1>2>3	1>2>3
	2>3	2>3

$M^{1, 2, 3}$ and $SD^{1, 2, 3}$ for age groups 1, 2, and 3
Age groups 1 (26-34 years old=51)
Age groups 2 (35-44 years old=42)
Age groups 3 (45-62 years old=24)

Table 8 shows that respondents in the younger age group scored highest on emotional labor and compassion fatigue than those in the older age group. The results indicate a significant correlation between age and the study variables.

Academic Journal of Psychology and Counseling
Vol. 6, No. 1, November 2024 - April 2025, pp. 89 – 114, DOI: https://doi.org/10.22515/ajpc.v6i1.9656
ISSN (Online): 2722-5461, ISSN (Print): 2722-5453

Table 9.

One-Way ANOVA On Education Across Study Variables (N = 117)

Variables	Emotional Labor	Compassion Fatigue
M^1	30.3	24.3
SD^1	5.11	6.12
M^2	33.2	26.9
SD^2	5.57	6.50
M^3	36.6	30.3
SD^3	5.62	6.91
F (3, 113)	0.930	3.71
p	0.04	0.02
η^2	0.04	0.06
i-j	3>2>1	3>2>1
	2>1	2>1

$M^{1, 2, 3}$ and $SD^{1, 2, 3}$ for education groups 1, 2, and 3
Education groups 1 (ADCP=34)
Education groups 2 (Post graduate=48)
Education groups 3 (MDDS=35)

Table 9 shows that professionals with MBBS scored higher on emotional labor and compassion fatigue than those with advanced degrees in clinical psychology and earned post-graduate degrees.

Table 10.

One-Way ANOVA Based On Work Setting Across Study Variables (N = 117)

Variables	Emotional Labor	Compassion Fatigue
M^1	34.01	24.5
SD^1	5.9	6.2
M^2	36.5	28.0
SD^2	3.6	5.5
M^3	36.6	26.2
SD^3	4.2	6.7
M^4	31.3	23.2
SD^4	6.1	5.7
F (3, 113)	0.255	1.19
p	0.90	0.31
η^2	0.09	0.4

$M^{1, 2, 3, 4}$ and $SD^{1, 2, 3, 4}$ for work setting groups 1, 2, 3, and 4
Work setting groups 1 (private practice=41)
Work setting groups 2 (government hospitals=31)
Work setting groups 3 (rehabilitation center=25)
Work setting groups 4 (community health centers=21)

Vol. 6, No. 1, November 2024 - April 2025, pp. 89 – 114, DOI: https://doi.org/10.22515/ajpc.v6i1.9656
ISSN (Online): 2722-5461, ISSN (Print): 2722-5453

Table 10 shows that individuals employed in government hospitals obtained higher scores on both compassion fatigue and emotional labor than those working in community health centers, rehabilitation centers, and private settings. However, these differences were not found to be statistically significant.

Discussion

The present study aimed to explore the relationship between emotional labor and compassion fatigue among mental health professionals. Additionally, the study investigated the potential influence of different demographic factors, e.g., gender, education, work setting, and years of experience in the mental health field. To measure the variables, standardized and reliable measures were utilized to ensure the accuracy of the findings.

Through these rigorous methodologies and statistical analyses, the research shed light on the connection between emotional labor and compassion fatigue among mental health professionals, contributing valuable insights into mental health research into the well-being and challenges faced by this crucial workforce.

The current study revealed a significant positive relationship between emotional labor and compassion fatigue among mental health professionals ($p<0.01$). To achieve the objective of the present study, a bivariate Pearson's product moment correlation analysis on emotional labor and compassion fatigue was performed (Table 5). This confirmed hypothesis 1. The results suggested that professionals with high emotional labor also show a higher level of compassion fatigue.

One global study conducted by Barnett, Hays, & Cantu (2022) found that compassion fatigue is positively associated with surface acting. Surface acting is associated with more inauthentic emotional experiences, likely creating greater emotional dissonance, thereby leading to greater compassion fatigue. Moreover, Chen, Leng, Li, & Zheng (2022) investigated the impact of emotional labor on health professionals and reported a significant positive correlation between emotional labor and emotional exhaustion. The study also found that higher emotional labor is associated with poorer physical and mental health, along with increased anxiety levels. These findings highlight the potential negative consequences of sustained emotional labor on the overall well-being of healthcare workers.

Furthermore, a recent study by Suh & Punnett (2021) on nursing home healthcare workers discovered that episodic emotional labor was a strong predictor of depressive

symptoms among these workers after two years. This finding emphasizes the importance of understanding and addressing the emotional labor experienced by healthcare workers to safeguard their mental health.

These results are also supported by earlier investigations. The study conducted by Gull, Azhar, & Gull (2022), which incorporated psychological capital as a moderating variable, examined the impact of emotional labor on employee well-being. This investigation is particularly significant for individuals in labor-intensive sectors like education and healthcare. Their findings demonstrated an adverse link between emotional labor and employee well-being. Like this, a recent study (Saleem, Hanif, & Shenbei, 2022) showed that surface acting by employees leads to conflicts and stress, which hurts their quality of life at home. As a result, both general well-being and the quality of family life decline. Faking emotions also undermines self-confidence and self-fulfillment, prevents the development of new skills and knowledge (work-to-family growth), and creates unfavorable moods and attitudes (work-to-family affect).

The findings are consistent with hypothesis 2 and with previous research, in which professionals with more experience will be less likely to suffer from compassion fatigue. According to Borges et al. (2019), younger nurses with less professional experience and nurses without hobbies tend to experience higher levels of secondary traumatic stress. This supports the hypothesis that healthcare personnel with less experience may be more vulnerable to the detrimental effects of their jobs.

Similar results were obtained in the study by Hunsaker, Chen, Maughan, & Heaston (2015), which showed that older nurses have lower levels of compassion fatigue and burnout, suggesting that experience may function as a protective factor against these adversities. This finding supports the idea that experience and professional maturity are crucial in reducing the negative impacts of stressful work environments. Additionally, Craig & Sprang (2009) found that while more seasoned healthcare personnel express higher levels of compassion fulfillment, younger professionals report higher degrees of burnout. The conclusion that more experience may be related to better coping skills and overall job satisfaction is further supported by this finding.

These studies demonstrate, in conclusion, that one's experience related to compassion fatigue is greatly influenced by their level of experience. Younger nurses and other professionals with less experience may be more likely to feel overburdened by their jobs. Professionals with greater experience, however, typically manage work-

related challenges better and get through them less exhausted. To increase the well-being and job satisfaction of professionals at various stages of their careers, it is critical to acknowledge these unique distinctions and provide individualized support and assistance.

The study's outcomes reinforced the validity of hypothesis 3, which indicated that female professionals exhibit heightened levels of emotional labor and compassion fatigue than their male colleagues. These findings align seamlessly with the broader existing literature, which consistently underscores the prevalence of elevated instances of burnout and secondary traumatic stress among women (Lynch & Lobo, 2012; Lynch, Shuster, & Lobo, 2018). Similarly, another study revealed that women demonstrate higher levels of secondary traumatic stress compared to men. This intriguing trend may be attributed to women's remarkable empathic capacity, allowing them to forge profound connections with their patients and deeply feel their fears and traumas (Borges et al., 2019). Studies on other professions have also concluded that women tend to take on a greater share of emotional labor than their male counterparts (Schaible & Gecas, 2010).

Findings of the present study also support hypothesis 4, in which older mental health professionals demonstrate lower levels of compassion fatigue. This is consistent with prior studies that highlighted the importance of cumulative experience and coping skills in preventing compassion fatigue in older professionals (Kwak, Han, Song, & Kim, 2020). This implies that while other factors play a substantial role in determining compassion fatigue levels, age allows individuals to be more emotionally resilient in the face of adverse situations. Another study by Sliter, Chen, Withrow, & Sliter, 2013 demonstrated that aging enables one to choose emotional labor strategies that are generally more effective at reducing negative emotions and increasing positive emotions, which, in turn, enhances general well-being.

The study also supports hypothesis 5, finding that professionals with MBBS education exhibited a higher level of emotional labor and compassion fatigue than those holding an advanced diploma in clinical psychology (ADCP) and post graduate qualifications. This can be attributed to the specialized training inherent in clinical psychology programs, which equips professionals with in-depth knowledge of emotional well-being and effective coping mechanisms. Such training enables them to manage the emotional demands of their roles more effectively, offering targeted

Vol. 6, No. 1, November 2024 - April 2025, pp. 89 – 114, DOI: https://doi.org/10.22515/ajpc.v6i1.9656
ISSN (Online): 2722-5461, ISSN (Print): 2722-5453

psychological support and thus reducing the risk of heightened emotional and compassion fatigue often associated with medical practitioners who may not possess the same focused psychological training.

Furthermore, findings revealed higher levels of compassion fatigue and emotional labor among mental health practitioners in the government sector than those in rehabilitation centers, private practice, and community health centers can be explained by factors, e.g., larger caseloads, limited time available for each client, potential exposure to a higher prevalence of severe and chronic mental health cases, bureaucratic obstacles affecting timely and effective interventions, insufficient training and preparation for managing complex cases, and limited access to professional development opportunities (McGrath, Matthews, & Heard, 2022; McGrath, Matthews, Heard, & Hancock, 2024). These factors collectively create an environment where mental health practitioners in the government sector may deal with higher emotional demands and fewer resources for managing their well-being.

These findings highlight the intricate nature of emotional well-being, influenced by age, experience, education, and gender. This underscores the necessity for comprehensive strategies to enhance emotional resilience among mental health practitioners. There needs to be a supportive environment addressing diverse factors affecting emotional well-being.

Limitation Of The Study

Our study provides valuable insights into the relationship between emotional labor and compassion fatigue, which is not without limitations. First, the cross-sectional study design prevents the establishment of causative relationships or the tracking of changes over time, providing only a momentary glimpse of the connection between the two main variables. Future studies could consider using longitudinal designs that span over time to solve this limitation and better understand the dynamic interaction between emotional labor and compassion fatigue.

Second, self-report questionnaires have the potential to introduce response bias or social desirability, which can affect the validity of the data gathered. To provide a complete and more accurate picture of participants' experiences with emotional labor and compassion fatigue, future researchers can use a mixed-methods approach, integrating self-report surveys with observational data or interviews.

Third, because the study's data came from a single geography and the same culture, it is difficult to generalize the results to mental health practitioners working in various contexts and regions. Future research should include participants from various countries, regions, and cultural backgrounds to expand the generalizability of the study's findings and better capture the subtleties and variances in the association between emotional labor and compassion fatigue.

Practical Implications

The study outcomes have some major implications for the overall well-being of mental health professionals. First, it adds to the body of knowledge regarding emotional labor and compassion fatigue among mental health professionals. It strengthens the empirical evidence for the relationship between these two constructs and supports earlier theories claiming that emotional demands at work can hurt job performance. Second, the findings can be used by mental health organizations to develop a training system on emotional labor and compassion fatigue. Third, self-care techniques can help mental health practitioners properly manage emotional labor. Lastly, the investigation of gender, years of experience, education, and professional work environment in this study emphasizes the significance of considering individual characteristics when examining the relationship between emotional labor and compassion fatigue.

CONCLUSIONS AND SUGGESTIONS

Conclusions

This study analyzed the relationship between emotional labor and compassion fatigue in mental health professionals while also considering variables like gender, years of working experience, education levels, and professional work environment. The results showed a strong correlation between emotional labor and compassion fatigue. In other words, the risk of compassion fatigue will increase along with emotional labor among mental health practitioners.

Suggestions

This realization emphasizes how crucial it is to comprehend and manage emotional labor to reduce the risk of compassion fatigue in crucial professions, like mental health practitioners. The effectiveness and well-being of mental health practitioners can be improved with more research and interventions aimed at tackling emotional labor.

CONFLICT OF INTEREST

The author(s) of this article declare no conflict of interest.

AUTHORS CONTRIBUTION STATEMENT

Javeria Saeed: Conceptualization; Data Curation; Formal Analysis; Investigation; Methodology; Project Administration; Review & Editing

Sumra Mumtaz Khawaja: Conceptualization; Data Curation; Investigation; Visualization; Writing Original Draft; Writing, Review & Editing.

Naz Qirat: Formal Analysis; Funding Acquisition; Project Administration; Resources; Review & Editing.

Qammar Vish Zahid: Conceptualization; Investigation; Methodology; Validation; Review & Editing.

REFERENCES

Adams, R. E., Boscarino, J. A., & Figley, C. R. (2006). Compassion Fatigue And Psychological Distress Among Social Workers: A Validation Study. The American *Journal Of Orthopsychiatry, 76*(1), 103–108. https://doi.org/10.1037/0002-9432.76.1.103

Adams, R. E., Figley, C. R., & Boscarino, J. A. (2008). The Compassion Fatigue Scale: Its Use With Social Workers Following Urban Disaster. *Research On Social Work Practice, 18*(3), 238–250. https://doi.org/10.1177/1049731507310190

Adams, W. E. (2020). Unintended Consequences Of Institutionalizing Peer Support Work In Mental Healthcare. *Social Science & Medicine, 262*, 113249. https://doi.org/10.1016/j.socscimed.2020.113249

Akhter, N. (2017). Construct Validation Of Emotional Labor Scale For A Sample Of Pakistani Corporate Employees. *JPMA: The Journal Of The Pakistan Medical Association, 67*(2), 233-238.

Ali, M., Masih, S., Farooqui, W. A., Zulfiqar, R., Khan, R. A., Yousufzai, A. U. R., Rahman, A., Bibi, A., & Ali, J. (2024). Moral Distress And Job Satisfaction Among Nurses Working In Tertiary Care Hospitals, Karachi, Pakistan: Moral Distress And Job Satisfaction Among Nurses. *Nursearcher (Journal Of Nursing & Midwifery Sciences), 4*(1), 18–24. https://doi.org/10.54393/nrs.v4i01.69

Anjum, S., Ullah, R., Rana, M. S., Ali Khan, H., Memon, F. S., Ahmed, Y., ... & Faryal, R. (2020). COVID-19 Pandemic: A Serious Threat For Public Mental Health Globally. *Psychiatria Danubina, 32*(2), 245-250. https://doi.org/10.24869/psyd.2020.245

Asif, M., Khan, A., & Pasha, M. A. (2019). Psychological Capital Of Employees' Engagement: Moderating Impact Of Conflict Management In The Financial Sector Of Pakistan. *Global Social Sciences Review, IV*(III), 160-172. https://doi.org/10.31703/gssr.2019(IV-III).15

Barnett, M. D., Hays, K. N., & Cantu, C. (2022). Compassion Fatigue, Emotional Labor, And Emotional Display Among Hospice Nurses. *Death Studies, 46*(2), 290-296. https://doi.org/10.1080/07481187.2019.1699201

Borges, E. M. D. N., Fonseca, C. I. N. D. S., Baptista, P. C. P., Queirós, C. M. L., Baldonedo-Mosteiro, M., & Mosteiro-Diaz, M. P. (2019). Compassion Fatigue Among Nurses Working In An Adult Emergency And Urgent Care Unit. *Revista Latino-Americana De Enfermagem, 27*, e3175. https://doi.org/10.1590/1518-8345.2973.3175

Bride, B. E., Radey, M., & Figley, C. R. (2007). Measuring Compassion Fatigue. *Clinical Social Work Journal, 5*(3), 155–163. https://doi.org/10.1007/s10615-007-0091-7

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. https://doi.org/10.1037/1076-8998.7.1.57

Chen, F., Leng, Y., Li, J., & Zheng, Y. (2022). Compassion Satisfaction And Compassion Fatigue In Hematology Cancer Nurses: A Cross-Sectional Survey. *Nursing Open, 9*(4), 2159-2170. https://doi.org/10.1002/nop2.1226

Chou, W. Y. S., Gaysynsky, A., & Vanderpool, R. C. (2021). The COVID-19 Misinfodemic: Moving Beyond Fact-Checking. *Health Education & Behavior, 48*(1), 9-13. https://doi.org/10.1177/1090198120980675

Chun, H. R., Cho, I., Choi, Y., & Cho, S. I. (2020). Effects Of Emotional Labor Factors And Working Environment On The Risk Of Depression In Pink-Collar Workers. *International Journal Of Environmental Research And Public Health, 17*(14), 5208. https://doi.org/10.3390/ijerph17145208

Clifford, K. (2014). Who Cares For The Carers?: A Literature Review Of Compassion Fatigue And Burnout In Military Health Professionals. *Journal Of Military And Veterans Health, 22*(3), 53-63. https://doi-ds.org/doilink/11.2021-71444999/JMVH

Craig, C. D., & Sprang, G. (2010). Compassion Satisfaction, Compassion Fatigue, And Burnout In A National Sample Of Trauma Treatment Therapists. *Anxiety, Stress, & Coping, 23*(3), 319-339. https://doi.org/10.1080/10615800903085818

Dworznik-Hoak, G. (2022). Emotional Labor During Disaster Coverage: Exploring Expectations For Emotional Display. *Journalism Practice, 16*(5), 864-882. https://doi.org/10.1080/17512786.2020.1816858

Figley, C. R. (Ed.). (1995). *Compassion Fatigue: Coping With Secondary Traumatic Stress Disorder In Those Who Treat The Traumatized*. Levittown, PA: Brunner/Mazel.

Gull, K., Azhar, A., & Gull, S. (2022). Impact Of Emotional Labor On Employee Wellbeing In The Presence Of Psychological Capital. *Journal Of Behavioral Sciences, 32*(1), 271-287. https://pu.edu.pk/images/journal/doap/PDF-FILES/12_V32-1-2022.pdf

Hunsaker, S., Chen, H. C., Maughan, D., & Heaston, S. (2015). Factors That Influence The Development Of Compassion Fatigue, Burnout, And Compassion Satisfaction In Emergency Department Nurses. *Journal Of Nursing Scholarship, 47*(2), 186-194. https://doi.org/10.1111/jnu.12122

Hwang, P. C., & Han, M. C. (2019). Does Psychological Capital Make Employees More Fit To Smile? The Moderating Role Of Customer-Caused Stressors Given JD-R Theory. *International Journal Of Hospitality Management, 77*, 396-404. https://doi.org/10.1016/j.ijhm.2018.08.003

Isdal, P. (2017). *Medkänslans Pris: Om Sekundärtraumatisering, Compassion Fatigue Och Utbrändhet Hos Yrkesverksamma*. Gothia Forbidding.

Jeung, D. Y., Kim, C., & Chang, S. J. (2018). Emotional Labor And Burnout: A Review Of The Literature. *Yonsei Medical Journal, 59*(2), 187-193. https://doi.org/10.3349/ymj.2018.59.2.187

Khan, A. A., Khan, M. A., & Malik, N. J. (2015). Compassion Fatigue Amongst Health Care Providers. *Pakistan Armed Forces Medical Journal, 65*(2), 286-289. https://www.pafmj.org/PAFMJ/article/view/862

Kim, H. J., & Choo, J. (2017). Emotional Labor: Links To Depression And Work-Related Musculoskeletal Disorders In Call Center Workers. *Workplace Health & Safety, 65*(8), 346-354. https://doi.org/10.1177/2165079916667512

Kwak, Y., Han, Y., Song, J. S., & Kim, J. S. (2020). Impact Of Emotional Labor And Workplace Violence On The Professional Quality Of Life Among Clinical Nurses. *International Journal Of Nursing Practice, 26*(1), e12792. https://doi.org/10.1111/ijn.12792

Ludick, M., & Figley, C. R. (2017). Toward A Mechanism For Secondary Trauma Induction And Reduction: Reimagining A Theory Of Secondary Traumatic Stress. *Traumatology, 23*(1), 112–123. https://doi.org/10.1037/trm0000096

Lynch, S. H., & Lobo, M. L. (2012). Compassion Fatigue In Family Caregivers: A Wilsonian Concept Analysis. *Journal Of Advanced Nursing, 68*(9), 2125-2134. https://doi.org/10.1111/j.1365-2648.2012.05985.x

Lynch, S. H., Shuster, G., & Lobo, M. L. (2018). The Family Caregiver Experience–Examining The Positive And Negative Aspects Of Compassion Satisfaction And Compassion Fatigue As Caregiving Outcomes. *Aging & Mental Health, 22*(11), 1424-1431. https://doi.org/10.1080/13607863.2017.1364344

Makudza, F. (2023). Service With A Smile: The Differential Effects Of Emotional Labor On Boundary Spanners In The Banking Industry. *Services Marketing Quarterly, 44*(1), 1-15. https://doi.org/10.1080/15332969.2022.2127521

Mangoulia, P., Koukia, E., Alevizopoulos, G., Fildissis, G., & Katostaras, T. (2015). Prevalence Of Secondary Traumatic Stress Among Psychiatric Nurses In Greece. *Archives Of Psychiatric Nursing, 29*(5), 333-338. https://doi.org/10.1016/j.apnu.2015.06.001

Mauno, S., Kubicek, B., Minkkinen, J., & Korunka, C. (2019). Antecedents Of Intensified Job Demands: Evidence From Austria. *Employee Relations: The International Journal, 41*(4), 694-707. https://doi.org/10.1108/ER-04-2018-0094

McGrath, K., Matthews, L. R., & Heard, R. (2022). Predictors Of Compassion Satisfaction And Compassion Fatigue In Health Care Workers Providing Health And Rehabilitation Services In Rural And Remote Locations: A Scoping Review. *Australian Journal Of Rural Health, 30*(2), 264-280. https://doi.org/10.1111/ajr.12857

McGrath, K., Matthews, L. R., Heard, R., & Hancock, N. (2024). Compassion Satisfaction And Compassion Fatigue: Experiences Of Rehabilitation Healthcare Workers In Rural And Remote Locations In Australia. *Health & Social Care In The Community, 2024*(1), 2823441. https://doi.org/10.1155/2024/2823441

Pommier, E., Neff, K. D., & Tóth-Király, I. (2020). The Development And Validation Of The Compassion Scale. *Assessment, 27*(1), 21-39. https://doi.org/10.1177/1073191119874108

Purper, C. J., Thai, Y., Frederick, T. V., & Farris, S. (2023). Exploring The Challenge Of Teachers' Emotional Labor In Early Childhood Settings. *Early Childhood Education Journal, 51*(4), 781-789. https://doi.org/10.1007/s10643-022-01345-y

Rauvola, R. S., Vega, D. M., & Lavigne, K. N. (2019). Compassion Fatigue, Secondary Traumatic Stress, And Vicarious Traumatization: A Qualitative Review And Research Agenda. *Occupational Health Science, 3*, 297-336. https://doi.org/10.1007/s41542-019-00045-1

Saleem, Z., Hanif, A. M., & Shenbei, Z. (2022). A Moderated Mediation Model Of Emotion Regulation And Work-To-Family Interaction: Examining The Role Of Emotional Labor For University Teachers In Pakistan. *SAGE Open, 12*(2), https://doi.org/10.1177/21582440221099520

Schaufeli, W. B., & Bakker, A. B. (2004). Job Demands, Job Resources, And Their Relationship With Burnout And Engagement: A Multi-Sample Study. *Journal Of Organizational Behavior: The International Journal Of Industrial, Occupational And Organizational Psychology And Behavior, 25*(3), 293-315. https://doi.org/10.1002/job.248

Severn, M. S., Searchfield, G. D., & Huggard, P. (2012). Occupational Stress Amongst Audiologists: Compassion Satisfaction, Compassion Fatigue, And Burnout.

International Journal Of Audiology, 51(1), 3-9. https://doi.org/10.3109/14992027.2011.602366

Sliter, M., Chen, Y., Withrow, S., & Sliter, K. (2013). Older And (Emotionally) Smarter? Emotional Intelligence As A Mediator In The Relationship Between Age And Emotional Labor Strategies In Service Employees. *Experimental Aging Research, 39*(4), 466-479. https://doi.org/10.1080/0361073X.2013.808105

Smith, M. S., Lawrence, V., Sadler, E., & Easter, A. (2019). Barriers To Accessing Mental Health Services For Women With Perinatal Mental Illness: Systematic Review And Meta-Synthesis Of Qualitative Studies In The UK. *BMJ Open, 9*(1), e024803. https://doi.org/10.1136/bmjopen-2018-024803

Suh, C., & Punnett, L. (2021). Surface-Acting Emotional Labor Predicts Depressive Symptoms Among Healthcare Workers Over A 2-Year Prospective Study. *International Archives Of Occupational And Environmental Health, 94*(3), 367-375. https://doi.org/10.1007/s00420-020-01585-8

van Gelderen, B. R., Konijn, E. A., & Bakker, A. B. (2017). Emotional Labor Among Police Officers: A Diary Study Relating Strain, Emotional Labor, And Service Performance. *The International Journal Of Human Resource Management, 28*(6), 852-879. https://doi.org/10.1080/09585192.2016.1138500

Wen, J., Huang, S. S., & Hou, P. (2019). Emotional Intelligence, Emotional Labor, Perceived Organizational Support, And Job Satisfaction: A Moderated Mediation Model. *International Journal Of Hospitality Management, 81*, 120–130. https://doi.org/10.1016/j.ijhm.2019.01.009

Xanthopoulou, D., Bakker, A. B., Oerlemans, W. G., & Koszucka, M. (2018). Need For Recovery After Emotional Labor: Differential Effects Of Daily Deep And Surface Acting. *Journal Of Organizational Behavior, 39*(4), 481-494. https://doi.org/10.1002/job.2245

Academic Journal of Psychology and Counseling
Vol. 6, No. 1, November 2024 - April 2025, pp. 89 – 114, DOI: https://doi.org/10.22515/ajpc.v6i1.9656
ISSN (Online): 2722-5461, ISSN (Print): 2722-5453