



## Emotional labor and depressive mood in service and sales workers: Interactions with gender and job autonomy



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### ABSTRACT

Emotional labor is strongly correlated with negative consequences in psychological well-being and mental health status in workers. We investigated the associations of emotional labor with depressive mood and perceived usual stress level according to gender and its interactions with job autonomy in service and sales workers. The data from 2,055 service and sales workers from the Korea National Health and Nutrition Examination Surveys (KNHANES) conducted from 2007 to 2009 were analyzed. High emotional labor was associated with increased risk for depressive mood in female workers (adjusted odds ratio [aOR] = 2.19, 95% confidence interval [CI] = 1.56–3.07). Emotional labor and job autonomy showed interactive effects on depressive mood in that high emotional labor was associated with depressive mood only in the presence of low job autonomy in male workers (aOR = 2.85, 95% CI = 1.13–7.17). A significant mediation pathway between high emotional demand and prevalence of depressive mood through higher stress level was observed in female workers. In conclusion, female workers had high vulnerability to depressive symptoms due to emotional labor, and high job autonomy can act as a buffer against the detrimental effect of emotional labor in male workers.

### 1. Introduction

Work is viewed as one of the most important aspects in an individual's quality of life, and an unfavorable psychosocial working environment can substantially exert harmful effects on worker's mental health (Nieuwenhuijsen et al., 2010). In a nationally representative sample of workers in the United States, 6.4% workers met the diagnostic criteria of major depressive episode for 12 months according to the World Health Organization (WHO) Composite International Diagnostic Interview (CIDI) (Kessler et al., 2006), and a previous meta-analysis showed that job-related stressors were strongly associated with onset of major depressive disorder (MDD) (Bonde, 2008).

Workers in frontline service jobs interact with customers and deal with their arguing, complaining, and sometime excessive demand (Yoon et al., 2016). High psychological strain and emotional demands have been reported in these workers (Tang, 2014). Service and sale workers are often required to express their emotions in a standardized manner, such as unwavering kindness and sympathy to customers (Wharton, 2009). Emotional labor, first defined by American sociologist Hochschild (1983) in her book *The Managed Heart*, is characterized by display of publicly desirable emotions while hiding or suppressing genuine emotions to adhere to emotional display rules mandated by organizations (Grandey, 2000; Wharton, 2009). Cumulative evidence

suggests that emotional labor has detrimental effects on psychological well-being, such as emotional exhaustion, burn out, and increased stress levels (Brotheridge and Grandey, 2002; Grandey et al., 2007), and on mental health status, such as depression, stress, and suicidality in workers (Muntaner et al., 2006; Yoon et al., 2016).

Along with emotional labor, the job demand–control (JDC) model, introduced by Karasek (1979), provides a conceptual framework that work-related psychological strain can be explained by the interplay of two job characteristics: *demand* (i.e., physical or mental workload or time pressure) and *control* (i.e., job autonomy reflecting skill discretion and decision authority). A growing body of evidence has shown that a combination of high job demand and low job control has the most harmful effect on workers' mental health (Häusser et al., 2010). In the context of the JDC model, recent studies found that emotional labor-related demand can cause adverse mental health outcomes, such as depressive symptoms or suicidal ideation, in an interactive manner with job control. A combination of high emotional labor and low job autonomy was associated with the most severe negative consequences (Sohn et al., 2016; Yoon et al., 2016). A previous meta-analysis performed by Bonde (2008) included the data of about 63,000 employees from 16 longitudinal studies on work-related risk for development of depression and used a validated scale for work-related perceived psychosocial stressors and clinical criteria of MDD or measurement of

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depressive symptoms. The meta-analytic study suggested that high job demand and low decision latitude (i.e., job control) showed the strongest, consistent association with the onset of MDD or depressive symptoms among male workers (Bonde, 2008).

Emotional labor-related work is highly gendered in most countries: A higher proportion of female than male workers perform emotional labor, and this occupational gender segregation is most prominent in the service and sales sectors (Guy and Newman, 2004; Wharton, 2009). In research on emotional labor and its harmful effect on psychological outcomes, the study samples have had high proportions of women workers (Kim and Choo, 2017; Muntaner et al., 2006; Oh et al., 2017). However, it remains unclear whether female or male workers have higher vulnerability to emotional labor's detrimental effect on mental health. Several studies have suggested that gender might moderate the relationship between emotional demand and psychological strain (Nixon et al., 2011; Scott and Barnes, 2011). Furthermore, a great deal of evidence has suggested that *display rules*, which are prescriptive social norms indicating how, when, and where workers' emotions should be suppressed or expressed, differ by gender (Simpson and Stroh, 2004). This difference might affect the potential moderating role of gender.

The majority of previous studies on emotional labor and workers' mental health status have focused on specific types of service sectors, such as call centers, home care, nursing homes, or health care workers (Delgado et al., 2017). However, few studies have investigated the effect of emotional labor in a representative sample of service or sales workers (Yoon et al., 2016). Thus, previous findings on specific emotional labor-related jobs might have limited generalizability to other service or sales job sectors (Kim and Choo, 2017). Furthermore, most previous research on this issue has investigated psychological variables, such as work-related emotional exhaustion, burn out, depersonalization, job satisfaction, or psychological well-being as their study outcomes, and these do not provide direct indications of workers' mental health status in areas such as depressive symptoms or perceived usual stress level (Hülshager and Schewe, 2011). This lack calls for a comprehensive study using a representative sample of service or sales workers that elucidates the complex relationships among emotional labor, depressive symptoms, and stress and the moderating roles of gender and job autonomy. Therefore, in the current study, we investigate the associations of emotional labor with depressive mood and perceived usual stress level according to gender and its interactions with job autonomy using a representative sample of service or sales workers. We also explore the mediation pathways among emotional labor, perceived usual stress level, and depressive mood. We determined *a priori hypotheses* as follows: 1) Stronger correlations of emotional labor with depressive mood and stress level will be observed in female workers than in male workers. 2) The combination of high emotional labor-related demand (i.e., emotional demand) with low job control will have the most detrimental effects on depressive mood and stress level. 3) The positive association between emotional demand and depressive mood will be significantly mediated by stress level.

## 2. Methods

### 2.1. Study design and participants

We analyzed the data from the fourth wave of the Korea National Health and Nutrition Examination Surveys (KNHANES) conducted from 2007 to 2009 in South Korea. The KNHANES is a nationally representative population-based study with a cross-sectional design, performed annually by Korea Centers for Disease Control and Prevention (KCDC) since 1998. This survey investigates the health and nutritional status of the Korean population and their socioeconomic and behavioral determinants. The sample for the KNHANES is composed of non-institutionalized civilians aged 1 year or older in selected households (Kweon et al., 2014). For selection of a nationally representative

sample, the KNHANES employed multi-stage clustered probability sampling, and weighted values were constructed by the Korea Institute of Health and Social Affairs for complex sampling design adjusted for survey non-response rate and post-stratification (Kweon et al., 2014). In each household, well-trained medical staff members and interviewers surveyed respondents using the health-interview questionnaires in a semi-structured manner for assessment of health and socioeconomic characteristics (Kweon et al., 2014). Detailed information about the study design of the KNHANES was described in the data resource profile (Kweon et al., 2014).

In the present study, from the 24,871 individuals enrolled in the fourth wave of the KNHANES (2007–2009), we obtained the data of 2,055 service and sales workers aged 19 years or older who responded to the questions regarding emotional demand, job control, depressive mood, and perceived usual stress level. Service and sales workers were included based on information about occupation category according to the Korean Standard Classification of Occupations (Yoon et al., 2016). We also included wage workers, unpaid family workers, and self-employed workers-employers. We did not require written informed consent of the participants in our study because the dataset of KNHANES is publicly available (<https://knhanes.cdc.go.kr/knhanes/main.do>). The study protocol was approved by the institutional review board of Korea University Ansan Hospital.

### 2.2. Measurements of emotional demand, job control, depressive mood, and perceived usual stress level

Emotional demand was measured using the following four-point Likert-type self-report questions: “I have to hide or suppress my emotions while working (answer: never, rarely, sometimes, and always)” (Seok et al., 2014; Yoon et al., 2016). The question and response categories were developed by the Division of Health and Nutrition Survey, KCDC for the KNHANES (2007–2009) adapting the conceptualization of emotional labor by Morris and Feldman (1996). According to their responses, participants were assigned into high (answered “always” or “sometimes”) and low (answered “rarely” or “never”) emotional demand groups (Seok et al., 2014; Yoon et al., 2016). Job control was measured using the following four-point Likert-type self-report question: “I have the authority to make decisions about my job, and I can use that authority at work (answer: never, rarely, sometimes, and always).” The respondents were classified into high and low job-control groups similarly to those for emotional demand (Kim et al., 2016; Yoon et al., 2016). The questions about emotional demand and job control were used in previous social epidemiological studies that examined the association between job demand and control and physical and mental health status in workers using the data of KNHANES (Kang et al., 2013; Kim et al., 2016; Sohn et al., 2016; Yoon et al., 2016).

Prevalence of depressive mood was determined using the following single item: “Have you felt sadness or despair affecting your daily life for more than 2 weeks during the past year (answer: yes or no)” (Han et al., 2017). Perceived usual stress level was assessed using the following item on a four-point Likert scale: “How much stress do you usually feel in your daily life? (answer: very high, high, low, or little)” (Han et al., 2016). These single-item measures of depressive mood and perceived usual stress level were used in previous studies using data from the KNHANES that explored mental health status in workers (Han et al., 2017; Kim et al., 2015; Sohn et al., 2016) or in the general population (Han et al., 2016; Oh and Kim, 2017; Park et al., 2016). We also investigated the respondents' mental health service utilization during the past year with the question “during the past year, have you visited any healthcare institutions, or have you received consultation through the Internet, telephone, etc. due to your mental health problems?”, per our previous study (Han et al., 2016).

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