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

ÖZKAYA and ÖZÇELİKAY. Professional Commitment, Emotional Labor, and Self-Efficacy

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28.06.2024
03.12.2024
05.12.2024

ABSTRACT
Objectives: This study aimed to explore the relationships between emotional labor, professional commitment, and self-efficacy among community pharmacists. Specifically, the 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 employed, collecting data from 396 community pharmacists. The study used a convenience sampling method, and the survey included standardized measures of emotional labor, professional commitment, and self-efficacy. Descriptive statistics were used to examine the levels of these variables among participants. Multiple regression analyses were conducted to assess the interdependencies and the mediating effect of emotional labor strategies. The study was retrospective, and SPSS software was used for data analysis.
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. 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 fostering stronger professional commitment. Enhancing pharmacists' self-efficacy and emotional management skills could 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, thus improving their overall professional well-being.
Keywords: Emotional Labor, Professional Commitment, Self-Efficacy, Community Pharmacists, Pharmacy Practice

INTRODUCTION
The healthcare sector is a pivotal part of the service industry, 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]. Healthcare professionals, including doctors, 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, professionals' ability 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 within the healthcare ecosystem, offering accessible consultation services and guidance beyond dispensing medications[7]. Their comprehensive education and experience allow them 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 within community

pharmacy[10]. This study explores these dynamics to provide insights into how these factors influence community pharmacists' practice and impact within healthcare.

Community pharmacists' interactions with patients emphasize their engagement and dedication. Factors shaping their professional commitment, emotional labor, and self-efficacy are essential yet underexplored in healthcare research. While literature addresses these themes across various sectors, specific exploration within community pharmacy is limited[11]. This study addresses this gap by examining the relationships between community pharmacists' professional commitment, emotional labor, and self-efficacy, aiming to illuminate their impact on healthcare services and patient outcomes. The research aspires to enhance understanding of community pharmacists' contributions to healthcare, emphasizing their commitment, emotional resilience, and confidence in fostering a positive healthcare environment.

MATERIALS AND METHODS

Participants and procedure

A 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 $n0 = [(t \times S) / d]^2$, $n = [n0 / (1+(n0/N))]$, where t is the z-value for the desired confidence level, S is the estimated population standard deviation, d is the acceptable margin of error, and N is the population size. This resulted in an initial sample size of $n0 = 384.16$, adjusted to $n = 322$ with the finite population correction factor.

However, after randomly selecting the pharmacists, invitations to participate in the survey were sent, and those pharmacists who agreed to participate did so voluntarily. As a result, 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. The voluntary participation was essential for ensuring ethical compliance and participant willingness, though 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. This 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 Commitment, Continuance Commitment, and Normative Commitment. The scale's comprehensive approach to assessing professional commitment is further validated by its overall reliability, 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 Jerusalem [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 is 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 crafted 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. The scale is involved in Appendix.

Informed consent and institutional review board (irb) approval

Informed consent

Informed consent was meticulously obtained from all participants involved in this study. Prior to data collection, participants were provided with comprehensive information regarding the study's purpose, procedures, potential risks, and benefits. This information was presented in clear and understandable language to ensure participants were fully aware of what their involvement entailed. They were also informed of their right to withdraw from the study at any point without any repercussions. Each participant was required to sign a written consent form,

affirming their voluntary participation and understanding of the study. The consent form adhered to ethical guidelines, ensuring the participants' confidentiality and the secure handling of their data.

institutional review board (irb) approval

This research received no external funding.

RESULTS

Demographic characteristics of participants

A total of 396 community pharmacists participated in the study after data cleaning. The gender 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 largest 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.

In terms of marital status, 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, while others had a range of shorter durations in practice, contributing to a comprehensive representation of the community pharmacists in the study.

Descriptive statistics

As seen in Table 1, the mean score for Emotional Commitment was observed at 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 revealed 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. Normative Commitment displayed 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, encompassing the above three facets, yielded a mean score of 3.78 and a standard deviation of 0.54. This suggests a strong commitment to the pharmacy profession among the study participants. The General Self-Efficacy scale showed a mean of 3.25 with a standard deviation of 0.52, indicating a positive belief in one's capability to execute necessary actions within their professional role. The 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 a greater engagement in deep acting strategies. The combined Emotional Labor score had a mean of 3.39 and a standard deviation of 0.64, showcasing the overall emotional labor efforts put forth by the community pharmacists.

Findings related to data analysis

Utilizing the robust capabilities of the Statistical Package for the Social Sciences (SPSS) and Analysis of Moment Structures (AMOS), 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 ($\chi2 = 2559.694$, $p < 0.05$), underscoring the data's fitness for factor analysis. The General Self-Efficacy and Emotional Labor Scales 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 a nuanced factor analysis. The EFA for the Professional Commitment Scale illuminated a three-dimensional structure, which, after refinement, consisted of 17 items distributed across three factors. This restructured scale accounted for 54.461% of the total variance and boasted a high reliability with a Cronbach's alpha coefficient of 0.816. For the General Self-Efficacy Scale, a unidimensional structure was identified, 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 was to corroborate the structures unearthed during the exploratory phase, ensuring their statistical robustness and relevance to the community pharmacists' professional dynamics. For the Professional Commitment Scale, the CFA was instrumental in affirming its three-dimensional construct as initially identified. The model fit indices revealed a commendable alignment with the theoretical model, with the chi-square to degrees of freedom ratio ($\chi2/df$) presenting at 3.35, a marker of a good model fit. The Goodness-of-Fit Index (GFI) and the Comparative Fit Index (CFI) both registered values of 0.90, underscoring a substantial model fit. Additionally, the Root Mean Square Error of Approximation (RMSEA) stood at 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 confines of this study. The $\chi2/df$ ratio was noted at 2.85, indicative of a favorable model fit. Exceptional GFI and CFI values of 0.96 and 0.97, respectively, attested to 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 adeptness in gauging self-efficacy perceptions among participants. The Emotional Labor Scale underwent CFA to validate its bifactorial structure, with the resultant model fit indices robustly supporting the scale's construct validity. The $\chi2/df$ ratio achieved a commendable value of 3.18, reflecting a good model fit. Noteworthy GFI and CFI values of 0.96 and 0.97, respectively, demonstrated an exceptional fit to the collected data. Furthermore, an RMSEA value of 0.07 fell 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 delineated in Table 2.

The validation of the constructs within this study was meticulously undertaken by examining both convergent and discriminant validity. This critical evaluation was facilitated 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. Composite reliability 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 is indeed capturing 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.

Regression analysis

In this research, regression analysis was employed to explore the impact of General Self-Efficacy and the sub-dimensions of Emotional Labor on various aspects of Professional Commitment among community pharmacists. The results elucidated significant relationships, revealing how these variables interact to influence Emotional Commitment, Continuance Commitment, Normative Commitment, and overall Professional Commitment within the context of pharmacy practice.

The analysis demonstrated that General Self-Efficacy positively influences Emotional Commitment (β=0.275, p<0.05), explaining 5% of its variance. This suggests that pharmacists' belief in their capabilities contributes to their emotional attachment to their profession. Similarly, General Self-Efficacy was found to positively affect Continuance Commitment (β=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 (β=0.464, p<0.05) and Deep Behavior (β=0.134, p<0.05) from the Emotional Labor sub-dimensions positively influenced this aspect, while Surface Behavior had a negative effect (β=-0.104, p<0.05). These findings illustrate that pharmacists' self-efficacy and their deeper engagement in emotional labor positively contribute to their feeling of obligation to continue in their profession, with 11% of Normative Commitment's variance explained.

The regression analysis further revealed that General Self-Efficacy and Deep Behavior positively impact overall Professional Commitment (β=0.368 for General Self-Efficacy and β=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 (β =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 confirm 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, their approach to emotional regulation, and their 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 detailed examination, the regression analysis results for each construct involved in the study are presented in Table 3.

DISCUSSION

This study vividly delves into the profound interconnections among emotional labor, professional commitment, and self-efficacy within the sphere of community pharmacy, leveraging a robust theoretical framework supported by existing literature. This study meticulously discusses how its findings corroborate and extend previous research by integrating concepts from Bandura's [21] self-efficacy theory and Hochschild's [29] emotional labor theory, elucidating the complex dynamics at play in the professional lives of pharmacists.

The positive influence of high self-efficacy on life quality 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 reveals that pharmacists with higher self-efficacy perceive challenging conditions not as obstacles but as opportunities for excellence, showcasing their capacity to perform at optimal levels in the face of 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, the 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, established through factor analyses, attests to the reliability and relevance of the study's methodological approach.

Interestingly, the study's regression analyses uncover that neither surface nor deep acting significantly influences emotional commitment, challenging some existing assumptions within the emotional labor literature. However, deep acting positively affects normative commitment while surface acting impacts it negatively, 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 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], which reported varied effects of emotional labor dimensions on different aspects of professional commitment across diverse professions.

This research also identifies a significant positive impact of general self-efficacy on deep acting within emotional labor, suggesting that individuals with higher self-efficacy are more inclined towards genuine emotional engagement. This is consistent with findings from Lee and Van-Vlack [25] and Alev [26], indicating 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, the study demonstrates a meaningful positive effect of general self-efficacy on professional commitment among community pharmacists, aligning 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 but also plays a supportive role in adapting to continually changing life conditions, as noted by Karadağ et al. [28].

The practical implications derived from this study extend valuable insights to 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 bolstering 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, the 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.

Moreover, the interplay between self-efficacy and emotional labor strategies suggests a strategic approach in task and role assignments within 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, which should all support the cultivation of professional commitment and the 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 both 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 restricts the ability to infer causality among the examined constructs. Longitudinal or experimental studies could offer deeper understanding into how changes in self-efficacy influence emotional labor strategies and professional commitment over time. Additionally, the 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 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 the development of professional commitment warrants 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, unveiling significant implications for both theory and practice. By employing a rigorous statistical analysis, the study 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 self-efficacy beliefs tend to exhibit greater emotional commitment, continuance commitment, and normative commitment. This underscores the importance of self-confidence in one's 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, was found to positively impact normative commitment, suggesting that authentic emotional engagement fosters a stronger sense of obligation and loyalty to the profession. Conversely, surface acting, or the superficial management of emotions, did not significantly affect professional commitment, indicating that mere compliance with expected emotional displays might 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.

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Appendix

Professional commitment

1. Eczacılık mesleği kişisel imajım açısından önem taşımaktadır.
2. Eczacılık mesleğine girdiğim için pişmanım.
3. Eczacı olduğum için gurur duyuyorum.
4. Bir eczacı olmaktan hoşlanmıyorum.
5. Eczacılık mesleği ile kendimi özdeşleştiremiyorum.
6. Eczacılık mesleğini heyecan verici bir meslek olarak görüyorum.
7. Eczacılık mesleğine şimdi değiştirmeyi düşünmeyecek kadar çok şey verdim.
8. Benim için mesleğimi değiştirmek şu an çok zor olur.
9. Eğer mesleğimi değiştirirsem hayatım büyük ölçüde altüst olur.
10. Şu anda mesleğimi değiştirmem bana çok pahalıya patlar.
11. Beni eczacılık mesleğimi yapmaktan alıkoyacak herhangi bir neden yok.
12. Şu anda mesleğimi değiştirmem için kişisel olarak çok önemli fedakârlıklara katlanmam gerekir.
13. Belirli bir mesleğin eğitimini almış kişilerin o mesleği makul bir süre yapma sorumluluğu taşımaları gerektiğine inanıyorum.
14. Eczacılık mesleğinde kalmak için herhangi bir yükümlülük hissetmiyorum.
15. Eczacılık mesleğine devam etmeyi, yerine getirmem gereken bir sorumluluk olarak görüyorum.
16. Bana avantaj sağlayacak olsa bile, eczacılık mesleğini bırakmaya hakkım olmadığını düşünüyorum.
17. Eczacılık mesleğini bırakırsam kendimi suçlu hissederim.
18. Mesleğime duyduğum sadakatten dolayı eczacılık yapmaya devam ediyorum.

Self-efficacy

1. Yeterince çaba harcarsam, zor sorunları çözmenin bir yolunu daima bulabilirim.
2. Bana karşı çıkıldığında, istediğimi elde etmemi sağlayacak bir yol ve yöntem bulabilirim.
3. Amaçlarıma bağlı kalmak ve bunları gerçekleştirmek benim için kolaydır.
4. Beklenmedik olaylarla etkili bir biçimde başa çıkabileceğime inanıyorum.
5. Yeteneklerim sayesinde beklenmedik durumlarla nasıl başa çıkabileceğimi biliyorum.
6. Gerekli çabayı gösterirsem, birçok sorunu çözebilirim.
7. Baş etme gücüme güvendiğim için zorluklarla karşılaştığımda soğukkanlılığımı koruyabilirim.
8. Bir sorunla karşılaştığımda, genellikle birkaç çözüm yolu bulurum.
9. Başım dertte olduğunda, genellikle bir çözüm yolu bulabilirim.
10. Önüme çıkan zorluk ne olursa olsun, üstesinden gelebilirim.

Emotional labor

1. Hastalarla ilgilenirken iyi hissediyormuşum rolü yaparım.
2. Mesleğimin gerektirdiği duyguları sergileyebilmek için sanki bir maske takarım.
3. Hastalarla ilgilenirken bir şov yapar gibi ekstra performans sergilerim.
4. Hastalarla uygun şekilde ilgilenebilmek için rol yaparım.
5. Mesleğimi yaparken hissetmediğim duyguları hissediyormuş gibi davranırım.
6. Hastalara gerçek hissettiğim duygulardan farklı duygular sergilerim.
7. Göstermem gereken duyguları gerçekte de hissetmek için çaba harcarım.
8. Hastalara göstermem gereken duyguları hissedebilmek için elimden geleni yaparım.
9. Hastalara sergilemem gereken duyguları içimde de hissedebilmek için yoğun çaba gösteririm.
10. Hastalara göstermek zorunda olduğum duyguları gerçekten yaşamaya çalışırım.
11. Hastalara gösterdiğim duygular kendiliğinden ortaya çıkar.
12. Hastalara sergilediğim duygular samimidir.
13. Hastalara gösterdiğim duygular o an hissettiklerime aynıdır.

Table 1. Descriptive statistics for 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

Table 2. Model fit indices for the constructs involved in the study

Acceptable Fit Index	Calculated Fit Indices		
	Professional Commitment	Self-Efficacy	Emotional Labor
$\chi^2/df < 5$	3.355	2.848	3.180
GFI > 0.90	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

Table 3. Regression analysis results

Dependent Variable	Independent Variable	Coefficient (β)	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 Sub-Dimensions	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