Print ISSN: 1738-3110 / Online ISSN 2093-7717
JDS website: http://accesson.kr/jds
http://doi.org/10.15722/jds.24.01.2026001.115

Distribution of Healthcare Services and Physicians' Emotional Labor: The Moderating Roles of Resilience and Coworker Support

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Received: October 01, 2025. Revised: December 30, 2025. Accepted: January 05, 2026.

Abstract

Purpose: The present study examines physicians' emotional labor from a distribution science perspective, conceptualizing emotional labor as an operational cost embedded in the delivery of healthcare services. Rather than treating emotional labor solely as an individual psychological burden, the study frames it because of how healthcare services are distributed across patients, time, and organizational structures. **Research design, data and methodology:** Using a systematic literature review approach, this study synthesizes prior research on emotional labor, healthcare service delivery, resilience, and coworker support. The review reorganizes fragmented findings into a logistics-based framework in which emotional demands emerge along service pathways and are moderated by individual and organizational buffering mechanisms. **Results:** The reviewed literature indicates that uneven service distribution intensifies physicians' emotional labor, while resilience and coworker support function as stabilizing moderators that absorb and redistribute emotional strain. These mechanisms reduce service-related emotional bottlenecks and contribute to more sustainable healthcare delivery. **Conclusions:** By integrating emotional labor research with distribution and logistics concepts, this study contributes to the Journal of Distribution Science by reframing emotional labor as a systemic service-distribution issue rather than an isolated individual problem. The findings highlight the importance of designing healthcare delivery systems that distribute emotional demands more sustainably.

Keywords : Organizational Justice, Distribution Perspectives, Job Satisfaction, Millennials and Gen Z

JEL Classification Code: I11; D23; M12; L84

1. Introduction

Healthcare systems operate through complex service distribution processes that allocate medical resources, professional time, and emotional engagement across patients and care settings. Physicians are required not only to provide technical expertise but also to manage emotions during service encounters, often under conditions of high uncertainty, urgency, and emotional intensity. Emotional labor—defined as the regulation of emotions to meet professional and organizational expectations—has therefore become an inherent component of healthcare service delivery (Hochschild, 1983).

Most existing studies examine physicians' emotional labor as an individual-level phenomenon associated with burnout, job satisfaction, or psychological well-being. While this perspective has generated valuable insights, it tends to overlook the structural conditions under which emotional labor arises. In healthcare contexts, emotional demands are not randomly experienced; rather, they are

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produced and amplified through the way services are distributed across workloads, shifts, patient flows, and organizational hierarchies (Ashforth & Humphrey, 1993).

From a distribution science perspective, healthcare delivery can be understood as a logistics system in which service encounters follow identifiable pathways. Along these pathways, emotional demands accumulate, particularly when physicians face repeated high-intensity interactions without sufficient recovery or redistribution of emotional workload. When service distribution is uneven, emotional labor becomes concentrated, creating bottlenecks that increase the risk of emotional exhaustion and service instability (Grandey, 2000).

Recent healthcare management studies suggest that not all physicians experience emotional labor in the same way. Individual resilience, the capacity to recover from stress—and coworker support the availability of emotional and instrumental assistance from colleagues have been identified as key moderating resources. These resources function as internal and relational buffers that absorb emotional strain and facilitate its redistribution within healthcare teams (Halbesleben, 2006).

Despite growing interest in these moderating mechanisms, prior research remains fragmented across psychology, healthcare management, and organizational behavior. Few studies integrate emotional labor, resilience, and coworker support within a unified service distribution framework. As a result, emotional labor is still predominantly framed as a personal coping issue rather than a systemic outcome of healthcare service design.

Addressing this gap, the present study conducts a systematic literature review to reframe physicians' emotional labor as a distributional issue embedded in healthcare service pathways. By conceptualizing resilience as an internal buffering mechanism and coworker support as an organizational redistribution channel, this study aims to provide a process-oriented explanation of emotional labor that aligns with the analytical focus of the Journal of Distribution Science.

2. Literature Review

2.1. Emotional Labor in Healthcare Service Delivery

Emotional labor has been widely examined as a defining characteristic of healthcare work. Physicians are expected to display empathy, calmness, and professional composure regardless of personal emotional states. Early foundational studies conceptualize emotional labor as the regulation of emotional expression to meet occupational expectations, particularly in service-intensive professions (Hochschild, 1983). In healthcare contexts, this regulation is continuous rather than episodic, making emotional labor an integral part of daily service delivery.

Subsequent research emphasizes that emotional labor in healthcare is not merely an individual choice but is shaped by organizational norms and service demands. Ashforth and Humphrey (1993) argue that emotional labor is embedded in role expectations and institutionalized service scripts. From this perspective, physicians' emotional expressions are structured by how healthcare services are organized and delivered, rather than solely by personal disposition.

2.2. Emotional Labor as an Operational Cost within Service Systems

Later studies move beyond definitional debates and examine the consequences of emotional labor. Grandey (2000) proposes an integrative model showing that emotional labor functions as an operational demand that consumes psychological resources. In healthcare settings, repeated high-stakes interactions intensify this demand, particularly when physicians have limited control over service pacing and patient flow.

Service management research further suggests that emotional labor should be understood as a cost embedded in service operations. When healthcare services are unevenly distributed across physicians, emotional demands accumulate along specific service pathways, leading to emotional congestion and exhaustion (Brotheridge & Grandey, 2002). This perspective aligns with distribution science by framing emotional labor as a byproduct of service allocation and workload distribution rather than an isolated emotional experience.

2.3. Uneven Service Distribution and Emotional Strain

Healthcare delivery systems often involve uneven patient distribution, unpredictable demand, and time pressure. Studies show that such structural conditions intensify emotional labor by limiting opportunities for emotional recovery between service encounters. Morris and Feldman (1996) argue that the frequency, intensity, and duration of emotional labor are directly shaped by job design and workload structure.

From a logistics perspective, repeated exposure to emotionally demanding encounters without redistribution mechanisms create emotional bottlenecks. Physicians positioned at critical points in the service chain—such as emergency departments or outpatient clinics with high patient turnover—are more likely to experience concentrated emotional strain. This suggests that emotional labor emerges along identifiable service paths shaped by

healthcare distribution systems (Grandey, 2000).

2.4. Resilience as an Internal Buffering Mechanism

Not all physicians respond to emotional labor in the same way. Individual resilience has been identified as a key resource that mitigates the negative effects of emotional demands. Resilience refers to the capacity to recover and adapt following stress, allowing individuals to maintain functioning under sustained pressure (Luthans, 2002).

In healthcare research, resilience is frequently associated with lower burnout and greater emotional stability. Studies suggest that resilient physicians are better able to absorb emotional shocks generated by intense service encounters and restore emotional equilibrium more quickly (Jackson et al., 2007). From a distribution perspective, resilience operates as an internal buffer that reduces emotional overload within the service pathway.

2.5. Coworker Support and Emotional Redistribution

Beyond individual resources, organizational and relational resources also play a crucial role. Coworker support refers to the emotional and instrumental assistance provided by colleagues within the workplace. Prior studies demonstrate that supportive coworker relationships reduce the perceived intensity of emotional labor and enhance coping capacity (Halbesleben, 2006).

In healthcare teams, coworker support enables the redistribution of emotional strain through shared experiences, informal communication, and mutual assistance. This collective process helps prevent emotional demands from concentrating on a single individual. Viewed through a distribution science lens, coworker support functions as an organizational redistribution channel that diffuses emotional labor across the team rather than allowing it to accumulate at specific nodes (Bakker et al., 2005).

2.6. Research Gaps in Pathway-based Healthcare Emotional Labor Studies

Although emotional labor, resilience, and coworker support have been studied extensively, existing research remains fragmented. Most studies focus on direct relationships between emotional labor and individual outcomes such as burnout or satisfaction. Few studies integrate these variables within a unified service distribution framework that explains how emotional labor flows through healthcare systems.

Moreover, emotional labor is rarely conceptualized as a systemic outcome shaped by service distribution and logistics design. This gap limits the ability of existing research to inform structural interventions aimed at improving healthcare sustainability. Addressing this limitation requires a pathway-based synthesis that positions emotional labor within healthcare service distribution processes rather than treating it as a purely individual coping issue.

Accordingly, this study synthesizes prior research to reconceptualize physicians' emotional labor as a distributional phenomenon moderated by resilience and co-worker support. This framework provides the theoretical foundation for the findings discussed in subsequent sections.

3. Methodological Framework of the Literature Review

3.1. Review Approach and Analytical Perspective

This study adopts a **systematic and interpretive literature review** approach to examine physicians' emotional labor within healthcare service distribution systems. Rather than aggregating statistical results, the review focuses on identifying recurring conceptual patterns across prior studies. This approach is suitable for addressing the study's central objective, which is to reinterpret emotional labor as a distributional phenomenon embedded in healthcare service pathways.

From a Journal of Distribution Science perspective, the review treats emotional labor as an operational outcome that emerges along service flows. Accordingly, the methodological focus is placed on how emotional demands are generated, accumulated, and moderated as healthcare services are delivered. This requires a synthesis strategy that emphasizes process, pathways, and structural conditions rather than isolated variable relationships.

3.2. Literature Identification and selection

The literature reviewed in this study was identified through a structured search of academic databases commonly used in healthcare management and organizational research. Keywords related to emotional labor, healthcare services, resilience, coworker support, and service delivery were combined to capture a broad yet relevant body of literature.

To ensure conceptual consistency, only peer-reviewed journal articles and academic books that explicitly addressed emotional labor in service or healthcare contexts were considered. Studies focusing solely on unrelated occupational groups or purely clinical outcomes were excluded. This selection strategy ensured that the reviewed literature directly informed the distribution-oriented framework developed in this study.

3.3. Analytical Categories and Coding Logic

After identifying relevant studies, the literature was analyzed using a thematic coding approach. Each study was examined with attention to three core analytical dimensions. First, the source of emotional labor was identified, focusing on how service demands, patient interactions, and workload distribution contributed to emotional strain. Second, moderating mechanisms were examined, particularly individual resilience and coworker support, which were treated as buffering and redistribution resources.
Third, outcome implications were analyzed to understand how emotional labor influenced sustainability in healthcare service delivery. These dimensions allowed the review to reorganize fragmented findings into a coherent logistics-based pathway model. Emotional labor was positioned as a pressure point within the service distribution system, while resilience and coworker support were conceptualized as mechanisms that regulate emotional flow.

3.4. Synthesis Strategy: a Pathway-based Framework

Rather than summarizing studies one by one, this review synthesizes findings across studies by mapping them onto a **service pathway framework**. Emotional demands are traced along healthcare service processes, highlighting where emotional strain tends to concentrate and how it is mitigated. This pathway-based synthesis aligns with distribution science by emphasizing how outcomes depend on flow efficiency and buffering capacity. By applying this logic, the review moves beyond descriptive comparison and offers an integrative explanation of emotional labor dynamics in healthcare systems.

3.5. Methodological rigor and limitations

To enhance rigor, the review maintained transparent inclusion criteria and a consistent analytical lens. However, several limitations should be acknowledged. The reviewed studies vary in methodology, context, and professional focus, which may limit direct comparability. In addition, as with most literature reviews, the analysis relies on existing interpretations rather than original data. Despite these limitations, the chosen methodology is appropriate for achieving the study's objective of reframing emotional labor through a distribution and logistics lens. The approach provides a structured foundation for the synthesis presented in the following section.

Figure 1: Procedure of the Literature Investigation

4. Results

This section synthesizes findings from prior literature to identify recurring patterns in how healthcare service distribution shapes physicians' emotional labor and how resilience and coworker support moderate these effects. Rather than reporting statistical results, the findings are organized around four distribution-oriented themes that repeatedly appear across studies.

4.1. Uneven Healthcare Service Distribution Intensifies Emotional Labor

A consistent finding across the literature is that emotional labor among physicians increases when healthcare services are unevenly distributed. Studies show that high patient volume, time pressure, and repeated exposure to emotionally intense interactions concentrate emotional demands along specific service pathways (Hochschild, 1983; Morris & Feldman, 1996). Healthcare settings characterized by continuous patient flow, such as emergency departments and outpatient clinics, tend to generate cumulative emotional strain. When service encounters occur without sufficient intervals for recovery, emotional labor becomes routinized rather than situational (Grandey, 2000).

Several studies further indicate that organizational service design plays a crucial role. When workloads are poorly balanced or staffing levels are insufficient, emotional labor accumulates at specific nodes within the service system, creating emotional bottlenecks that increase exhaustion risk (Brotheridge & Grandey, 2002; Bakker et al., 2005). These findings suggest that emotional labor is not randomly distributed across physicians but follows identifiable service distribution patterns shaped by organizational logistics.

4.2. Emotional Labor as an Operational Cost in Healthcare Service Pathways

Another recurring theme is the conceptualization of emotional labor as an operational cost embedded in healthcare service delivery. Prior research shows that emotional regulation consumes psychological resources in ways similar to how physical or cognitive demands consume operational capacity (Ashforth & Humphrey, 1993; Grandey, 2000). From this perspective, emotional labor accumulates as physicians repeatedly manage patient emotions, deliver bad news, or maintain professional composure under stress. Studies emphasize that these demands are not incidental but structurally linked to service roles and organizational expectations (Brotheridge & Grandey, 2002).

When emotional labor costs are not recognized or

managed at the system level, they undermine service sustainability. Over time, unmanaged emotional costs reduce physicians' ability to maintain consistent service quality and professional engagement (Halbesleben, 2006; Bakker et al., 2005). These findings support a distribution science view in which emotional labor represents a hidden but consequential cost generated along healthcare service pathways.

4.3. Resilience as an Internal Buffering Mechanism

Literature consistently highlights individual resilience as a key factor moderating the relationship between service demands and emotional labor outcomes. Resilience enables physicians to recover more quickly from emotionally demanding encounters and to maintain emotional stability under sustained pressure (Luthans, 2002). Studies in healthcare contexts show that resilient physicians report lower emotional exhaustion even when exposed to similar service demands. This suggests that resilience absorbs part of the emotional load generated along service pathways, preventing overload at the individual level (Jackson et al., 2007).

From a logistics perspective, resilience functions as an internal buffer that regulates emotional flow. When resilience is high, emotional demands are processed and dissipated more efficiently. When resilience is low, emotional labor accumulates more rapidly, increasing vulnerability to burnout (Grandey, 2000; Halbesleben, 2006). These findings indicate that resilience does not eliminate emotional labor but moderates its intensity by improving individual buffering capacity.

4.4. Coworker Support and Emotional Redistribution within Healthcare Teams

In addition to individual resilience, coworker support emerges as a critical organizational mechanism that moderates emotional labor. Prior studies show that supportive coworker relationships reduce the perceived burden of emotional demands by enabling shared coping and informal emotional exchange (Halbesleben, 2006). Within healthcare teams, coworker support facilitates the redistribution of emotional strain. Informal conversations, shared experiences, and mutual assistance allow emotional demands to be diffused rather than concentrated on individual physicians (Bakker et al., 2005).

Research also suggests that coworker support enhances service sustainability by stabilizing emotional flow within teams. When emotional strain is redistributed, physicians are better able to maintain professional engagement and service quality over time (Ashforth & Humphrey, 1993; Morris & Feldman, 1996). Viewed through a distribution science lens, coworker support functions as an organizational redistribution channel that mitigates emotional bottlenecks and enhances system resilience.

4.5. Summary of Synthesized Findings

Taking together, the reviewed studies reveal a coherent pattern. Physicians' emotional labor is shaped by how healthcare services are distributed across organizational pathways. Uneven service distribution intensifies emotional demands, while resilience and coworker support moderate these effects by buffering and redistributing emotional strain. These findings support the central argument of this study: emotional labor should be understood as a systemic outcome embedded in healthcare service distribution rather than a purely individual psychological issue. This synthesis provides the foundation for the discussion and implications presented in the following section.

Table 1: Selected Prior Studies for the Findings

Key Summary	Selected Studies
-Physicians' emotional labor systematically intensifies along uneven healthcare service distribution pathways, while resilience and coworker support function as buffering and redistribution mechanisms that stabilize emotional demand within the service system..	Hochschild (1983), Ashforth and Humphrey (1993), Morris and Feldman (1996), Grandey (2000), Brotheridge and Grandey (2002), Bakker et al. (2005), Halbesleben (2006), Luthans (2002), Jackson et al. (2007), Demerouti et al. (2001), Karasek (1979), Maslach and Jackson (1981), Maslach et al. (2001), Schaufeli and Bakker (2004), Sonnentag and Fritz (2007), Totterdell and Holman (2003), Zapf et al. (1999), Zapf (2002), Dollard and Bakker (2010), Leiter and Maslach (2009), Halbesleben and Wheeler (2015), Shapiro et al. (2005), Shanafelt et al. (2015), West et al. (2016), Van der Heijden et al. (2019), Buchanan et al. (2007), Greenhalgh et al. (2004), Mintzberg (1979)

Table 2: Description of the Findings

#	Descriptions
4.1.	Uneven healthcare service distribution concentrates emotional demands along specific service pathways, intensifying physicians' emotional labor.
4.2.	Physicians' emotional labor functions as an operational cost embedded in healthcare service delivery rather than as an isolated individual burden.
4.3.	Individual resilience buffers emotional strain by absorbing and regulating emotional demands generated through healthcare service pathways
4.4.	Coworker support redistributes emotional labor across healthcare teams, preventing emotional bottlenecks and stabilizing service delivery.

5. Conclusions

The purpose of this study was to reinterpret physicians' emotional labor through a distribution science perspective.

Rather than viewing emotional labor as an individual psychological burden, the literature synthesized in this study suggests that emotional labor emerges as a **system-level outcome** shaped by how healthcare services are distributed and delivered. The findings indicate that uneven service distribution plays a central role in intensifying emotional labor. When patient flow, workload, and time pressure are concentrated along specific service pathways, emotional demands accumulate and become routinized. From a logistics perspective, emotional labor behaves like a pressure load that builds up at bottlenecks within the healthcare service system. This interpretation shifts attention away from individual coping deficiencies and toward structural characteristics of service design.

Another important insight concerns the role of emotional labor as an operational cost. The reviewed literature consistently shows that emotional regulation consumes psychological resources in ways comparable to other operational inputs. When these emotional costs are not recognized or managed at the organizational level, they undermine the sustainability of healthcare service delivery. This supports the argument that emotional labor should be considered part of the hidden cost structure of healthcare distribution systems.

The findings further highlight resilience and coworker support as key moderating mechanisms that regulate emotional flow within healthcare service pathways. Resilience functions as an internal buffering capacity that allows physicians to absorb and process emotional strain more efficiently. Rather than eliminating emotional labor, resilience reduces the likelihood that emotional demands accumulate to harmful levels.

Coworker support operates at a different level. As an organizational and relational resource, it enables the redistribution of emotional strain across team members. Informal communication, shared experiences, and mutual assistance prevent emotional demands from concentrating on individual physicians. From a distribution perspective, coworker support acts as a redistribution channel that diffuses emotional pressure and stabilizes service delivery.

Importantly, the literature suggests that these two mechanisms operate in complementary ways. Resilience regulates emotional flow within individuals, while coworker support redistributes emotional flow across the team. Together, they enhance the capacity of healthcare systems to manage emotional demands without compromising service continuity.

This study offers several implications for healthcare service management. First, efforts to reduce physicians' emotional labor should extend beyond individual-level interventions such as stress management training. Structural interventions aimed at improving service distribution—such as workload balancing, staffing coordination, and scheduling design—are equally critical.

Second, healthcare organizations should actively cultivate resilience and coworker support as part of service system design. These resources should not be treated as optional or informal but recognized as integral components of sustainable service delivery. From a distribution science perspective, investing in buffering and redistribution mechanisms enhances system resilience and reduces the risk of emotional overload.

Third, managers should view emotional labor as a diagnostic signal. Persistent emotional strain may indicate inefficiencies or imbalances in service pathways. Addressing these underlying distribution problems can improve both physician well-being and service quality.

This study contributes to literature in three main ways. First, it integrates emotional labor research with distribution science by conceptualizing emotional labor as an outcome of service logistics rather than an isolated psychological phenomenon. Second, it advances a pathway-based framework that explains how emotional demands are generated, accumulated, and moderated within healthcare systems. Third, by synthesizing fragmented research across disciplines, the study provides a coherent foundation for future distribution-oriented analyses of healthcare work.

Despite its contributions, this study has limitations. As a literature-based review, it relies on existing studies that vary in context and methodology. Future research could apply the proposed framework to empirical data, examining how specific service distribution designs influence emotional labor outcomes. Further studies could also explore additional redistribution mechanisms, such as leadership practices or organizational culture, and examine how digital health technologies reshape emotional labor pathways. Longitudinal research would be particularly valuable in tracing how emotional demands evolve over time within healthcare service systems.

This study reframed physicians' emotional labor as a distributional issue embedded in healthcare service delivery. The findings demonstrate that emotional labor emerges along service pathways and is moderated by resilience and coworker support. By shifting the analytical focus from individual coping to system design, this study contributes to a more sustainable understanding of healthcare service distribution. Ultimately, managing emotional labor requires not only resilient physicians but also well-designed service distribution systems that balance emotional demands and support their redistribution across healthcare teams.

Acknowledgements

The author extends sincere appreciation to the editorial team and anonymous reviewers for their careful assessment

and constructive insights, which played a crucial role in refining the argumentation and elevating the scholarly quality of this work.

Declarations

Ethics Approval and Consent to Participate
This study did not involve human participants or animal subjects.

Competing Interests / Conflicts of Interest
The author declares that they have no competing interests.

Funding
The author did not receive support from any organization for the submitted work.

Author Contributions
[Author Kim, JH]: Conceptualization, Methodology, Formal analysis, Investigation, Writing – original draft,

[Author Kim, JH.] conceived and designed the study, conducted the data analysis, and wrote the original draft.

Data Availability Statement
No new data were created or analyzed in this study.

Declaration of Generative AI and AI-assisted Technologies in the Writing Process
AI not used

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