

**THE EFFECT OF PERCEIVED CORPORATE
SOCIAL RESPONSIBILITY ON CLINICAL
DOCTORS' EMOTIONAL LABOR IN CHINA:
THE MEDIATING ROLE OF ORGANIZATIONAL
IDENTIFICATION AND THE MODERATING
ROLE OF PERCEIVED SOCIAL SUPPORT**

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UNIVERSITI SAINS MALAYSIA

2025

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by

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**Thesis submitted in fulfilment of the requirements
for the degree of
Doctor of Philosophy**

May 2025

ACKNOWLEDGEMENT

First and foremost, I would like to extend my sincerest gratitude to my supervisor, Associate Professor Dr Mohd Anuar bin Arshad. Throughout my pursuit of a Ph.D., he provided me with invaluable guidance and unwavering support. His scholarly wisdom and rigorous academic standards have profoundly influenced me; his patience, encouragement, and trust have propelled me forward on my research journey. It has been an immense honour to complete my doctoral studies under his meticulous supervision. Furthermore, I am grateful to my external examiner as well as both internal examiners for their positive criticism and suggestions on my thesis, which have helped me generate creative ideas. My gratitude also extends to all of the academic and non-academic staff at the School of Management, Universiti Sain Malaysia, for their assistance during my program.

I also want to sincerely thank my family for their strong support and understanding during my doctoral studies. Their unconditional love and encouragement have been the driving force behind my progress and strength.

My great appreciation also goes to all my friends and colleagues I made in Malaysia. It is their assistance and companionship that have alleviated my sense of loneliness and confusion during my doctoral studies, enabling me to move forward towards success with greater determination.

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LIST OF SYMBOLS

β	Path (β) Coefficients
f^2	Effect Size
Q^2	Predictive Relevance
R^2	Coefficient of Determination

LIST OF ABBREVIATIONS

EL	Emotional Labor
DA	Deep-Acting
SA	Surface-Acting
PCSR	Perceived Corporate Social Responsibility
PECSR	Perceived External Corporate Social Responsibility
PICSR	Perceived Internal Corporate Social Responsibility
OI	Organizational Identification
PSS	Perceived Social Support
SEM	Structural Equation Model
SPSS	Statistical Package for Social Sciences
PLS	Partial Least Square
LM	Linear Model
MAE	Mean Absolute Percentage Error

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**KESAN TANGGAPAN TANGGUNGJAWAB SOSIAL KORPORAT
TERHADAP EMOSI KERJA DOKTOR KLINIKAL DI CHINA: PERANAN
PENGANTARA IDENTIFIKASI ORGANISASI DAN PERANAN
PENYEDERHANA TANGGAPAN SOKONGAN SOSIAL**

ABSTRAK

Dalam latar belakang perkembangan pesat dalam industri penjagaan kesihatan, doktor klinikal menghadapi peningkatan tekanan emosi kerja. Walaupun terdapat pelbagai polisi dan langkah pengurusan, prestasi kerja ramai doktor klinikal terus menghadapi cabaran, yang memerlukan penerokaan yang lebih mendalam tentang faktor-faktor utama yang mempengaruhi emosi kerja mereka. Berdasarkan Teori Identiti Sosial dan Teori Sokongan Sosial, kajian ini menyiasat kesan Tanggapan Tanggungjawab Sosial Korporat (CSR) terhadap Emosi Kerja (EL) doktor klinikal, dengan Identifikasi Organisasi (OI) sebagai pemboleh ubah perantara dan Tanggapan Sokongan Sosial (PSS) sebagai pemboleh ubah penyederhana. Mengikut falsafah penyelidikan positivisme, kajian ini menggunakan reka bentuk penyelidikan kuantitatif. Satu tinjauan telah dijalankan untuk mengumpul data kuantitatif daripada 350 doktor klinikal di lima jabatan di tujuh hospital awam gred 3A di Taiyuan, Wilayah Shanxi, China. Data tersebut dianalisis menggunakan Pemodelan Persamaan Struktural Least Squares (PLS-SEM). Analisis statistik menunjukkan bahawa CSR dalaman yang dirasai memberi kesan negatif terhadap bertindak permukaan dan memberi kesan positif terhadap bertindak mendalam, manakala CSR luaran tidak menunjukkan hubungan langsung yang signifikan dengan bentuk emosi kerja ini. Analisis lanjut menunjukkan bahawa kedua-dua CSR dalaman dan luaran secara signifikan meningkatkan Identifikasi Organisasi, yang seterusnya memberi kesan

negatif terhadap bertindak permukaan dan memberi kesan positif terhadap bertindak mendalam, menonjolkan peranan perantara yang penting. Selain itu, Tanggapan Sokongan Sosial yang dirasai secara signifikan mengubah hubungan antara CSR dalaman dan kedua-dua bentuk emosi kerja, serta antara CSR luaran dan bertindak mendalam, walaupun tiada kesan penyederhana yang signifikan ditemui antara CSR luaran dan bertindak permukaan. Secara keseluruhan, kajian ini menekankan kepentingan mengukuhkan CSR dalaman dan Tanggapan Sokongan Sosial yang dirasai untuk meningkatkan Identifikasi Organisasi di kalangan doktor klinikal, dengan itu secara signifikan meningkatkan prestasi emosi kerja mereka. Penemuan ini memberikan wawasan berharga untuk memperbaiki persekitaran kerja doktor, mengurangkan tekanan emosi kerja, dan meningkatkan prestasi kerja serta kepuasan kerja.

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SOCIAL SUPPORT**

ABSTRACT

Against the backdrop of rapid developments in the healthcare industry, clinical doctors are facing increasing emotional labor pressures. Despite various management policies and measures, many clinical doctors' job performances continue to face challenges, necessitating a deeper exploration of the key factors influencing their emotional labor. Grounded in Social Identity Theory and Social Support Theory, this study investigates the impact of perceived Corporate Social Responsibility (PCSR) on clinical doctors' Emotional Labor (EL), with Organizational Identification (OI) as a mediating variable and Perceived Social Support (PSS) as a moderating variable. Under the positivism research philosophy, this study adopted a quantitative research design. A survey was conducted to collect quantitative data from 350 clinical doctors across five departments in seven grade 3A public hospitals in Taiyuan, Shanxi Province, China. The data were analyzed using Partial Least Squares Structural Equation Modeling (PLS-SEM). The statistical analysis revealed that perceived internal CSR negatively impacts surface acting and positively influences deep acting, whereas external CSR shows no direct significant relationship with these forms of emotional labor. Further analysis reveals that both internal and external CSR significantly enhance organizational identification, which in turn negatively affects surface acting and positively affects deep acting, highlighting its crucial mediating role.

Additionally, perceived social support significantly moderates the relationships between internal CSR and both forms of emotional labor, as well as between external CSR and deep acting, though no significant moderation effect was found between external CSR and surface acting. Overall, this study underscores the importance of strengthening internal CSR and perceived social support to effectively enhance organizational identification among clinical doctors, thereby significantly improving their emotional labor performance. These findings provide valuable insights for enhancing the working environment of doctors, alleviating emotional labor pressures, and enhancing job performance and job satisfaction.

CHAPTER 1

INTRODUCTION

1.1 Overview of Chapter 1

This chapter begins with an overview of Section 1.1, followed by an introduction to the study's background in Section 1.2, and then presents the problem statement in Section 1.3. Next, Sections 1.4 and 1.5 outline the research objectives and research questions, respectively. Sections 1.6 and 1.7 discuss the scope and significance of the study. Finally, Section 1.8 defines key concepts, and Section 1.9 provides a summary of the entire chapter. Details for each section are provided below:

1.2 Background of the study

Emotional labor (EL) refers to employees' regulation of emotions to meet job role expectations, particularly in occupations requiring frequent interpersonal interactions (Hochschild, 1983). Initially studied in the service industry, EL is prevalent across various sectors, including hospitality, education, sales, and corporate leadership. For instance, service employees must maintain a welcoming demeanor regardless of personal feelings (Grandey, 2015), while teachers regulate emotions to foster a positive learning environment (Chang, Burić, & Wang, 2022). Similarly, sales representatives and leaders use EL to enhance customer relations and inspire teams (Tang & Gu, 2024). EL has significant implications for employee well-being and organizational outcomes (Grandey & Sayre, 2019; Humphrey, 2023). Among various industries, healthcare presents a unique EL environment due to its direct impact on patient well-being. Healthcare professionals frequently regulate emotions to provide compassionate care, alleviate patient anxiety, and maintain professionalism under high-stress conditions (Zaghini et al., 2020). EL enhances doctor-patient relationships,

improves healthcare quality, and affects professionals' job satisfaction and mental health (Fouquereau et al., 2019; C.-C. Chen et al., 2022; Yuan et al., 2022). Given these challenges, examining EL in healthcare is essential for improving working conditions and mitigating burnout.

1.2.1 Emotional Labor and Health Care Industry – A Global View

In recent years, negative emotions have significantly increased worldwide. According to the “Gallup Global Emotions 2023” report, anxiety, tension, and melancholy all stayed close to the all-time highs reached in 2021 (as shown in Figure 1.1 below). Based on more than 147,000 interviews conducted in 142 countries and areas in 2022, this report provides a comprehensive overview of people's daily experiences and emotions worldwide. These findings reveal that negative emotions continue to be alarmingly prevalent, underscoring the persistent global emotional challenges that have been escalating over the past decade.

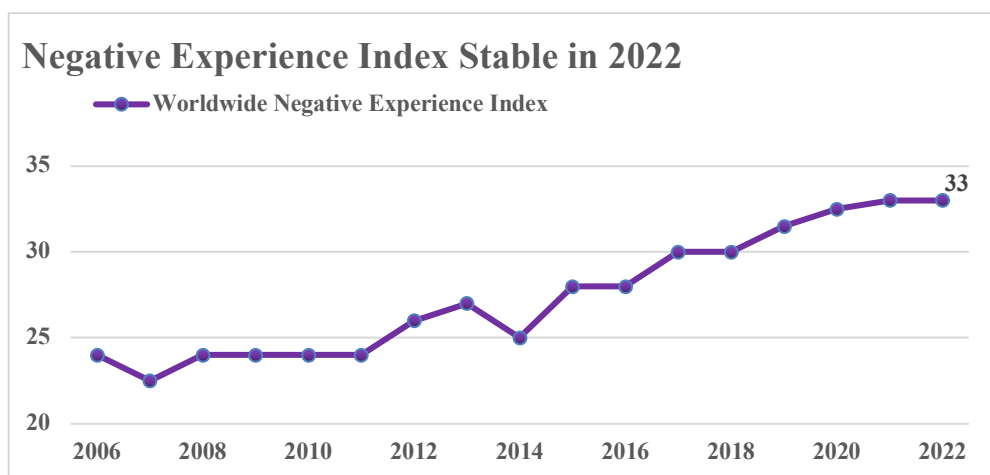


Figure 1.1 Negative Experience Index Stable in 2022
Source of data: Gallup Global Emotions 2023

Meanwhile, according to Gallup’s “State of the Global Workplace 2023 Report”, 44% of employees worldwide reported experiencing significant stress for most of the previous day. This trend is particularly evident in East Asia, which has the

highest stress levels globally, tied with the United States and Canada, and with China leading at 55% stress level (See Figure 1.2). This implies that nearly half of the employees in East Asia experience significant stress daily.

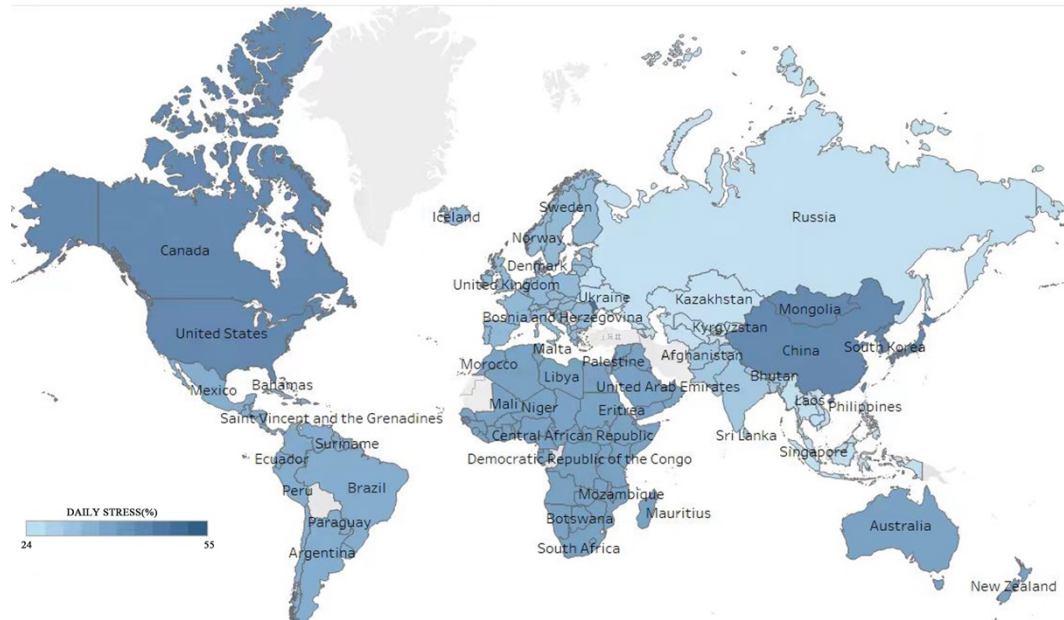


Figure 1.2 Map of World Daily Stress Index
Source of data: Gallup, 2023

Amidst the backdrop of rising global negative emotions and daily stress coupled with intensifying competition and escalating demands for high-quality service, many industries strive to maintain efficient operations. As a result, the 9-9-6 work schedule (working six days a week from 9 a.m. to 9 p.m.) has become the norm. For employees working under such high-intensity work pressure, exerting greater control and management over their emotions may be necessary to sustain productivity and a professional demeanor (Kan Sönmez, 2021). Consequently, this often leads to more frequent emotional labor, particularly in interactions with clients or colleagues. Emotional labor is a prevalent work technique that requires individuals to regulate their emotions in order to present a demeanor that motivates others to be in a positive state of mind (Hochschild, 2012). This is both a skill and a challenge. According to Riforgiate et al. (2022), employees across various professions engage in emotional

labor when they believe to adhere to the organization's criteria, some forms of demonstrative communication are required (Riforgiate et al., 2022). Research has found that emotional labor is prevalent in many human service occupational groups and significantly predicts strain (Zapf, 2002; Brotheridge & Grandey, 2002), especially in sectors like healthcare, social services, and education, where mechanization cannot fully replace human service, thus relying on the specialized capabilities of people.

Studies suggest that the consistent demonstration of clinical empathy is viewed as a form of emotional labor (Vinson & Underman, 2020). This implies that healthcare professionals are required to adhere to certain feeling rules of the medical profession, such as being friendly and warm, making patients feel comfortable, and maintaining focus. They must effectively express empathy through eye contact, body language, and tone while sensitively understanding patient emotions and adeptly responding to their emotional needs. Therefore, healthcare professionals face higher emotional demands and challenges in fulfilling their job responsibilities, making them a high-emotional labor group. Prolonged periods of high-intensity emotional labor, incidents of violence from patients and their families, humanitarian challenges, and the like may lead to emotional exhaustion, depression, and burnout among healthcare professionals, endangering their physical and emotional health (C.-C. Chen et al., 2022). This may reduce employees' sense of personal accomplishment and lead to decreased professional commitment, consequently increasing turnover rates (A. Wang et al., 2023).

According to a 2022 report by the Qatar Foundation, WISH, and WHO, at least 25% of healthcare professionals experienced anxiety, depression, and burnout. The report found that during the COVID-19 pandemic, 23% to 46% of healthcare

professionals reported symptoms of anxiety and depression, with 39% suffering from insomnia. (Qatar Foundation, WISH, & WHO, 2022) Even before the pandemic, difficult working circumstances and high-pressure situations were acknowledged as factors that contribute to mental health problems among healthcare professionals.

Furthermore, globally, 63% of healthcare professionals report experiencing any form of violence at the workplace (WHO, 2023). This is compounded by the ongoing global shortage of healthcare professionals. The shortfall has shown a notable decline, dropping from 18 million in 2013 to 15 million in 2020. It is predicted to further reduce to 10 million by 2030, as stated in the Seventy-Sixth World Health Assembly's Strategic Roundtable in 2023. These factors may lead to emotional labor burdens, and mental health challenges for healthcare professionals across health systems and disciplines.

In such a challenging context, emotional labor has become exceedingly valuable, constituting a fundamental form of work essential for sustaining social and economic operations. Previous research has indicated that employees perceived emotional labor diminishes the perceived adaptability to individual work tasks, leading to lower job satisfaction (Xu & Fan, 2023). Wang (2020) posited that the deep acting of emotional labor positively correlates with work engagement, ultimately resulting in high levels of service quality, subsequently enhancing customer satisfaction (C.-J. Wang, 2020). Conversely, surface acting has been found to correlate positively with work burnout, ultimately leading to diminished service quality (L. Guo, 2023). Some scholars have also demonstrated that implementing plans to improve interpersonal relationships and work efficiency within organizations reduces emotional labor and increases job satisfaction and work performance (Hwang & Park, 2022).

The World Innovation Summit for Health (2022) emphasizes that safeguarding healthcare professionals' health, safety, and well-being improves global productivity, job satisfaction, and retention rates. Additionally, this practice reduces the financial costs incurred by healthcare institutions due to occupational diseases, injuries, and absenteeism (estimated to be as high as 2% of healthcare expenditure). It aids in minimizing patient harm (estimated to be as high as 12% of medical spending). In response to this situation, policymakers and employers in various countries have begun to act, including improving working conditions and establishing mechanisms for occupational health and safety. However, it is concerning that only 26 member countries of the World Health Organization have developed corresponding policy documents and national plans, with only one-third of countries possessing relevant protective policy tools. This underscores the importance of effective interventions in support of mental health.

To address this problem, the World Health Organization offers ten policy recommendations to support medical professionals and guarantee the security of global health both now and in the future, in addition to highlighting successful interventions to promote mental health. The WHO "Global Health and Care Worker Compact" establishes a shared obligation for the duty of care beyond national boundaries and offers technical guidance on preserving healthcare workers' rights. These actions are in response to important decisions made by the International Labor Conference and the World Health Assembly, and they reiterate governments' and employers' duties to safeguard healthcare workers and maintain a safe and healthy work place. These measures align with key decisions from the World Health Assembly and the International Labor Conference, emphasizing the responsibility of governments and employers to ensure the safety and well-being of healthcare professionals by

providing a secure and supportive work environment. By safeguarding healthcare workers, these initiatives not only protect their welfare but also play a vital role in maintaining essential public health services, which are fundamental to advancing universal health coverage and strengthening global health security.

In conclusion, the unprecedented challenges to global health security underscore the critical role of healthcare professionals. However, current measures to protect their psychological health and emotional labor require strengthening and refinement. Therefore, governments and healthcare institutions worldwide must intensify collaboration and invest in safeguarding healthcare professionals' mental well-being to improve healthcare systems' overall sustainability and quality. At the same time, there is a pressing need to recognize the urgency and global nature of addressing emotional labor among healthcare professionals. This is a current focal point for attention and resolution and a critical issue requiring global cooperation and action.

1.2.2 Emotional Labor and Health Care Industry – A China View

China boasts the world's largest healthcare workforce, comprising doctors, nurses, and public health professionals. According to publicly available data from the National Health Commission, by the end of 2022, the total number of outpatient and emergency visits nationwide reached 8.42 billion, supporting the world's most extensive healthcare service system. China had a total of 13.985 million healthcare workers, including 4.403 million licensed physicians, of whom approximately 2.803 million were clinical doctors (China Health Statistics Yearbook, 2022). However, despite the large size of the healthcare workforce, the country continues to face serious challenges in meeting the growing demand for medical services. For instance, China's doctor density is only 2.39 per 1,000 people, ranking 73rd globally, and its nurse-to-

doctor ratio is 1:0.63, far below the international average of 1:2.7. These disparities in healthcare workforce density exacerbate the pressure on healthcare professionals and increase the emotional labor required. In comparison, countries like Cuba, with a doctor density of 8.43 per 1,000 people (ranking first globally), have much lower doctor-patient ratios (1:170) (World Health Statistics, 2023). According to data from Euro RSCG in 2023, the doctor-patient ratio in China is 1:950, meaning that, on average, one doctor serves approximately 1,000 individuals, significantly contributing to healthcare worker stress. This high doctor-patient ratio and low nurse-to-doctor ratio contribute to the increasing emotional demands placed on clinical doctors, necessitating greater emotional labor, which includes managing emotions effectively while interacting with patients, especially in challenging situations (Sandiford & Seymour, 2011).

Moreover, as society progresses, the phenomenon of population aging in China is becoming more pronounced. Data released by the Ministry of Civil Affairs of the People's Republic of China in December 2023 shows that the population of individuals aged 65 and older in China has reached 210.35 million, constituting 14.9% of the overall population. This significant demographic shift is placing immense strain on the healthcare system, as elderly individuals typically require more frequent medical services and long-term care. They often suffer from chronic diseases, necessitating more comprehensive medical interventions and continuous care. Additionally, elderly patients demand more patient-centered care, including emotional support, which further intensifies the emotional labor for healthcare professionals. The aging population not only increases the physical demands on healthcare workers but also heightens the emotional labor required. Elderly patients often need more than just medical attention—they require daily living assistance, psychological comfort, and

empathy, which can be emotionally taxing for healthcare professionals. This places even greater emphasis on the need for emotional regulation and empathy, as noted by Sandiford and Seymour (2011), who identified emotional labor as an essential aspect of healthcare work, particularly in such high-demand environments. In light of these challenges, the emotional labor of healthcare professionals is critical in managing both their mental health and patient relationships. Skilled healthcare workers with strong emotional regulation abilities can better handle the stress that arises from these demands, leading to improved service quality and stronger patient relationships (Teoh, Wang, & Kwek, 2019).

In China's collectivist culture, clinical doctors face immense societal expectations to maintain perfection in their work, leaving little room for error. Hospitals' pursuit of zero complaints further amplifies this pressure, requiring doctors to not only excel in medical tasks but also manage patient relationships flawlessly. Such demands often lead to surface acting—where doctors suppress their true emotions—which contributes to emotional exhaustion and burnout. Research indicates that continuous emotional labor, especially under unrealistic patient expectations and poor doctor-patient communication, increases job dissatisfaction and burnout among clinical doctors (Song et al., 2023). Moreover, collectivist cultures emphasize saving face and professional dedication, shaping emotional display rules that dictate healthcare professionals must always appear composed and empathetic (Deng, 2019). While societal respect for doctors may strengthen their sense of professional duty, it also intensifies emotional labor burdens. The cultural emphasis on harmony and interpersonal relationships further compels doctors to conceal their genuine emotions, exacerbating stress and emotional strain (Rodriguez, 2022).

Among healthcare professionals, clinical doctors in public hospitals, particularly Grade-A tertiary hospitals, face some of the most intense emotional labor demands. Unlike nurses or administrative staff, doctors are responsible for making critical medical decisions, managing life-threatening situations, and navigating complex doctor-patient relationships, all of which require both deep emotional engagement and control. The professional conduct standards set by the National Standard of Behavior for Healthcare Practitioners in China (2012) and recent policies such as the 2023 National Health Commission's "Notice on Conducting Theme Activities to Improve Medical Experience and Enhance Patient Satisfaction," further reinforce the expectation that doctors must regulate their emotions, maintain a compassionate demeanor, and ensure patient-centered care at all times.

However, these emotional labor requirements come at a cost. Studies indicate that prolonged engagement in surface acting (displaying expected emotions while concealing true feelings) leads to emotional exhaustion, burnout, and even increased turnover rates among doctors. For example, Song et al. (2023) found that Chinese village doctors who frequently engaged in surface acting during the COVID-19 pandemic experienced significantly higher levels of burnout and job dissatisfaction. Similarly, Wang et al. (2023) demonstrated that family doctors in rural China who experienced high emotional labor demands were more likely to develop emotional exhaustion, which subsequently increased their turnover intention. These findings highlight the hidden psychological costs of emotional labor in the Chinese healthcare system, particularly for clinical doctors who must constantly manage their emotions in high-pressure environments.

In addition to emotional exhaustion, clinical doctors also face a unique

emotional labor challenge due to strained doctor-patient relationships. Statistics show that in 2019, approximately 200,000 medical disputes, instances of verbal abuse, and even acts of violence against doctors occurred nationwide, further intensifying the need for doctors to regulate their emotions in difficult interactions. Unlike many other healthcare professionals, doctors often contend with unrealistic patient expectations, legal pressures, and performance evaluations tied to patient satisfaction, all of which contribute to an emotionally demanding work environment.

Given these challenges, the Chinese government, hospitals, and enterprises are actively working to implement targeted emotional labor interventions that support healthcare professionals' well-being. In February 2020, the National Health Commission, the Ministry of Human Resources and Social Security, and the Ministry of Finance jointly issued the notice "Measures for Improving the Working Conditions of Frontline Healthcare Professionals and Genuinely Caring for Their Physical and Mental Well-being." This initiative aims to enhance the working conditions of frontline healthcare professionals and ensure their comprehensive well-being. Additionally, some enterprises have joined these efforts by providing healthcare employees with mental health resources and support to help them effectively manage the pressures of emotional labor. Tailored mental health training programs for healthcare professionals have also been introduced to strengthen their capacity to handle occupational stress.

Under policy guidance, medical institutions are also taking proactive steps. They provide healthcare professionals with adequate rest and leave through scientifically structured work assignments and shift schedules, preventing excessive workload. Furthermore, medical institutions have enhanced psychological intervention

and counseling services, offering psychological support through hotlines and online platforms. Through a multi-faceted support system spanning the government, enterprises, and society, healthcare professionals receive both practical assistance and emotional care. These initiatives not only safeguard the well-being of healthcare professionals but also ensure the quality and sustainability of medical services. With collective efforts from all stakeholders, healthcare professionals can contribute to public health in a healthier and more resilient state.

1.2.3 Emotional Labor and Health Care Industry in Shanxi Province

Shanxi is a northern province in the People’s Republic of China (Figure 1.3 below). The literal translation of Shanxi is “Western part of the Mountains,” referring to its location, which is the west of the Taihang Mountains.



Figure 1.3 Map of China (The area circled in red is Shanxi Province)

Source of data: Ministry of Natural Resources of the People’s Republic of China, 2023

Shanxi Province covers a total area of 156,700 square kilometers and

administratively governs 11 prefecture-level cities. The region’s capital is Taiyuan (Figure 1.4 below). As of the end of 2023, the province had a permanent population of 34.6599 million. Its gross regional product (GRP) reached 2.569818 trillion yuan, ranking 20th nationwide. (Shanxi Statistical Yearbook, 2023). Shanxi Province holds a unique economic position in China as a significant energy base, particularly renowned for its coal resources. Known as the “Kingdom of Coal,” Shanxi has long been the country’s leading coal producer.

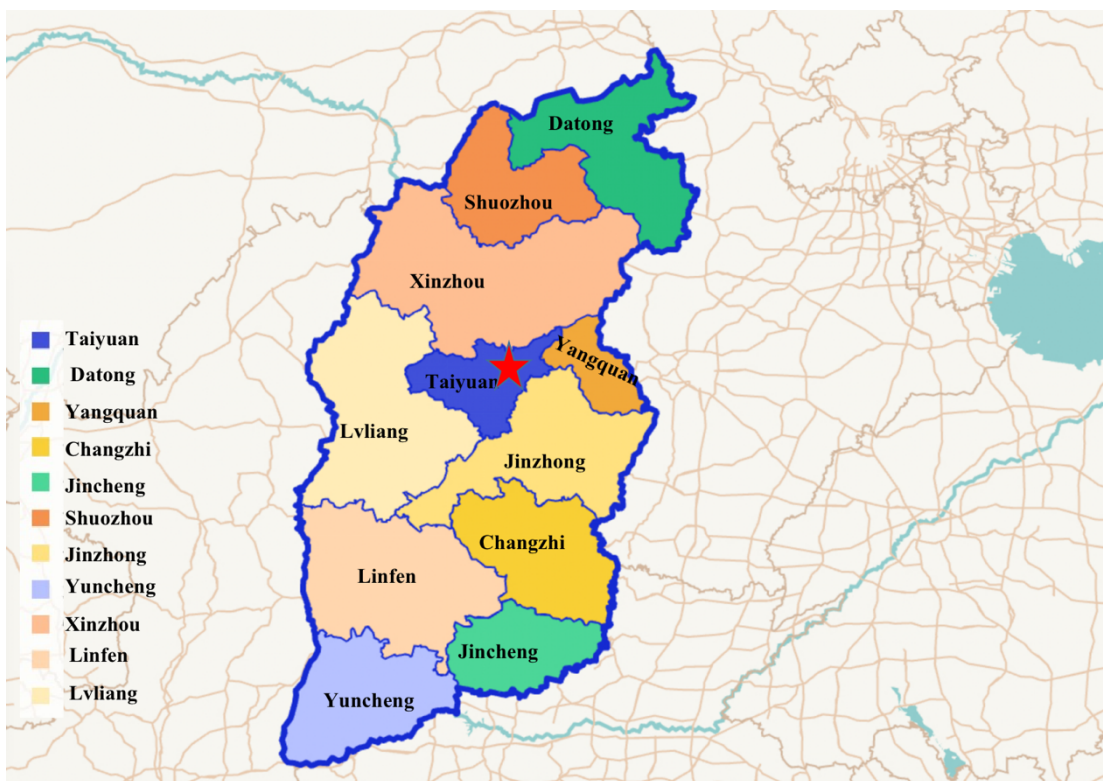


Figure 1.4 Map of Shanxi Province (The red five-star indicates Taiyuan City)
 Source of data: Shanxi Provincial Department of Natural Resources, 2023

Since implementing the 13th Five-Year Plan for National Economic and Social Development of the People’s Republic of China (2016-2020), Shanxi Province has actively promoted the advancement of the healthcare sector, focusing on building a province with a strong traditional Chinese medicine foundation. The province has deepened reforms in the pharmaceutical and healthcare system and continuously

improved the medical and healthcare service system. In this process, the equity and accessibility of essential healthcare services have been significantly enhanced, and the distinctive advantages of traditional Chinese medicine have become increasingly prominent.

As of the end of 2022, Shanxi Province had a total of 14,605 healthcare institutions, including 1,376 hospitals and 129 maternal and child health institutions, with a total of 228,349 hospital beds. The province had approximately 145,000 licensed physicians, among whom about 92,000 were clinical doctors (Shanxi Statistical Yearbook, 2023). From 2015 to 2022, the number of medical and health institution beds per thousand permanent residents increased from 5.00 to 6.58, the average number of practicing (assistant) physicians per thousand population rose from 2.46 to 3.02, while the average number of registered nurses per thousand population climbed from 2.27 to 3.6. The number of general practitioners per ten thousand population rose from 0.89 to 2.14. The ratio of physicians to nurses went from 1:0.90 in 2015 to 1:1.07 in 2022. The structure of healthcare professionals' allocation has been continuously optimized, and service capabilities have significantly improved, with medical health institutions in the province handling 127 million patient visits in 2022(Shanxi Statistical Yearbook, 2023). The public's access to medical health care, happiness, and safety has continuously improved. These data and development trends show Shanxi Province's significant achievements in medical health, providing a solid foundation for the future development of the medical health industry in Shanxi Province.

Nevertheless, as indicated by the Shanxi Province Medical and Health Service System Plan (2023-2025) (referred to as "the Plan"), at the end of 2021, the shortage of healthcare human resources in Shanxi Province has become prominent. The growth

rates of the province's healthcare professionals, technical personnel, and registered nurses were below the national average. In 2022, the number of practicing assistant physicians and practicing physicians experienced a slight decrease, with decline rates of 0.24% and 0.17%, respectively. The number of general practitioners per ten thousand population (2.14) was lower than the national average (3.28). Grassroots medical and healthcare institutions in the province find it challenging to recruit and retain staff, facing both a "shortage of personnel" and a "shortage of talent." High-level medical talents are "hard to attract and retain," making the shortage of human resources a significant bottleneck restricting the improvement of service capacity. (Shanxi Province Medical and Health Service System Plan (2023-2025), 2023)

Simultaneously, the Plan also indicated that high-quality medical resources still need to be improved. The number of tertiary hospitals per million population and beds in tertiary hospitals per thousand population in Shanxi province is lower than the national average. Compared with the developed eastern regions, Shanxi province has fewer high-level hospitals, and there is a significant gap in medical technology, specialized discipline construction, medical research and education, and hospital operation management. The level of diagnosis and treatment for complex and critical cases needs to be improved, and the problem of patients seeking medical treatment across provinces is still prominent. The structural layout is unreasonable. High-quality resources are mainly concentrated in the provincial capital, Taiyuan, and economically developed areas. (Shanxi Province Medical and Health Service System Plan (2023-2025), 2023)

The Shanxi Provincial Medical and Health Service System Plan (2023-2025) also states that, in contrast, the resources in the "Two Mountains" regions of Tai Hang and Lvliang are relatively weak. County-level hospitals have weak capabilities, with

the number of beds in county-run hospitals per thousand population being lower than the national average. Grassroots capabilities are weak, making bridging the "last mile" of medical services difficult. The capacity to prevent, control, and treat significant epidemics and emergencies must be increased. There are prominent contradictions in the supply and demand of areas such as oncology, cardiovascular, respiratory, mental health, rehabilitation, long-term care, pediatrics, pre-hospital emergency care, and critical care. The distinctive advantages of traditional Chinese medicine have yet to be fully utilized. Non-public hospitals generally have a lower overall level. Allocation efficiency also needs to be improved.

There is a significant gap between the Shanxi province's bed utilization rate, average length of stay, and the national average. Inadequate capacity and resource idleness coexist in grassroots medical and healthcare institutions, resulting in low resource utilization efficiency. It is necessary to optimize the connection and collaboration mechanism among specialist public health organizations, grassroots medical and healthcare facilities, and hospitals. The personnel, technology, equipment, data, and information connectivity and sharing level still need improvement. The hierarchical diagnosis and treatment order and the integrated system of continuous service centered on health have yet to form, and the macro-allocation efficiency of the system needs to be improved. (Shanxi Province Medical and Health Service System Plan (2023-2025), 2023)

Based on the 2023 statistics provided by the Shanxi Provincial Bureau of Statistics, the percentage of individuals aged 60 and above who are permanent residents in Shanxi Province reached 20.43% by the end of 2022. This figure is 0.63 percentage points more than the national average. According to the United Nations criteria for population aging (when the population aged 60 and above in an area

exceeds 10%, it enters an aging society), Shanxi Province has entered the stage of moderate aging. The large elderly population will have higher demands for medical insurance services. Looking at the development trend, the degree of aging in Shanxi Province will further deepen. In the coming period, Shanxi Province will continue to face pressure from the aging population. In the long run, this will pose a considerable challenge for the healthcare institutions across the province. Enhancing medical service capabilities and promoting the seamless integration of medical treatment and disease prevention are crucial tasks for hospitals at the current stage. Meanwhile, the demand for emotional labor is increasing. As healthcare professionals face the complex work pressures of an aging society, they require more emotional support and psychological assistance, which is essential for ensuring their physical and mental well-being and improving the quality of medical services.

In summary, Shanxi Province faces challenges such as a shortage of healthcare professionals, insufficient medical resources, and an unbalanced distribution of resources. These issues affect the overall quality of medical services and increase the workload and pressure on healthcare professionals. They must continuously engage in emotional labor, maintaining a professional attitude and suppressing their emotions. Over time, this can lead to the occurrence of mental health problems (Chen et al., 2022). Liu et al. (2022) found that 5.09% of healthcare professionals in Shanxi Province may have moderate or severe psychological issues, with detection rates of obsessive-compulsive symptoms and anxiety being 3.51% and 1.93%, respectively. As the trend of population aging deepens in Shanxi Province, the emotional labor issues of healthcare professionals will become even more significant.

Taiyuan, the capital of Shanxi Province, has the highest population (5.435 million permanent residents) and GDP (557.117 billion yuan) in the province. It boasts

22 Grade 3A public hospitals, ranking first among the 11 cities in Shanxi Province (Shanxi Statistical Yearbook, 2023). According to the "2022 China 36 City Medical Resource Ranking" released by the World Health Organization, Taiyuan ranks second in the doctor-to-population ratio (4.8 doctors per 1000 people), indicating that Taiyuan has relatively abundant medical resources compared to other cities. However, the distribution of medical resources in Shanxi Province remains unbalanced, and as the provincial capital, Taiyuan bears the responsibility of providing medical services to the surrounding ten cities. As a result, 63.7% of the province's top-tier hospitals are concentrated in Taiyuan, and doctors in its tertiary hospitals face immense workloads, attending to 80–150 patients daily, with 42% of cases being complex (Shanxi Provincial Health Data Center, 2021). They are under dual pressure from an annual influx of 1.27 million non-local patients—28.6% from low-income areas—and from 35.8% of patients who face financial difficulties (Taiyuan Medical Insurance Bureau, 2023). These pressures force doctors to limit each consultation to an average of only 4.6 minutes, with the intensity of emotional labor reaching 1.8 times the normal level (Shanxi Medical University, 2022; Chinese Hospital Management Journal, 2023). This situation has led to the overconsumption of medical resources, an imbalance between supply and demand for healthcare services, increased workload for medical professionals, and elevated emotional labor demands. Therefore, the choice of Taiyuan as the research site holds significant academic value. It provides comprehensive empirical evidence and data support, enhancing the persuasiveness and credibility of the study. Moreover, it offers important references and insights for improving the working environment of healthcare professionals both in Shanxi Province and across China.

1.3 Problem Statement

As an indispensable key role in upholding global human health, healthcare professionals in China face significant psychological health issues. According to the findings of the 2020 Survey Report on the Mental Health Status of Healthcare Personnel (China National Mental Health Blue Book, 2021), 2466 healthcare professionals in China, revealing that nearly 30% of them may have a tendency toward depression, whereby the report showed that clinicians exhibited the highest level of depression and nurses ranked second. In addition, 19.8% of healthcare professionals show signs of anxiety. These data unveil the reality of emotional health challenges faced by healthcare professionals. Healthcare professionals' clinical empathy toward patients and their responsibility toward their work environment make emotional labor unavoidable (Zaghini et al., 2020; Vinson & Underman, 2020). This often requires them to suppress their true emotions and perform surface acting to maintain a professional image and meet patient expectations, despite internal stress or fatigue. Research has shown that prolonged surface acting exacerbates emotional dissonance and exhaustion (Hong et al., 2023), while continuous deep acting, though more genuine, can still deplete emotional energy, posing a threat to mental and physical health (Hong et al., 2022; Riforgiate et al., 2022). This further highlights the close relationship between healthcare professional's emotional labor and mental health issues. Therefore, this phenomenon has drawn attention to the concept of emotional labor in healthcare professionals.

As of the end of 2022, with a population of 1.4 billion, China had a total of 4.4 million licensed healthcare professionals, with approximately 2.8 million being clinical doctors. This data highlights the significant shortage of clinical doctors in China (China Health Statistics Yearbook, 2022). The shortage of clinical doctors

means that clinicians need to take on more patients and additional responsibilities, increasing their workload and pressure. A survey from the Chinese Medical Doctor Association (2022) shows that 77.8% of clinicians work about 12 hours daily, 20% work 15-18 hours, 49.2% have at least two-night shifts per week, and all have worked continuously for over 24 hours. In conclusion, due to workforce shortages and high job demands, Chinese clinical doctors often resort to surface acting—suppressing negative emotions to project professionalism and meet patient expectations. This persistent emotional masking heightens their emotional labor burden and risks long-term exhaustion (Hong et al., 2023).

In addition, the doctor-patient relationship has become increasingly strained in recent years, with medical disputes and conflicts rising. According to the 2019 "China Doctor-Patient Relationship Survey Report," data indicates that 73% of doctors in China believe that the doctor-patient relationship is "deteriorating" compared to the past, and 89% of doctors have witnessed or experienced medical disputes. These circumstances place higher emotional demands and challenges on healthcare professionals while carrying out their job responsibilities, thereby elevating the requirements for emotional labor among healthcare professionals (Kim, JS, 2022). This implies that clinical doctors are often compelled to engage in surface acting, suppressing their true emotions and displaying scripted warmth, politeness, and professionalism to meet organizational and patient expectations. Particularly in the context of strained doctor-patient relationships, the pressure to consistently exhibit positive emotional expressions—despite internal stress or frustration—can lead to emotional dissonance. Over time, this reliance on surface acting may undermine communication authenticity, reduce empathy, and negatively impact both the well-being of doctors and the overall quality of patient care (Kan Sönmez, 2021). This

approach enables them to effectively navigate intricate and demanding emotional interactions, satisfying the needs of patients and their families, and ensuring the quality of medical services. Therefore, investigating the antecedents of emotional labor and seeking solutions to improve emotional labor have become crucial issues that medical institutions and the broader healthcare society urgently need to address.

Prior studies on the antecedents of emotional labor have mainly concentrated on individual and situational factors. For example, scholars have pointed out that personality traits, job motivation, and job characteristics have specific effects on emotional labor (Zeng et al., 2021; Pujol-Cols & Dabos, 2021; Chehab et al., 2022). While research on organizational-level influences remains limited, some scholars have examined factors such as emotional display rules (Qiu et al., 2023), organizational support (Zeng et al., 2021), leadership support (Lu et al., 2019). Recent studies on PCSR suggest its potential impact on emotional labor, but findings remain inconclusive. For instance, OH (2019) found that frontline service employees' PCSR were positively associated with deep acting and negatively with surface acting. Similarly, Khan et al. (2021) investigated PCSR in Pakistani banks, revealing that PCSR did not directly influence emotional labor strategies but operated through perceived external reputation and organizational support. Shin Hur (2019) further noted that PCSR indirectly influence surface acting and deep acting through the mediation of prosocial motivation. Moreover, existing studies mainly focus on frontline employees in banking and hotel services, which may not universally apply to healthcare industry. Therefore, it is necessary to extend research to different regions and groups to validate these relationships and enhance our comprehensive understanding of the connection between PCSR and EL. Unlike prior studies that emphasized personal traits, this study highlights how perceived corporate social

responsibility—though perceived at the individual level—is driven by organizational actions. By investigating how PCSR influences both surface acting and deep acting among healthcare professionals, this study uncovers new pathways through which organizational policies may alleviate or exacerbate emotional strain in medical settings.

Additionally, Paruzel (2021) conducted a meta-analysis involving 143 studies, which found that corporate social responsibility (CSR) can further influence employees' attitudes and behavioral outcomes through the mediating role of organizational identification (OI) (Paruzel et al., 2021). In addition, Cheng (2022), based on survey data from 377 frontline employees across 104 hotels, indicated that impression management motives and organizational identification both partially mediate the relationship between perceived external reputation and surface acting, while organizational identification largely mediates the relationship between perceived external reputation and deep acting (Cheng et al., 2022). These findings indirectly provide possible evidence for considering organizational identification as a mediating variable between CSR and EL among healthcare professionals in this study.

Furthermore, scholars both in China and abroad have conducted extensive research on social support, which as an external force driver, has a certain moderating effect on mechanisms that influence employee behavior, attitudes (Li, J., Li, S. et al., 2022), psychology and emotional labor (Heydari, M & Zhou, XH, 2020). This means that in an environment where individuals feel supported by colleagues and the entire organization, the influence of PCSR on EL may be amplified. This study will provide further evidence on this matter. The healthcare industry has consistently remained a focal point of societal attention, and CSR holds a distinct and significant relevance within this domain. Analyzing the role of organizational identity (OI) as a mediator in the connection between perceived corporate social responsibility and emotional labor

among healthcare professionals is of substantial necessity and research value. Hence, this study aims to examine the pivotal variables of clinical doctors' emotional labor through the lens of PCSR, including PICSR and PECSR. Similarly, this study will introduce perceived social support (PSS) as a moderating variable to better clarify the relationship between perceived corporate social responsibility (PCSR) and the emotional labor (EL) of healthcare professionals.

1.4 Research Objectives

The present study aims:

1. To investigate the relationship between Perceived Corporate Social Responsibility (Perceived Internal Corporate Social Responsibility and Perceived External Corporate Social Responsibility) and Emotional Labor (Deep Acting and Surface Acting) among doctors in the healthcare industry.

2. To study the relationship between Perceived Corporate Social Responsibility (Perceived Internal Corporate Social Responsibility and Perceived External Corporate Social Responsibility) and Organizational Identification among doctors in the healthcare industry.

3. To examine the relationship between Organizational Identification and Emotional Labor (Deep Acting and Surface Acting) among doctors in the healthcare industry.

4. To assess the mediating role of Organizational Identification to the relationship between Perceived Corporate Social Responsibility (Perceived Internal Corporate Social Responsibility and Perceived External Corporate Social Responsibility) and Emotional Labor (Deep Acting and Surface Acting) among doctors in the healthcare industry.

5. To assess the moderating role of Perceived Social Support in the relationship between Perceived Corporate Social Responsibility (Perceived Internal Corporate Social Responsibility and Perceived External Corporate Social Responsibility) and Emotional Labor (Deep Acting and Surface Acting) among doctors in the healthcare industry.

1.5 Research Questions

1. Does PCSR (PICSR and PECSR) have a relationship with EL (DA and SA) among doctors in the healthcare industry?

2. Does PCSR (PICSR and PECSR) have a relationship with OI among doctors in the healthcare industry?

3. Does OI has a relationship with EL (DA and SA) among doctors in the healthcare industry?

4. Does OI mediate the relationship between PCSR (PICSR and PECSR) and EL (DA and SA) among doctors in the healthcare industry?

5. Does PSS moderate the relationship between PCSR (PICSR and PECSR) and EL (DA and SA) among doctors in the healthcare industry?

1.6 Scope of the Study

This study focuses on clinical doctors working in Grade 3A public hospitals in Taiyuan, Shanxi Province, China. Specifically, the study targets clinical doctors working in designated departments, including the Emergency Department, Pediatrics, Cardiology, Obstetrics and Gynecology, and the Intensive Care Unit. The inclusion criteria require participants must possess at least one year of clinical experience and hold permanent positions as formal employees. Hence, the conclusions drawn from this research cannot be generalized to other sectors inside China.