They can handle it, they are leaders: a look into organizational leaders' mental health

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Article Info	ABSTRACT
	Few studies have examined the mental health of people in a leadership position. Most of the time, mental health-related policies were created for the non-leaders to cope with the perceived pressure from their leaders. Nevertheless, the mental health of organizational leaders itself might be at stake due to the leadership 'acts' they have to perform. This current study aimed to investigate the moderating effect of social support and self-compassion on the relationship between organizational leaders' emotional labor and their psychological well-being. There were mid-level working executives in leadership positions provided data on their emotional labor, social support, self-compassion, and psychological well-being. It was predicted that social support and self-compassion will both moderate the relationship between organizational leaders' emotional labor and their psychological well-being. The results indicated that surface acting is correlated with psychological wellbeing while deep acting is not. Social support and self-compassion do not moderate the relationship between emotional labor and psychological wellbeing. However, age is significantly correlated with psychological wellbeing, social support, and self-compassion, indicating its importance in leaders.

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1. INTRODUCTION

There has been a large body of empirical research about the effect of work-related stressors on employees' well-being within organizational psychology. The majority of research in this area, however, focuses on employee well-being and mental health, specifically the service professions. Little, however, is known about leaders' mental health [1], [2]. This is an important area to address in research because leaders engage in emotional work. Emotion work requires controlling and expressing emotions as required [3] and this is very relevant to leaders as they are required to interact with not only their subordinates but also external parties such as stakeholders and resource providers [4].

In the context of current Malaysia, where this study took place, studies related to mental health in the workplace tend to be done to non-leaders or younger working adults. It is normal because the most common theme of organizational studies in late 2019 to 2021 tends to be related to the pandemic, social distancing implication, working from home policy, and other implications related to COVID-19. One example is the study by Prihadi *et al.* [5], which focused on the work stress among millennial workers and their turnover intention during the COVID-related recession in 2020. Another example is the one on

working-from-home policy due to social distancing protocols [6], which reported that working solitarily from home might predict the workers' mental health and affect their sense of working efficacy. As can be seen, the aforementioned studies did not target the individuals who made the policies in the workplace, or those with the responsibility to manage others. As the meta-analysis study by Kim *et al*. [7] discovered that workers' mental well-being responded positively to the leaders' empowering abilities; which means the leaders must have what it takes to empower their followers [8], which might cost them emotional labor.

Emotional labor is the management of emotional expression and emotional regulation to fit the display rules in the context of paid work, which may include suppressing, enhancing, and faking emotional expression to meet a certain emotional demand that is termed as display rules [9]. It includes all of the social relations in the work context, and it comes in all different shapes and forms [10]. Leaders are in roles that require them to manage, influence and coordinate between multiple individuals or teams, and these roles require them to demonstrate high levels of emotional labor. However, the burden they bear is often overlooked in research, even though leaders are expected to emotionally manage people that they see consistently. Pugliesi and Shook [11] found that co-worker stress is the most important source of stress from their job. Although this study is mostly focused on how the subordinates feel the stress from the supervisor, this can potentially work in reverse. Wirtz *et al*. [2] also found that emotional exhaustion crosses over from followers to leaders over time.

The two forms of emotional labor are surface acting and deep acting. Surface acting is termed as modifying external expressions of emotion without modifying one's internal state [12]. Surface acting, however, creates dissonance of emotions, which in turn might negatively impact work outcomes and the mental health of the individual. Meanwhile, deep acting is termed as modifying internal feelings to express the required emotions [9]. According to Adelmann [13], deep acting has a less detrimental effect compared to surface acting on the expresser's well-being due to the consonance of emotions. Therefore, deep acting is linked to better psychological well-being, while surface acting is linked to worse psychological well-being. Thus, it is hypothesized that there will be a negative relationship between surface acting and psychological wellbeing. Conversely, it is hypothesized that there will be a positive relationship between deep acting and psychological wellbeing. The recognition of the impact of emotional labor is important to leaders and one way in which leaders can recognize and manage its impacts on psychological wellbeing is through a practice of self-compassion.

Self-compassion is a degree to which one comforts oneself, to be aware that all humans are imperfect, and to be present to acknowledge but not ruminate over negative aspects of life's flaws [14]. Self-compassion in the literature is negatively correlated with depression and anxiety while positively correlated with psychological well-being, therefore it is hypothesized that self-compassion can moderate the relationship between leaders' emotional labor and leaders' psychological well-being [14], [15]. Self-compassion is included as an individual aspect that might influence mental health and work outcomes. Furthermore, studies have shown that self-compassion is a stronger influence on psychological wellbeing compared to self-esteem [16], [17]. Therefore, it is hypothesized that the relationship between leader emotional labor and psychological well-being will be moderated by self-compassion, in that the relationship will be stronger when self-compassion is high than when it is low.

To complement self-compassion, perceived social support is also included as another factor because of extensive research about how it can be a powerful buffer against stress in the workplace [18], [19]. Social support is defined as instrumental and emotional assistance from family, friends, and significant others [20]. Social support has been linked to better subjective well-being [21] and reduces the negative effect of emotional demands on emotional exhaustion [22]. Social support has also been shown to have a buffering effect on emotional labor in hospital nurses [23]. Based on Grandey's [9] model, it seems like self-compassion is another individual factor that might buffer the effects of emotional labor. The Grandey model however did not examine self-compassion as one such individual factor. Another organizational factor that will be examined based on that model is social support, and therefore will also be examined in the present study. Therefore, it is hypothesized that the relationship between leader emotional labor and psychological well-being will be moderated by social support, in that the relationship will be stronger when social support is high than when it is low.

The study of emotional labor has important implications for leader wellbeing. Excessive emotional labor has been linked to emotional exhaustion [24] which in turn is linked to turnover intention [1]. This can therefore incur a large cost for organizations particularly when they are forced to hire and train leaders to replace those who have exited their organization [4]. This can also be a substantial problem when the leaders are the ones leaving. The company will be losing someone with a high amount of expertise that can contribute to the organization's goals [25]. Considering that leaders spend a lot of time interacting with external parties, the turnover might jeopardize the connection that the organization previously has with these external parties that may provide resources, thus leading to operational disruption [4]. High turnover rate is

also linked to organization's inefficiency and low profitability, possibly due to the temporary adjustment period that will be necessary when the new leader starts [26], [27]. It is also linked to demoralisation to the rest of the remaining members of the company and may influence them to leave as well [4]. This indicates the importance of leaders' psychological well-being, as it does not only influence them but the whole company. This study will be able to fill the gap in understanding the factors influencing leaders' mental health and emotional labor literature that is still sparse despite its significant importance.

2. RESEARCH METHOD

2.1. Participants

We used G*Power sample size calculator with an effect size of 0.25, α=0.05 and power of 0.80. Hence, the sample size required is 119 at the minimum. Figure 1 shows the detail of the sample calculation.
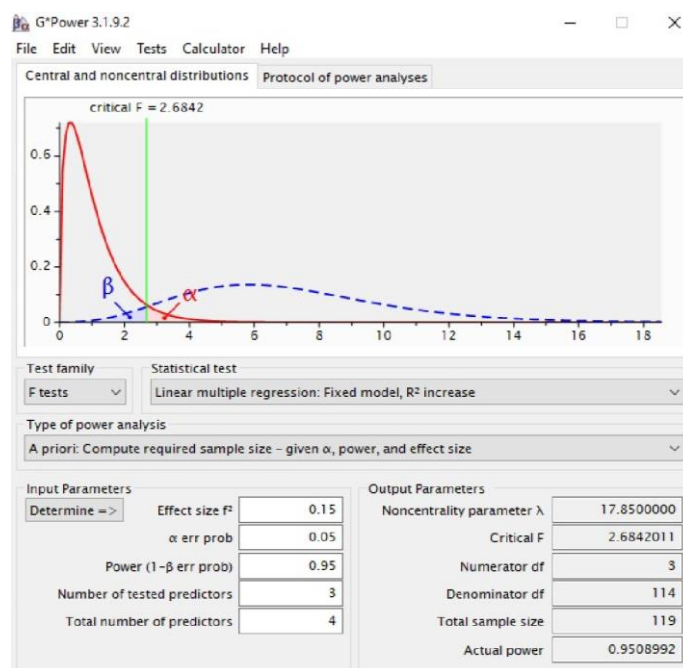

Figure 1. The calculation of the G*Power sample size calculator

2.2. Materials

2.2.1. Leader emotional labor

Leader emotional labor is divided into two types: job-focused emotional labor and employee-focused emotional labor. Job-focused emotional labor indicates the level of emotional work that is demanded by the job. This is represented by the duration, intensity, and variety of the emotional labor in the scale by Brotheridge and Lee [28]. Employee-focused emotional labor indicates the management and processing of emotions along with their expressions by the employee, in this case, the leader. This process is differentiated into two different subscales, which are surface acting and deep acting. Surface acting is a process where the person modifies the outward expressions of their emotions. This means that there is an emotional dissonance between the outward expression and the actual emotion. Deep acting, however, is a process where the person modifies their internal feelings and thoughts to match the demand. This does not cause dissonance in the emotions. Therefore, it is quoted to be healthier than its counterpart surface acting.

This variable is measured by the Emotional labor scale [28]. This scale has 12 items and is self-reported. The participants will rate a series of statements on a 5-point Likert scale starting from 1 indicating "Never" to 5 indicating "Always". The first question for duration is modified to include more individuals that leaders might interact with at work. This may include customers, clients, subordinates, and stakeholders.

The measure's internal consistency is measured using Cronbach's Alpha (α). Variety of emotional expressions have three items and is reliable at α=.76. The intensity of emotional expressions has two items and is reliable at α=.74. Duration of interpersonal interaction has only one item and so does the perceived frequency. Surface acting has three items and is reliable at α=.74. Deep acting has three items and is reliable

at α=.83 [12]. Leaders' emotional labor is operationally defined as the average score on the Emotional labor scale, where a higher average score indicates more emotional labor.

2.2.2. Self-compassion

Self-compassion is the degree to which one comforts oneself, to be aware that all humans are imperfect, and to be present to acknowledge but not ruminate over negative aspects of life's flaws. It consists of three factors: self-kindness versus self-judgment, a sense of common humanity versus isolation, and mindfulness versus overidentification. This variable is measured with the Self-Compassion scale [14]. This is a 26-item scale and is self-rated. Participants rate a series of statements on a 5-point Likert scale ranging from 1 which means "Almost Never" to 5 which means "Almost Always". Self-compassion is operationally defined as the total number on the Self-Compassion scale, where a higher total number indicates more self-compassion. The entire instrument is reliable at α=.83. The first subscale, self-kindness is reliable at α=.83. The second subscale, common humanity is reliable at α=.76. The third subscale, mindfulness is reliable at α=.72 [29].

2.2.3. Social support

Social support is the degree of emotional and instrumental assistance from three sources: friends, family, and significant others. This variable is measured with the Multidimensional scale of perceived social support [20]. This scale has 12 items and is self-rated. The participants will rate a series of statements on a 7-point Likert scale ranging from 1 indicating "Very Strongly Disagree" to 7 indicating "Very Strongly Agree". Social support is operationally defined as the total number on the Multidimensional scale of Perceived Social Support, where a higher total number indicates more Perceived Social Support. The entire instrument is reliable at α=.88, family at α=.87, friends at α=85, and significant other at α=.91 [20].

2.2.4. Psychological wellbeing

Psychological wellbeing is the state of being satisfied with one's current and past condition that includes six different subscales. Psychological wellbeing is measured by Psychological wellbeing scale [30]. Psychological wellbeing is operationally defined as the total number on the Psychological Wellbeing Scale, where a higher total number indicates better Psychological Wellbeing. It is an 18-items scale and is self-rated. Participants will rate a series of statements on a 7-point Likert scale starting from "Strongly Agree", "Somewhat Agree", "A Little Agree", "Neither Agree nor Disagree", "A Little Disagree", "Somewhat Disagree", "Strongly Disagree".

The first subscale is autonomy which is to feel in control of oneself and be independent of the environment in deciding what to think or act, to evaluate self with one's standards instead of relying on others' standards. The second subscale is environmental mastery, which is to have self-efficacy over-managing one's environment, to make full use of surrounding opportunities. The third subscale is personal growth which is to be open to new experiences and continuously develop towards a better self, has the sense to realize one's potential and ability to see improvement in oneself and behavior over time. The fourth subscale is positive relations with others, which is to have a greatly trusting and warm relationship with others laden with empathy, intimacy, affection, and concern for the other's welfare with the understanding of the give-and-take nature of relationships. The fifth subscale is purpose in life: to have a sense of direction and goals in life, to feel meaning in both present and past life, and to hold beliefs that give purpose to life. The last subscale is self-acceptance, which is to have a positive attitude towards oneself, to be accepting of both the bad and the good qualities of oneself, and to be accepting of one's past. The Cronbach's α for Autonomy is .79, Environmental Mastery is .62, Personal Growth is .85, Positive Relations with Others is .74, Purpose in life is .78, Self-acceptance is .66.

2.2.5. Leader emotion work requirement (control variable)

Leader emotion work requirement is the amount of emotional work expected from the work. It is divided into two subscales, namely requirements to display positive emotions and requirements to hide negative emotions. It is measured by the Emotion work requirements scale [31]. This is a 7-items scale and is self-rated. Participants will rate a series of statements on a 5-point Likert scale, starting from 1 indicating "Not at All Required" to 5 indicating "Always Required". The first subscale measures leaders' requirement to display positive emotions, it has four items and is reliable at α=.78. The second subscale measures leaders' requirement to hide negative emotions, it has three items and is reliable at α=.77.

2.3. Procedure

Participants were recruited by posting a link on the researcher's social media (Facebook, Twitter, Instagram) to advertise the study and to request their voluntary participation. Qualified participants who fit

the criteria of being 18-80 years old, currently holding a leadership position, and managing subordinate (s) in the context of paid work clicked on the attached link to the online version of the questionnaire. Individuals who do not fit the criteria of the study may share the link to advertise the study. Upon clicking the link, participants were directed to the online version of the questionnaire. The Informed Consent Form was administered to the participants first, explaining the details of the study and requesting explicit consent. Upon acquiring the participant's consent, the demographic form was administered. Then, the Emotional labor scale was administered next. After that, the Psychological Well-Being scale was administered. Then the Multidimensional scale of perceived social support was administered along with the Self-Compassion scale. Lastly, the leader emotion work requirements scale was administered. There was a confirmation message of the submitted response, and participants were thanked for their participation. They were also requested to share the questionnaire with other people who might fit the criteria. The whole session took less than 30 minutes.

3.   RESULTS AND DISCUSSION

Hierarchical multiple regression with process Macro was used to analyze the data between leader emotional labor and psychological well-being, with social support and self-compassion as moderators. Pearson's r with process Macro will be used to analyze the results and the p-value will be used to determine whether the relationship is significant. Table 1 presents the descriptives (mean, standard deviation, skewness, kurtosis) and the normality test (Shapiro-Wilk Statistic). The latter is conducted to ensure the sample does not differ significantly from a normal distribution.

Our results indicated that surface acting is negatively correlated with psychological wellbeing (r=.14, p=.032). Hypothesis 1 is thus supported. Results indicate that deep acting is not significantly correlated with psychological wellbeing (r=-.05, p=.464). Hypothesis 2 is thus not supported. However, through closer examination of the bivariate correlations table as shown in Table 2, there is a significant correlation between age and psychological wellbeing. To take it out from the equation, a regression analysis was conducted to control for agem and the results are depicted in Table 3.

Table 1. Descriptive and normality test

Variable	M	SD	Skewness	Kurtosis	Shapiro-wilk statistic
Surface acting	3.06	.93	-.02	-.45	.98
Deep acting	3.38	.89	-.20	.03	.97**
Psychological wellbeing	86.88	15.81	-.33	-.22	.99
Social support	60.57	14.45	-.75	.35	.96**
Self-compassion	18.74	3.50	-.38	.61	.98*
Emotional labor	6.44	1.44	.12	.04	.98
Emotional work requirement	27.44	4.88	-.98	2.2	.94***
Age	33.70	10.81	1.03	.69	.92***

Note: * p<.05; ** p<.01; *** p<.001

Table 2. Bivariate correlations and scale reliabilities

Variable	M	SD	1	2	3	4	5	6	7	8	9	10	11
Age	33.70	10.81	-										
Gender			-.10	-									
Nationality			-.11	-.09	-								
Ethnicity			.10	-.05	.25**	-							
Surface acting	3.06	.93	-.16*	.20*	.10	-.11	(.70)						
Deep acting	3.38	.89	-.07	.03	-.001	-.07	.18**	(.81)					
Psychological wellbeing	86.88	15.81	.22***	-.10	-.05	.06	-.14*	.05	(.63)				
Social support	60.57	14.45	.15*	.006	-.04	.05	-.16*	.11	.23***	(.91)			
Self-compassion	18.74	3.50	.20**	-.09	-.18*	-.03	-.15*	.02	.30***	.24***	(.90)		
Emotional labor	6.44	1.44	-.12	.146	.07	-.08	.65***	.60***	-.06	-.04	-.10	(.76)	
Emotional work requirement	27.44	4.88	-.07	.08	.07	-.09	.31***	.19**	.11	.05	.03	.311***	(.81)

N=121 * p<.05; ** p<.01; *** p<.001

Table 3. Regression table (controlling for age)

	Unstandardized coefficients		Standardized coefficients	t	Sig.
	B	Std. Error	Beta		
Surface acting	-2.773	1.573	-.163	-1.763	.080
Deep acting	1.830	1.595	.103	1.147	.254

The results indicated that surface acting did not predict psychological wellbeing, b=-2.77, t=-1.76, p=.080. Neither did deep acting, b=1.83, t=1.15, p=.254. The test of the moderating effects is conducted by using Bootstrap Method with 5000 samples and a 95% confidence level with process Macro [32]. The model tested in this study fits Hayes' model 1. As can be seen in Table 4, the overall model including emotional labor, self-compassion, and the interaction between emotional labor and self-compassion while controlling for job-focused emotional labor (duration, variety, intensity) and demographic (age) significantly predicted psychological wellbeing, R^2=.19, F (7, 113) =3.89, p=.001. There is no significant interaction between emotional labor and self-compassion in predicting psychological well-being, b=-.01, t (113) =-.05, p=.959, indicating that self-compassion did not moderate the relationship between employee-focused emotional labor and psychological well-being.

Table 4. Model summary (self-compassion as moderator)

R	R-square	MSE	F	Df1	Df2	P
.44	.19	213.91	3.89	7	113	.001
	coeff	se	t	p	LLCI	ULCI
Emotional_labor	-.14	4.39	-.03	.975	-8.83	8.55
Self_compassion	1.39	1.61	.86	.390	-1.81	4.59
Int_1	-.01	.24	-.05	.959	-.48	.45

As depicted in Table 5, the overall model includes emotional labor, social support, and the interaction between employee-focused emotional labor and social support while controlling for job-focused emotional labor (duration, variety, intensity) and demographics (age, gender, nationality, ethnicity) significantly predicted psychological wellbeing, R^2= .14, F (7,113) =2.16, p=.013. Table 5 indicated that there is no significant interaction between employee-focused emotional labor and social support to predict psychological well-being, b=.001, t (113) =.02, p=.981, indicating that social support did not significantly moderate the relationship between employee-focused emotional labor and psychological well-being. Additional analyses were conducted to see how surface acting and deep acting are individually impacted by the hypothesized moderators, and the results can be seen in Tables 6 to 9. Table 6 depicts that there is no significant interaction between surface acting and self-compassion on psychological well-being, b=-.17, t (113) =-.41, p=.682 indicating that self-compassion does not moderate the relationship between surface acting and psychological wellbeing.

Table 5. Model summary (social support as moderator)

R	R-square	MSE	F	Df1	Df2		p
.38	.14	227.77	2.67	7	113		.013
	coeff	se	t	p	LLCI	ULCI	
Emotional_labor	-.56	3.59	-.16	.877	-7.67	6.55	
Social_support	.18	.40	.44	.663	-.62	.97	
Int_1	.001	.06	.02	.981	-.12	.12	

Table 6. Model summary (surface acting, self-compassion as moderator)

R	R-square	MSE	F	df1	df2	p
.45	.20	211.69	4.10	7	113	.000
	coeff	se	t	p	LLCI	ULCI
Surface_acting	1.62	8.01	.20	.840	-14.24	93.54
Self_compassion	1.81	1.40	1.29	.200	-.97	17.48
Int_1	-.17	.42	-.41	.682	-.99	4.58

Table 7 illustrates that there is no significant interaction between surface acting and social support on psychological well-being, b=-.06, t (113) =-.67, p=.506, indicating that social support does not moderate the relationship between surface acting and psychological wellbeing. As can be seen in Table 8, there is no

significant interaction between deep acting and self-compassion on psychological well-being, b=.13, t (113) =.40, p=.688, indicating that self-compassion does not moderate the relationship between deep acting and psychological wellbeing. Table 9 shows no significant interaction between deep acting and social support on psychological well-being, b=.07, t (113) =.73, p=.466, indicating that social support does not moderate the relationship between deep acting and psychological wellbeing.

Table 7. Model summary (surface acting, social support as moderator)

R	R-square	MSE	F	df1	df2	p
.39	.15	224.49	2.95	7	113	.007
	coeff	se	t	p	LLCI	ULCI
Surface_acting	1.82	5.73	.32	.751	-9.53	13.18
Social_support	.36	.31	1.16	.250	-.26	.98
Int_1	-.06	.09	-.67	.506	-.25	.12

Table 8. Model summary (deep, self-compassion as moderator)

R	R-square	MSE	F	df1	df2	p
.44	.20	213.31	3.95	7	113	.001
	coeff	se	t	p	LLCI	ULCI
Deep_acting	-1.51	6.09	-.25	.805	-13.57	10.57
Self_compassion	.86	1.18	.73	.468	-1.48	3.20
Int_1	.13	.32	.40	.688	-.51	.77

Table 9. Model summary (deep acting, social support as moderator)

R	R-square	MSE	F	df1	df2	p
.38	.15	226.68	2.76	7	113	.011
	coeff	se	t	p	LLCI	ULCI
Deep_Acting	-3.26	5.79	-.56	.575	-14.73	8.22
Social_Support	-.04	.32	-.14	.892	-.68	.60
Int_1	.07	.09	.73	.466	-.12	.25

This study has four hypotheses. Hypothesis 1 is supported; surface acting is negatively correlated with psychological well-being. Hypothesis 2 is not supported; deep acting is not positively correlated with psychological well-being. Hypothesis 3 is not supported, the relationship between leader emotional labor and psychological well-being was not moderated by self-compassion. Hypothesis 4 is not supported, the relationship between leader emotional labor and psychological wellbeing was not moderated by social support.

The reason why the results are not significant as hypothesized may be due to social identity. According to Schaubroeck & Jones [33], people who strongly identify with the organization's goals or their own cultural identity are less likely to be exhausted from suppressing their emotions. As the participants in this study are leaders, they may have a higher degree of organizational identification as they are more likely to be in the company longer and are more engaged with the company [33], [34]. Furthermore, the participant pool mainly consists of Asians in this study. In a study conducted by Allen et al. [35], Asians are less likely to be affected by the negative effect of surface acting as compared to their American counterparts. These may be the reason why surface acting is only moderately correlated with psychological wellbeing and also the reason why self-compassion and social support do not seem to have the moderating effect.

Dealing with superiors as opposed to co-workers or subordinates is also remarked to require more emotional regulation due to the perceived power dynamics and low solidarity [36]. It may be the reason why the leaders are less affected by emotional labor (including surface acting and deep acting) than their subordinates. Social support, and self-compassion are also shown to be abnormally distributed, which may contribute to the interaction not being significant. Deep acting is also shown to be abnormally distributed, which may contribute to why it is not significantly correlated with psychological wellbeing.

Interestingly, there is a highly significant positive correlation between age and psychological wellbeing. There is also a significant positive correlation between age and social support along with age and self-compassion. This may indicate that with age, leaders learn to be more self-compassionate and to seek out more social support which contributes to their psychological wellbeing.

4. CONCLUSION

Our findings indicated that leaders are actually in a vulnerable position regarding their mental health. The demand to be involved in acting, either deep or surface, made it worst, and their self-compassion and perceived social support did not offer much help. It is important to study more on organizational leaders' mental health and psychological well being in order to keep the organizations and their members function well.

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