**ORIGINAL ARTICLE**

# Exploring the Nexus of Professional Commitment, Emotional Labor, and Self-Efficacy Among Community Pharmacists: Implications for Healthcare Delivery

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**ABSTRACT**

**Objectives:** This study aimed to explore the relationship between emotional labor, professional commitment, and self-efficacy among community pharmacists. Specifically, this study examined how self-efficacy influences professional commitment and the mediating role of emotional labor strategies in this relationship.

**Materials and Methods:** A cross-sectional survey design was used to collect data from 396 community pharmacists. The study used a convenience sampling method and included standardized measures of emotional labor, professional commitment, and self-efficacy. Descriptive statistics were used to examine the levels of these variables among the participants. Multiple regression analyses were conducted to assess the interdependencies and mediating effects of emotional labor strategies.

**Results:** General self-efficacy was positively correlated with emotional commitment ($\beta=0.275$, $p<0.05$) and continuance commitment ($\beta=0.364$, $p<0.05$), explaining 5% and 8% of their variances, respectively. A normative commitment was influenced by self-efficacy ($\beta=0.464$, $p<0.05$) and deep emotional labor ($\beta=0.134$, $p<0.05$), explaining 11% of its variance. Self-efficacy and deep emotional labor positively affected overall professional commitment ($\beta=0.368$, $p<0.05$), accounting for 15% of the variance.

**Conclusion:** The results highlight the crucial role of self-efficacy in managing the emotional demands of the pharmacy profession and in fostering stronger professional commitment. Enhancing pharmacists' self-efficacy and emotional management skills can improve their job satisfaction and commitment to the profession. These findings have clinical implications for the development of training interventions aimed at supporting pharmacists in coping with the emotional aspects of their work and improving their overall professional well-being.

**Keywords:** Emotional labor, professional commitment, self-efficacy, community pharmacists, pharmacy practice

NOTE: this study is the article of the author's doctoral thesis.

## INTRODUCTION

The healthcare sector is a pivotal part of the service industry and is tasked with meeting the population's health needs.[1] Central to healthcare services is a commitment to preserving and enhancing human health through sustained engagement between professionals and patients.[2] This relational aspect reflects the broader dynamics of the service industry, where employees are expected to align with societal values and standards.[3]

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Healthcare professionals, including physicians, nurses, and pharmacists, are integral components of a system that supports society's health.[4] Understanding their multifaceted roles and interactions is crucial for patient outcomes and satisfaction. As healthcare evolves with technological advancements, changing demographics, and new challenges, the ability of professionals to adapt while maintaining professionalism is essential.[5] This adaptation involves fostering trust, empathy, and effective communication with patients and their families.[6]

Community pharmacists play a crucial role in the healthcare ecosystem, offering accessible consultation services and guidance beyond dispensing medications.[7] Comprehensive education and experience allow healthcare professionals to address a spectrum of challenges, making them key players in patient care and health outcomes.[8] Community pharmacists are involved in patient education, chronic disease management, medication management, and preventive health services, positively impacting healthcare delivery.[9] This expanded role highlights the importance of professional commitment, emotional labor, and self-efficacy in community pharmacy.[10] This study explores these dynamics to provide insights into how these factors influence community pharmacists' practices and their impact on healthcare.

Community pharmacists' interactions with patients emphasize their engagement and dedication. Factors shaping professional commitment, emotional labor, and self-efficacy are essential yet underexplored in healthcare research. Although the literature addresses these themes across various sectors, specific exploration within community pharmacy is limited.[11,12]

This study aimed to explore the relationship between emotional labor, professional commitment, and self-efficacy among community pharmacists. Specifically, this study examined how self-efficacy influences professional commitment and the mediating role of emotional labor strategies in this relationship.

The findings of this study can enhance the understanding of community pharmacists' contributions to healthcare by emphasizing their commitment, emotional resilience, and confidence in fostering a positive healthcare environment.

## MATERIALS AND METHODS

### Participants and procedures

This cross-sectional study was designed to examine the effects of community pharmacists' emotional labor behaviors and general self-efficacy perceptions on their levels of professional commitment. The study was conducted from June 2018 to May 2019 and focused on a target population of 1,992 community pharmacists registered with the Ankara Chamber of Pharmacists.

Due to practical challenges such as time and cost constraints, a decision was made to sample a portion of the population. A simple random sampling technique was used to select a representative sample of pharmacists from the population list provided by the Ankara Chamber of Pharmacists. Each pharmacist had an equal chance of being selected. The sample size was determined using the formula:

$$n_o=[(t \times S)/D]^2, \quad n=[n_o/(1+(n_o/N))]$$

where:

- t represents the z-score for the desired confidence level,
- S is the estimated population standard deviation,
- D denotes the acceptable margin of error, and
- N is the total population size.

Based on these calculations, the initial sample size was determined as $n_o=384.16$. After applying the finite population correction factor, the final adjusted sample size was $n=322$.

After randomly selecting the pharmacists, invitations to participate in the survey were sent, and the pharmacists who agreed to participate did so voluntarily. In total, 402 pharmacists participated in the face-to-face survey. After data cleaning (removing incomplete or erroneous responses), the final dataset comprised responses from 396 pharmacists. Voluntary participation was essential for ensuring ethical compliance and participant willingness, although the initial selection process was random.

### Instruments

The initial section of the measurement tool consists of five questions designed to gather demographic information from the participants. The foundational data serves to contextualize the subsequent analyses by providing insights into the diverse backgrounds of the study population.

The measurement tool's second section incorporates the 18-item, three-dimensional Professional Commitment Scale originally developed by Meyer et al.[13] Adapted for the Turkish context through factor analyses by Tak and Çiftçioğlu[14], this scale is designed to evaluate the complex construct of professional commitment, encapsulating three distinct factors: emotional, continuance, and normative commitment. The scale's comprehensive approach to assessing professional commitment is further validated by its overall reliability, which is underscored by a Cronbach's alpha coefficient of 0.85, confirming its efficacy in capturing the nuanced dimensions of professional commitment among Turkish professionals.

The third section incorporates the 10-item general self-efficacy scale developed by Schwarzer and Fuchs,[15] with Turkish validity and reliability established by Aypay.[16] This scale, characterized by its unidimensional structure, evaluates an individual's belief in their capacity to cope with a broad range of demanding or novel situations. The reliability of the general self-efficacy scale was confirmed by a Cronbach's alpha coefficient of 0.83, highlighting its consistency in measuring self-efficacy among Turkish participants.

The fourth section of the measurement tool employs the Emotional Labor Scale, a 13-item instrument initially developed by Diefendorff et al.[17] and subsequently validated for the Turkish context by Basım and Beğenirbaş.[18] Contrary to the initial three-factor structure, this scale effectively distills emotional labor into two core dimensions, Surface Behavior and Deep Behavior, providing a focused exploration of the emotional labor dynamics encountered in the workplace. The reliability of this scale, as evidenced by a Cronbach's alpha coefficient of 0.80,

underscores its capacity to accurately reflect the complexities of emotional labor among Turkish professionals, ensuring its applicability and relevance in examining workplace emotional dynamics.

*Informed consent and institutional review board (IRB) approval*
Informed consent was obtained from all participants. This study was approved by the Ankara University Health Sciences Ethics Sub-Board (approval number 143, date: 25.06.2018).

*Statistical analysis*
Using the robust capabilities of the Statistical Package for the Social Sciences and Analysis of Moment Structures, the data underwent a comprehensive analysis through two pivotal phases. Initially, Exploratory Factor Analysis (EFA) was employed to ascertain the dimensionality and construct validity, followed by Confirmatory Factor Analysis (CFA) to validate the scales' structure and assess model fit, employing maximum likelihood estimation as recommended by Anderson and Gerbing.[19]

The Kaiser-Meyer-Olkin (KMO) measure, a testament to sampling adequacy, yielded favorable results across the board. The Professional Commitment Scale revealed a KMO value of 0.802, coupled with a significant chi-square test result ($\chi^2$=2559.694, $p$<0.05), underscoring the data's fitness for factor analysis. General self-efficacy and emotional labor scale followed suit, registering KMO values of 0.900 and 0.821, respectively, with both scales demonstrating statistically significant chi-square test results, thus validating the preparedness of the dataset for nuanced factor analysis. The EFA for the Professional Commitment Scale has a three-dimensional structure, which, after refinement, comprises 17 items distributed across three factors. This restructured scale accounted for 54.461% of the total variance and exhibited high reliability with a Cronbach's alpha coefficient of 0.816. General Self-Efficacy Scale had a unidimensional structure, encompassing 10 items that explained 49.326% of the variance and achieved a Cronbach's alpha of 0.884, indicating exemplary reliability. The emotional labor scale, upon further analysis, presented a two-factor structure. The final configuration, a 10-item scale, elucidated 64.861% of the variance and exhibited a Cronbach's alpha of 0.816, affirming its reliability. In the process of validating the constructs involved in this study, CFA was meticulously applied to the scales representing professional commitment, general self-efficacy, and emotional labor. The aim of this study was to corroborate the structures unearthed during the exploratory phase, ensuring their statistical robustness and relevance to the professional dynamics of community pharmacists. The CFA was instrumental in affirming the three-dimensional construct of the Professional Commitment Scale, as initially identified. The model fit indices revealed a commendable alignment with the theoretical model, with the chi-square to degrees of freedom ratio ($\chi^2$/df) at 3.35, a marker of good model fit. The Goodness-of-Fit Index (GFI) and the Comparative Fit Index (CFI) registered values of 0.90, underscoring a substantial model fit. Additionally, the Root Mean Square Error of Approximation (RMSEA) was 0.08, further solidifying the scale's capacity to

accurately represent the facet of professional commitment among the pharmacists surveyed. The analysis of the general self-efficacy scale through CFA highlighted its unidimensional structure, complemented by persuasive fit indices that underscored the scale's reliability and construct validity within the study's framework. The $\chi^2$/df ratio was noted at 2.85, indicative of a favorable model fit. Exceptional GFI and CFI values of 0.96 and 0.97, respectively, confirmed the model's satisfactory alignment with the hypothesized structure. The RMSEA index quantified at 0.07, validated a close fit, further confirming the scale's ability to gauge self-efficacy perceptions among participants. Emotional labor scale underwent CFA to validate its factorial structure, with the resultant model fit indices robustly supporting the scale's construct validity. The $\chi^2$/df ratio achieved a commendable value of 3.18, indicating a good model fit. Noteworthy GFI and CFI values of 0.96 and 0.97, respectively, demonstrate exceptional data fit. Furthermore, an RMSEA value of 0.07 was within the acceptable range, affirming the scale's efficacy in capturing the nuanced dimensions of emotional labor pertinent to the community pharmacy context. These analyses are summarized in Table 1.

The validation of the constructs was meticulously undertaken by examining both convergent and discriminant validity. This critical evaluation was achieved through the application of several key metrics, namely average variance extracted (AVE) and composite reliability (CR). Furthermore, the study's AVE values were observed to lie between 0.52 and 0.71, thereby exceeding the accepted benchmark of 0.5. This indicates a satisfactory level of variance explained by the constructs relative to the measurement error. CR values ranged from 0.69 to 0.89, well above the standard criterion of 0.6 recommended by Bagozzi and Yi,[20] attesting to the reliability and internal consistency of the constructs. The assessment of discriminant validity further reinforced the constructs' distinctiveness. This was evidenced by the square roots of the AVE values, which were found to be greater than the correlations among the constructs. This result substantiates the discriminant validity of the measurement model, affirming that each construct indeed captures a unique phenomenon, distinct from the others within the study. Collectively, these findings lend substantial support to the construct validity of the study's measurement instruments, thereby affirming the reliability and accuracy of the underlying research framework.

## RESULTS

A total of 396 community pharmacists participated in the study after data cleaning. A total of 24 participants were excluded due to incomplete or inconsistent data. The sex distribution of the participants was nearly balanced, with 52.5% identifying as male (n=208) and 47.5% as female (n=188). The age range of the participants was diverse, with the most significant proportion (26.0%, n=103) falling within the 31-40 years age group. Other age groups were also represented, reflecting the broad spectrum of age among community pharmacists. A comprehensive summary of characteristic of responders is presented in Table 2.

A significant majority of the participants were married, accounting for 74.5% (n=295) of the sample. Regarding educational qualifications, 81.3% of the pharmacists (n=322) held a bachelor's degree, indicating a high level of educational attainment across the sample. Additionally, participants varied in terms of their professional experience, with 29.0% (n=115) having over 26 years of experience. Others had a range of shorter durations in practice, contributing to a comprehensive representation of community pharmacists in the study.

### Table 1. Characteristics of responders

| Characteristic | Frequency (n) | Percentage (%) |
|---|---|---|
| **Sex** | | |
| Male | 208 | 52.5 |
| Female | 188 | 47.5 |
| **Age group** | | |
| 21-30 years | 82 | 20.7 |
| 31-40 years | 103 | 26.0 |
| 41-50 years | 97 | 24.5 |
| 51+ years | 114 | 28.8 |
| **Marital status** | | |
| Married | 295 | 74.5 |
| Single/Other | 101 | 25.5 |
| **Educational qualification** | | |
| Bachelor's degrees | 322 | 81.3 |
| Other degrees | 74 | 18.7 |
| **Professional experience** | | |
| 0-5 years | 65 | 16.4 |
| 6-15 years | 98 | 24.7 |
| 16-25 years | 118 | 29.8 |
| 26+ years | 115 | 29.0 |

### Table 2. Descriptive statistics of scale scores

| Variable | Mean | SD | Skewness | Kurtosis |
|---|---|---|---|---|
| Emotional commitment | 4.28 | 0.66 | -1.513 | 2.589 |
| Continuance commitment | 3.69 | 0.74 | -0.705 | 0.894 |
| Normative commitment | 3.37 | 0.88 | -0.448 | -0.014 |
| Professional commitment | 3.78 | 0.54 | -0.687 | 1.736 |
| General self-efficacy | 3.25 | 0.52 | -0.455 | -0.409 |
| Surface behavior | 3.07 | 0.85 | -0.083 | 0.365 |
| Deep behavior | 3.71 | 0.84 | -0.711 | 0.711 |
| Emotional labor | 3.39 | 0.64 | -0.446 | 0.883 |

SD: Standard deviation

As shown in Table 3, the mean score for emotional commitment was 4.28, with a standard deviation of 0.66, indicating a relatively high level of emotional attachment to the profession among the participants. Continuance commitment had a mean score of 3.69 and a standard deviation of 0.74, suggesting a moderate level of commitment based on the costs associated with leaving the profession. The normative commitment had a mean score of 3.37 with a standard deviation of 0.88, reflecting a moderate sense of obligation to remain within the profession. The overall professional commitment yielded a mean score of 3.78 and a standard deviation of 0.54. This suggests that the participants have a strong commitment to the pharmacy profession. General self-efficacy scale had a mean of 3.25 with a standard deviation of 0.52, indicating a positive belief in one's capability to execute necessary actions in one professional role. Emotional labor constructs were also examined, with surface behavior recording a mean score of 3.07 and a standard deviation of 0.85, which denotes the frequency of surface acting among participants. Deep behavior had a higher mean score of 3.71 and a standard deviation of 0.84, suggesting greater engagement in deep-acting strategies. The combined emotional labor scale had a mean of 3.39 and a standard deviation of 0.64, highlighting the overall emotional labor efforts of community pharmacists.

In this research, regression analysis was employed to explore the impact of general self-efficacy and the subdimensions of emotional labor on various aspects of professional commitment among community pharmacists. The analysis demonstrated that general self-efficacy positively influences emotional commitment ($\beta$=0.275, $p$<0.05), explaining 5% of its variance. This suggests that pharmacists' belief in their abilities contributes to their emotional attachment to their profession. Similarly, general self-efficacy was found to positively affect continuance commitment ($\beta$=0.364, $p$<0.05), accounting for 8% of its variance. This indicates that self-efficacy beliefs also play a role in pharmacists' evaluation of the costs associated with leaving their profession. In terms of Normative Commitment, both general self-efficacy ($\beta$=0.464, $p$<0.05) and Deep Behavior

### Table 3. Model fit indices of the constructs involved in the study

| Acceptable fit index | Calculated fit indices | | |
|---|---|---|---|
| | Professional commitment | Self-efficacy | Emotional labor |
| $\chi2/df$<5 | 3.355 | 2.848 | 3.180 |
| GFI>0.90, indicating | 0.903 | 0.962 | 0.955 |
| AGFI>0.90 | 0.866 | 0.925 | 0.921 |
| CFI>0.90 | 0.894 | 0.968 | 0.965 |
| RMR<0.08 | 0.087 | 0.021 | 0.052 |
| RMSEA<0.08 | 0.077 | 0.068 | 0.074 |

GFI: Goodness-of-fit index, AGFI: Adjusted goodness of fit index, CFI: Comparative fit index, RMR: Root mean square residual, RMSEA: Root mean square error of approximation

($\beta$=0.134, $p$<0.05) from the emotional labor subdimensions positively influenced this aspect, while Surface Behavior had a negative effect ($\beta$=-0.104, p<0.05). These findings illustrate that pharmacists' self-efficacy and deeper engagement in emotional labor positively contribute to their feeling of obligation to continue in their profession, with 11% of normative commitment variance explained.

The regression analysis further revealed that general self-efficacy and deep behavior positively impact overall professional commitment ($\beta$=0.368 for general self-efficacy and $\beta$=0.062 for deep behavior, $p$<0.05), explaining 15% of its variance. This underscores the significant role of pharmacists' confidence in their professional abilities and their depth of emotional engagement in fostering a strong commitment to their field.

The study also examined the effect of general self-efficacy on emotional labor as a whole. It was found to positively influence emotional labor ($\beta$ =0.131, $p$<0.05), albeit explaining a smaller portion of its variance (1%). This highlights the nuanced impact of self-efficacy on how pharmacists manage their emotions in the workplace.

These findings support the hypothesis that general self-efficacy significantly influences various dimensions of professional commitment and emotional labor processes among community pharmacists. Specifically, the positive effect of general self-efficacy on both deep emotional labor strategies and normative commitment sheds light on the critical interplay between pharmacists' self-belief, approach to emotional regulation, and adherence to professional norms and obligations. Conversely, the lack of significant effect of general self-efficacy on Surface Behavior suggests a more complex relationship between self-efficacy and superficial emotional labor tactics. Collectively, these results offer a comprehensive understanding of the factors contributing to professional commitment and emotional labor in the context of community pharmacy, emphasizing the importance of fostering self-efficacy to enhance professional engagement and effective emotional management. For a detailed examination, the regression analysis results for each construct are presented in Table 4.

## DISCUSSION

This study thoroughly explores the intricate interconnections among emotional labor, professional commitment, and self-efficacy within the field of community pharmacy, drawing on a strong theoretical framework supported by existing literature. It carefully examines how its findings align with and expand upon previous research by incorporating concepts from Bandura's[21] self-efficacy theory and emotional labor theory to clarify the complex dynamics at play in the professional lives of pharmacists.

The positive influence of high self-efficacy on quality of life and satisfaction, as demonstrated in numerous studies,[21,22] underscores the pivotal role of self-efficacy in fostering a resilient professional demeanor among pharmacists. This study revealed that pharmacists with higher self-efficacy perceive challenging conditions not as obstacles but as opportunities for excellence, highlighting their capacity to perform at optimal levels when facing adversity. This finding aligns with Bandura's[21] assertion that individuals with high self-efficacy exhibit distinct cognitive, emotional, and behavioral responses to tasks or challenges, further emphasizing the critical importance of self-efficacy in professional commitment and emotional labor management.

Furthermore, this study explores the effects of emotional labor behaviors and self-efficacy on professional commitment among community pharmacists, revealing nuanced insights through correlation and regression analyses. The validity of the scales used in the data collection tool, as established through factor analyses, attests to the reliability and relevance of the study's methodological approach.

Interestingly, the study's regression analyses revealed that neither surface nor deep acting significantly influences emotional commitment, challenging some existing assumptions in the emotional labor literature. However, deep acting positively affects normative commitment, whereas surface acting negatively impacts it, suggesting that the quality and authenticity of emotional labor are crucial determinants of professional commitment. These findings resonate with limited prior research linking emotional labor factors with professional

| Table 4. Regression analysis results | | | | | |
|---|---|---|---|---|---|
| Dependent variable | Independent variable | Coefficient ($\beta$) | $t$ | $p$ | $R^2$ |
| Emotional commitment | General self-efficacy | 0.275 | 4.394 | <0.05 | 0.052 |
| Continuance commitment | General self-efficacy | 0.364 | 5.215 | <0.05 | 0.084 |
| Normative commitment | General self-efficacy and emotional labor subdimensions | 0.464 (GSE), 0.134 (Deep behavior), -0.104 (Surface behavior) | 5.712 (GSE), 2.602 (Deep behavior), -2.091 (Surface behavior) | <0.05 | 0.114 |
| Professional commitment | General self-efficacy and Deep behavior | 0.368 | 7.593 | <0.05 | 0.154 |
| Emotional labor | General self-efficacy | 0.131 | 2.147 | <0.05 | 0.012 |

GSE: General self-efficacy

commitment, yet they provide a fresh perspective by highlighting the significant positive impact of deep acting on professional commitment. This contrasts with studies like Yıldırım[23] and Giderler et al.[24], who reported varied effects of emotional labor dimensions on different aspects of professional commitment across diverse professions.

This research also identified a significant positive impact of general self-efficacy on deep acting in emotional labor, suggesting that individuals with higher self-efficacy are more inclined toward genuine emotional engagement. This finding is consistent with findings from Lee and Van-Vlack[25] and Alev[26], who indicated that high self-efficacy fosters a preference for deep, over-surface acting in emotional labor, potentially reducing emotional dissonance and burnout. Durak-Buz[27] further supports this, noting the significant influence of general self-efficacy on emotional labor dimensions.

Crucially, this study demonstrated a meaningful positive effect of general self-efficacy on professional commitment among community pharmacists, which is consistent with Bandura's[21] insights on the relationship between high self-efficacy, success, and personal fulfillment. This reinforces the notion that self-efficacy not only enhances individuals' confidence in facing uncertain and challenging situations, and supports their adaptation to continually changing life conditions, as noted by Karadağ et al.[28]

The practical implications of this study extend valuable insights into the management of community pharmacies and the broader healthcare sector, emphasizing the intertwined roles of emotional labor, professional commitment, and self-efficacy in enhancing workplace dynamics. A pivotal suggestion is the enhancement of pharmacists' self-efficacy through continuous professional development programs, mentorship opportunities, and constructive feedback mechanisms. By strengthening pharmacists' confidence in their professional abilities, organizations can foster increased commitment levels, improved job performance, and potentially reduce turnover rates.

Addressing the nuanced impacts of surface and deep acting on professional commitment, this study underscores the necessity for targeted training in emotional labor strategies. By equipping pharmacists with the skills to engage more deeply in their emotional labor through genuine emotional expression and empathy-building techniques, organizations can facilitate more authentic interactions with patients and colleagues, thereby enhancing normative commitment. The creation of a supportive work environment that recognizes the emotional challenges faced by pharmacists is also crucial. Promoting a culture of emotional support where employees feel valued and understood can mitigate the negative effects associated with surface acting and encourage a healthier emotional engagement with work.

The interplay between self-efficacy and emotional labor strategies suggests a strategic approach to task and role assignments in pharmacies. Aligning pharmacists' roles with their levels of self-efficacy and capacity for emotional labor can enhance job satisfaction and minimize emotional exhaustion.

This approach extends to strategic human resource practices, including recruitment, performance management, and career development, all of which should support the cultivation of professional commitment and effective management of emotional labor.

Finally, the emphasis on promoting work-life balance reflects the acknowledgment of the emotional toll associated with pharmacy work. Implementing policies that support flexible scheduling, wellness programs, and initiatives aimed at reducing work-related stress can help pharmacists manage the emotional demands of their roles more effectively. This holistic approach not only contributes to higher levels of professional commitment and job satisfaction but also elevates the quality of care provided to patients. Collectively, these practical implications provide a comprehensive framework for community pharmacies and healthcare organizations to enhance employee well-being and organizational effectiveness by addressing the emotional and cognitive aspects of healthcare work.

*Study limitations*

One of the primary limitations of this study stems from its cross-sectional design, which restricted the ability to infer causality among the examined constructs. Longitudinal or experimental studies could offer a deeper understanding of how changes in self-efficacy influence emotional labor strategies and professional commitment over time. Additionally, reliance on self-reported measures, while practical, may introduce bias and does not capture the dynamic nature of emotional labor and professional commitment in real-time work settings. Future studies could incorporate observational methods or diary entries to provide a more nuanced picture of these phenomena.

The sample drawn from community pharmacists in a specific geographical region limits the generalizability of the findings. Subsequent research could broaden the scope to include pharmacists from diverse practice settings and geographical locations to enhance the external validity of the results. Moreover, exploring these constructs among other healthcare professionals could provide comparative insights and highlight the profession-specific dynamics of emotional labor and commitment.

Future investigations could incorporate additional psychological constructs, such as job satisfaction, stress, and burnout, to provide a more comprehensive understanding of the factors influencing professional commitment in the pharmacy sector. Additionally, the impact of organizational culture and support on the management of emotional labor and professional commitment requires further exploration.

## CONCLUSION

The comprehensive exploration undertaken in this study sheds light on the intricate dynamics between emotional labor, professional commitment, and self-efficacy among community pharmacists, with significant implications for both theory and practice. A rigorous statistical analysis revealed that a higher sense of self-efficacy among pharmacists positively influences

their professional commitment and how they manage emotional labor, particularly favoring deeper, more authentic emotional engagements over superficial ones. A key takeaway from the findings is the critical role of self-efficacy in enhancing professional commitment. Pharmacists with strong beliefs in self-efficacy tend to exhibit greater emotional, continuance, and normative commitment. This underscores the importance of self-confidence in individuals' abilities, not only in executing professional tasks but also in navigating the emotional complexities inherent in pharmacy practice. Moreover, the study highlighted the nuanced effects of emotional labor strategies on professional commitment. Deep acting, characterized by genuine emotional expressions, positively impacts normative commitment, suggesting that authentic emotional engagement fosters a stronger sense of obligation and loyalty to the profession. Conversely, surface acting or superficial emotional management did not significantly affect professional commitment, indicating that mere compliance with expected emotional displays may not be sufficient to foster a deeper sense of professional belonging. The findings also point to the necessity of addressing emotional labor in pharmacy practice, emphasizing the benefits of deep-acting strategies for both pharmacists and patient care. Training and development initiatives that enhance pharmacists' emotional intelligence and capacity for genuine emotional engagement can lead to more fulfilling professional experiences and higher-quality patient interactions.

*Ethics*

**Ethics Committee Approval:** This study was approved by the Ankara University Health Sciences Ethics Sub-Board (approval number 143, date: 25.06.2018).

**Informed Consent:** Informed consent was obtained from all participants.

*Footnotes*

*Authorship Contributions*

Concept: Y.Ö., G.Ö., Design: Y.Ö., G.Ö., Data Collection or Processing: Y.Ö., Analysis or Interpretation: Y.Ö., Literature Search: G.Ö., Writing: Y.Ö., G.Ö.

**Conflict of Interest:** The authors have no conflicts of interest to declare.

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## REFERENCES

1. Berry LL, Bendapudi N. Health care: a fertile field for service research. J Serv Res. 2007;10:111-122.

2. Ludovichetti FS, Zuccon A, Lucchi P, Signoriello AG, Stellini E, Mazzoleni S. Survey on oral health education knowledge of family members and health workers dedicated to patients with disabilities. Eur J Dent. 2023;17:1325-1329.

3. Darzi MA, Islam SB, Khursheed SO, Bhat SA. Service quality in the healthcare sector: a systematic review and meta-analysis. LBS J Manag Res. 2023.

4. Søvold LE, Naslund JA, Kousoulis AA, Saxena S, Qoronfleh MW, Grobler C, Münter L. Prioritizing the mental health and well-being of healthcare workers: an urgent global public health priority. Front Public Health. 2021;9:679397.

5. Alowais SA, Alghamdi SS, Alsuhebany N, Alqahtani T, Alshaya AI, Almohareb SN, Aldairem A, Alrashed M, Bin Saleh K, Badreldin HA, Al Yami MS, Al Harbi S, Albekairy AM. Revolutionizing healthcare: the role of artificial intelligence in clinical practice. BMC Med Educ. 2023;23:689.

6. Chen W, Chung JOK, Lam KKW, Molassiotis A. Patients', families' and healthcare providers' perspectives on end-of-life communication in Chinese hospital settings: a qualitative study protocol. PLoS One. 2023;18:e0296342.

7. Tinelli M, Ryan M, Bond C. Patients' preferences for an increased pharmacist role in the management of drug therapy. Int J Pharm Pract. 2009;17:275-282.

8. Rajiah K, Sivarasa S, Maharajan MK. Impact of pharmacists' interventions and patients' decision on health outcomes in terms of medication adherence and quality use of medicines among patients attending community pharmacies: a systematic review. Int J Environ Res Public Health. 2021;18:4392.

9. George PP, Molina JA, Cheah J, Chan SC, Lim BP. The evolving role of the community pharmacist in chronic disease management-a literature review. Ann Acad Med Singap. 2010;39:861-867.

10. Kılıçdağı Y. Investigation of the effect of emotional labor behaviors and general self-efficacy perceptions of community pharmacists on their professional commitment: ankara province sample. Doctoral dissertation, Ankara University. 2020.

11. Yong FR, Hor SY, Bajorek BV. Australian community pharmacy service provision factors, stresses and strains: a qualitative study. Explor Res Clin Soc Pharm. 2023;9:100247.

12. Yıldız A, Gayır GB. The relationship between the emotional labor behaviors of sales staff and their life satisfaction: a research in free pharmacies in TRB-1 region in Turkey. Kahramanmaraş Sütçü İmam Univ J Soc Sci. 2023;20(1):300-319.

13. Meyer JP, Allen NJ, Smith CA. Commitment to organizations and occupations: extension and test of a three-component conceptualization. J Appl Psychol. 1993;78:538-551.

14. Tak B, Çiftçioğlu BAA. Testing three dimensional occupational commitment scale on Turkish sample: An empirical investigation. J Dokuz Eylul Univ Fac Bus. 2009;10:35-54.

15. Schwarzer R, Fuchs R. Self-efficacy at different stages of the health behavior change process. In: Rodriguez-Marin J, ed. Health Psychology and Quality of Life Research: Proceedings of the 8th Annual Conference of the European Health Psychology Society, Vol. I. University of Alicante; 1995:64-66.

16. Aypay A. The Adaptation Study of General Self-Efficacy (GSE) Scale to Turkish. Inonu Univ J Fac Educ. 2010;11:113-132.

17. Diefendorff JM, Croyle MH, Gosserand RH. The dimensionality and antecedents of emotional labor strategies. J Vocat Behav. 2005;66:339-357.

18. Basım HN, Beğenirbaş M. Emotional labor in work life: a study of scale adaptation. J Manag Econ. 2012;19:77-90.

19. Anderson JC, Gerbing DW. Structural equation modeling in practice: a review and recommended two-step approach. Psychol Bull. 1988;103:411-423.

20. Bagozzi RP, Yi Y. Specification, evaluation, and interpretation of structural equation models. J Acad Mark Sci. 2012;40:8-34.

21. Bandura A. The explanatory and predictive scope of self-efficacy theory. J Soc Clin Psychol. 1986;4:359-373.

22. Luszczynska A, Gutiérrez-Doña B, Schwarzer R. General self-efficacy in various domains of human functioning: evidence from five countries. Int J Psychol. 2005;40:80-89.

23. Yıldırım D. Duygusal emek ve mesleki bağlılık ilişkisi: Avukatlar üzerine bir araştırma [Master's thesis]. Muğla: Muğla Sıtkı Koçman Üniversitesi, Sosyal Bilimler Enstitüsü; 2019. Available from: tez.yok.gov.tr

24. Giderler C, Baran H, Kirmizi C. Does emotional labour affect occupational commitment? A study on academicians. Res J Bus Manag. 2016;3:194-206.

25. Lee M, Van Vlack S. Teachers' emotional labour, discrete emotions, and classroom management self-efficacy. Educ Psychol. 2018;38:669-686.

26. Alev S. Öğretmenlerin genel öz yeterlilik algıları ile duygusal emek davranışları arasındaki ilişkinin incelenmesi: izlenim yönetimi taktiklerinin aracılık rolü [Master's thesis]. Gaziantep: Gaziantep Üniversitesi, Eğitim Bilimleri Enstitüsü; 2018.

27. Durak-Buz D. Öz-yeterliğin duygusal emek üzerindeki etkisi ve bu süreçte örgütsel desteğin düzenleyici rolüne ilişkin bir çalışma [Doctoral dissertation]. İstanbul: İstanbul Üniversitesi, Sosyal Bilimler Enstitüsü; 2019.

28. Karadağ E, Aksoy Derya Y, Ucuzal M. The self-efficacy-sufficiency levels of a health college student. Maltepe Univ J Nurs Sci Art. 2011;4:13-20.

29. Hochschild AR. The managed heart: commercialization of human feeling. In: the production of reality: essays and readings on social interaction. University of California Press; 1983.