

Article 1

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1 **Journal Name:** Acta Scientific Women's Health
2 **Type of Article:** Research Article
3 **Title: Modify expression or emotion of inpatient ward nurse: The**
4 **effect of emotional labor strategy on burnout Mediation by job**
5 **demand**

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7

8 **1. Abstract**

9

10 **Background:** Inpatient nurses have responsibilities with high task complexity and emotional interaction
11 with patients. The nurse feels high task demands and tends to experience burnout. Previous research used
12 the JD-R Model, which stated that the imbalance between job demand and job resources could lead to
13 burnout. Emotional labor strategies (surface versus deep acting) are commonly used as job demand and
14 job resources.

15 **Purpose:** This study examines the effect of surface acting and deep acting on burnout, mediated by job
16 demand.

17 **Methods:** The research design was a quantitative survey with 120 inpatient ward nurses. The instrument
18 in this study used the emotional labor, job demand, and burnout scales. This study uses the mediation
19 model technique by Hayes Process.

20 **Results:** The results showed that deep acting and surface acting have a positive effect on job demand and
21 have an impact on increasing burnout. Surface acting has a direct effect on burnout. Nurses who use surface
22 acting and deep acting indirectly affect the increase in burnout through job demand mediation. The exciting
23 thing in this study is that, unlike previous studies, deep acting is not proven to reduce job demand, so the
24 nurses still experience burnout.

25 **Conclusion:** Deep acting and surface acting both affect increasing burnout through job demand. This study
26 differs from previous studies that used the JD-R model with deep acting as a job resource. Because the
27 inpatient department has a high work complexity, it is possible that nurses may not consider deep acting a
28 job resource because changing positive emotions is not enough to reduce burnout. This research implies
29 strengthening job resources through external support from hospitals.

30

31 **2. Keywords**

32 Burnout; deep acting; emotional labor strategy; job demand; surface acting.

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34 **3. Introduction**

35 Nurses are frontline healthcare workers who provide treatment and care to patients directly Ho[1],
36 especially nurses in the inpatient department who interact with patients for 24 hours. Nurses cannot avoid
37 interacting directly with patients. The competence of nurses to maintain intense interaction with
38 individuals and groups requires not only physical but also high emotional requirements [2]–[4], which can
39 eventually increase the occurrence of burnout in nurses [4]. The data from the American Nurse Association
40 shows that 34% of nurses in the United States have a desire to leave their jobs and 44% note that severe

41 stress and burnout are the main reasons for higher job demands [5]. The meta-analysis carried out by [6]
42 in sixteen studies during the COVID-19 pandemic in 2020 showed that in nurses who experienced burnout,
43 34.1% experienced high emotional exhaustion, 15.2% experienced cynicism (depersonalization), and
44 12.6% experienced ineffectiveness (low personal accomplishment).

45 The World Health Organization has officially stated that burnout is a problem in the workplace, including
46 in the 11th edition of the International Classification of Diseases (ICD-11) [7]. Burnout is a psychological
47 response to job stressors and prolonged fatigue, so individuals behave cynically regarding the quality of
48 their work and doubt their ability to grow themselves [8]. Burnout is also defined as physical or emotional
49 exhaustion that results in prolonged stress and frustration. [9] suggest that burnout occurs mostly in
50 individuals who work with face-to-face interactions on a long-term basis with others [10]. Therefore,
51 burnout in nurses needs to be anticipated. Burnout in nurses has an impact on decreased commitment at
52 work, job dissatisfaction, irregular attendance [11]–[13], and increased risk of workplace accidents, and
53 poor patient care [14].

54 Burnout consists of three aspects: emotional exhaustion, cynicism, and ineffectiveness. Emotional
55 exhaustion is the essential aspect. It describes a situation where an individual is physically and emotionally
56 exhausted due to reduced energy caused by intense interaction with other people [15]. Nurses in the
57 inpatient department work 24 hours to provide health services to patients, which increases the possibility
58 of emotional exhaustion. Emotional exhaustion is a loss of energy and fatigue. Cynicism is described as a
59 negative attitude towards the patient, irritability, loss of idealism, and withdrawal, while ineffectiveness is
60 defined as decreased productivity and inability to overcome problems [8].

61 The author conducted an initial survey of seventy-two nurses to describe the condition of inpatient nurses
62 at the hospital. Inpatient nurses admit that about 86% experience emotional exhaustion when carrying out
63 their roles as nurses, 93% consider their work duties and responsibilities very heavy, 80% of nurses are
64 dissatisfied with their performance (ineffectiveness), and 65% have negative emotions when working with
65 other people (cynicism). Feelings of emotional exhaustion and physical exhaustion are characteristic of
66 exhaustion. Dissatisfying with their performance and being burdened with a heavy workload are
67 characteristics of high feelings of ineffectiveness. Nurses' negative emotions due to uncomfortable working
68 with others are part of cynicism. The results of this survey illustrate that nurses in the inpatient department
69 experience burnout.

70 Several factors can trigger burnout, namely structural factors in the workplace such as job demand,
71 insufficient resources, low leadership management, and human resource organization [16], [17]. Internal
72 factors, such as neurotic personality traits and perfectionism, can also cause burnout because they
73 influence individuals to develop negative coping strategies due to high job demand [18]. Job demand is
74 another factor influencing nurses' burnout levels [3]. Job demand is positively related to burnout. The
75 higher the job demands nurses feel, the more it increases the consequences of burnout [19]. It significantly
76 increases turnover rates in nurses [20].

77 In the context of a nurse's job, one of the most challenging job demands is continuous interaction with
78 patients. The interactions between nurses and patients are not only related to care and treatment but also
79 a process of emotional exchange between the two parties. This process then requires nurses to regulate
80 emotions so that the quality of health services is considered satisfactory by hospital consumers, increasing

81 profit. The ability to regulate nurses' emotions in the context of work related to human relations is called
82 emotional labor [21]–[23]. Emotional labor is an individual's effort to express the desired emotion [24],
83 [25]. Emotional labor is the management of emotions in direct interactions with patients or consumers
84 through face-to-face or voice-to-voice. The emotions displayed are under the work demands expected by
85 the hospital or company. The nurse's efforts to regulate and manage the emotions felt to hide or modify the
86 desired emotions. There are two types of emotional labor strategies: surface acting and deep acting [10],
87 [26]. Surface acting is a strategy that individuals use to change their expression even though it is not
88 following what they feel. Individuals do not try to feel their emotions [27]. For example, nurses are required
89 to be friendly and smile when dealing with patients, even though they are not feeling happy [28]. Surface
90 acting is associated with false expressions and emotions. Nurses who use surface acting strategies hide
91 negative emotions by displaying emotional expressions that seem friendly and pleasant, even though they
92 are not following the emotions they feel. Deep acting is an individual's attempt to feel and express the
93 necessary emotions. Individuals try to change the emotions they feel to fit the demands of the role [27].
94 Nurses who use deep acting strategies display pleasant expressions and change the emotions they feel to
95 be more positive when interacting with patients and their families. Nurses who can display friendly
96 expressions and sincere emotions when providing health services are a form of deep acting strategy.
97 [29] and [30] developed the JD-R (Job Demand-Resource) model. This JD-R model has been widely used in
98 research on burnout. According to this theory, working conditions can be influenced by job demand and
99 job resources. Job demand is defined as all stressors that come from external sources and have a negative
100 impact on employees. In contrast, job resources refer to physical, social, psychological, and company
101 aspects that impact achieving performance goals, reducing job demand and supporting self-development
102 [24].
103 Related to the JD-R model, burnout, and emotional labor, [31] wrote that deep acting is identified as a job
104 resource that reduces work tension and enables individuals to cope with work pressure. In contrast,
105 surface acting is associated with depersonalization [32] and leads to emotional exhaustion [33], which
106 increases job demand. Surface acting has a positive relationship with job demand and has no significant
107 relationship with job resources, while deep acting has a significant relationship with job resources and a
108 weak relationship with job demand [24].
109 Previous studies have tested the effect of the emotional labor strategy on burnout using the JD-R model
110 perspective. However, the research context is generally still on nurses in general. This study will examine
111 the context of inpatient nurses who show the complexity of work compared to other fields. The research
112 question to be answered is: does the JD-R model apply to deep acting as a job resource and surface acting
113 as job demand, in its effect on job demand and burnout, in inpatient nurses with high complexity in handling
114 patients? To answer this question, the research hypotheses are:

115 H₁: *Deep acting negatively affects burnout, mediated by job demands,*

116 H₂: *Surface acting positively affects burnout, mediated by job demands.*

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118 4. Materials and Method

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120 Research design

121 This study is quantitative research in the form of a survey. The research instrument uses self-reports in the
122 emotional labor, job demand, and burnout scales.

123 **Sample and Setting**

124 The total number of respondents who filled out the scale was 132, but 12 people were excluded because
125 they were incomplete in filling out the scale. Thus, the total number of respondents who can be analyzed is
126 120 female nurses. The minimum number of samples is carried out based on the G*Power analysis. The
127 respondents who filled out the scale were selected through a manual announcement. Respondents' consent
128 to participate in the study was submitted through an informed consent form. The sampling technique used
129 is purposive sampling. The research respondents were female nurses in a type B government general
130 hospital (RSUD Type B). The characteristics of respondents are nurses who work in inpatient wards and
131 are willing to participate in this study.

132 **Measurement and Data Collection**

133 The respondents' participation was voluntary by filling out the questionnaire manually. Data collection was
134 carried out in 2022. The nurses who were the research respondents received a set of measurements in
135 three types of Indonesian-language questionnaires, namely the emotional labor scale, job demand scale,
136 and burnout scale. Each scale is an adaptation from the English version to the Indonesian version. The
137 translation-back translation method was used to adapt the measurement instrument in this study. After
138 the translation process, it is submitted to 2-3 experts in the field of Industrial and Organizational
139 Psychology to assess the validity of the constructs used. This expert judgment assessment will assess the
140 relevance and suitability of the theoretical construct with the scale items.

141 **Emotional Labor Strategy Scale**

142 This study's emotional labor strategy scale uses the Gosserand and Diefendorff instrument [34]. Nine-item
143 indicators of assessment behavior were used to measure emotional labor strategy. Of nine items, four are
144 to measure the deep acting strategy, and five are to measure the surface acting strategy. The measurement
145 of emotional labor ranges from 1 (strongly disagree) – 4 (strongly agree). The reliability of the English
146 version of the scale moves from 0.89 – 0.85. An example of one of the deep acting items is "I am trying to
147 build the feeling that the patient needs," and an example of a surface acting item is "I pretend to show
148 emotional expressions (feelings) that are required at work." The emotional labor scale score includes a
149 deep acting score and a surface acting score because it is possible for each nurse to carry out these two
150 strategies in carrying out their duties. The scale reliability in the Indonesian version shows a good internal
151 consistency of 0.84.

152 **Job Demand Scale**

153 The job demand scale was compiled and developed by researchers using the dimensions proposed by [35],
154 which include the dimensions of workload, physical demand, emotional demand, and patient harassment.
155 The scale item has a correlation ranging from 0.47 to 0.78, with a loading factor of 0.50. The reliability of
156 the job demand scale is 0.89. The job demand scale measurement ranges from 1 (strongly disagree) – 4
157 (strongly agree). An example of one of the job demand items is "I have too much workload."

158 **Burnout Scale**

159 The burnout scale was compiled and developed by researchers using the dimensions proposed by Maslach
160 and Leiter (2016), which include the dimensions of exhaustion, cynicism, and ineffectiveness. The scale

161 items have correlations ranging from 0.37 to 0.55, with a loading factor of 0.50. The reliability of the
 162 burnout scale ranges from 1 (strongly disagree) - 4 (strongly agree). An example of one of the burnout
 163 items is "I work so much that my emotions are drained."

164 **Data Analysis**

165 There are two hypotheses in this study: an influence of emotional labor strategy on burnout, mediated by
 166 job demands. Deep acting strategy negatively affects burnout mediated by job demands (H₁), and surface
 167 acting strategy positively affects burnout mediated by job demands (H₂). In answering the two hypotheses,
 168 the Hayes PROCESS model 4 mediation analysis is used [36]. Model 4 Hayes PROCESS is part of the
 169 regression analysis to test the research mediation model on the direct and indirect effects between
 170 variables.

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172 **5. Results and Discussion**

173 **Results**

174 **Respondent Data Overview**

175 The research respondents are female nurses who work in the inpatient department, with a tenure of more
 176 than ten years (79%); most of them are aged 38-47 (48.3%), with varying degrees of education, and most
 177 have a nursing education background (33.3. %). Nurses in this study commonly used emotional labor
 178 strategy was deep acting (75.8%) compared to surface acting (24.2%) when interacting with patients or
 179 hospital consumers. In general, nurses rated their job demands high, around 52.5%, and 44.2% rated their
 180 job demands moderate. The burnout level of nurses is generally considered moderate, around 76.7%. The
 181 description of respondent data can be seen in table 1.

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Table 1. Respondent Data Overview

| Variable | f | % |
|--------------------|----|------|
| Tenure | | |
| < 10 years | 41 | 34.2 |
| > 10 years | 79 | 65.8 |
| Age | | |
| 28 - 37 | 54 | 45.0 |
| 38 - 47 | 58 | 48.3 |
| 48 - 57 | 8 | 6.7 |
| Education | | |
| Master's Degree | 1 | 0.8 |
| Nursing Bachelor's | 23 | 19.2 |
| Nursing | 40 | 33.3 |
| Bachelor's Degree | 25 | 20.8 |
| D3 | 33 | 25.8 |
| Job demand | | |
| High | 63 | 52.5 |
| Moderate | 53 | 44.2 |
| Low | 4 | 3.3 |
| Burnout | | |
| High | 19 | 15.8 |
| Moderate | 92 | 75.7 |
| Low | 9 | 7.5 |

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185 **The effect of the Deep Acting Strategy on Burnout mediated by job demand**

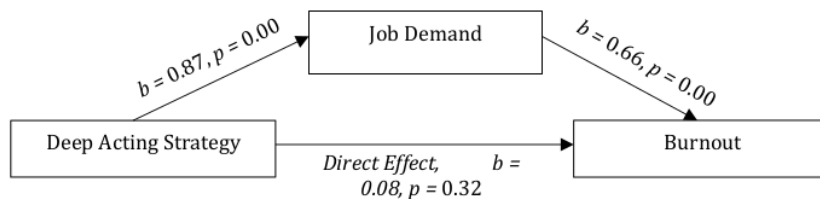
186 The Hayes PROCESS model 4 test showed that deep acting affected job demands (b=0.87, p=0.00) and
 187 burnout (b=0.66, p=0.00). The job demand variable also affects burnout (b=0.66, p=0.00).

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 189 **Table 2.** The effect of the Deep Acting Strategy on Burnout mediated by job demand

| Antecedent | Consequence | | | | | | | |
|------------|----------------|------|------|-----------------------------|----------------|-----------------------------|------|------|
| | M (JD) | | | Y (BO) | | | | |
| | Coeff. | SE | p | Coeff. | SE | p | | |
| X (DA) | a | 0.87 | 0.05 | 0.00 | c' | 0.08 | 0.08 | 0.32 |
| M (JD) | | | | | b | 0.66 | 0.07 | 0.00 |
| Constant | i ₁ | 0.01 | 0.18 | 0.92 | i ₂ | 0.43 | 0.15 | 0.00 |
| | | | | R ² = 0.66 | | R ² = 0.71 | | |
| | | | | F(1,118) = 238.02, p = 0.00 | | F(2,117) = 133.62, p = 0.00 | | |

190 DA = deep acting, BO = burnout, JD = job demand, SE =sum of error

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200 **Picture 1.** Results of testing the Effect of Deep Acting on Burnout mediated by Job Demand

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Figure 1 shows that deep acting was not proven to affect burnout directly (b=0.08, 95% CI [-0.08 – 0.24]). Deep acting proved to affect job demand, but the effect was positive (b= 0.87, 95% CI [0.76 – 0.99]). Thus H₁ is rejected.

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The effect of Surface Acting Strategy on Burnout mediated by job demand

207 The results of the Hayes PROCESS model 4 test showed that surface acting positively affected job demands (b=0.67, p=0.00) and burnout (b=0.20, p=0.00). The job demand variable also influences burnout (b=0.56, p=0.00) through job demand mediation.

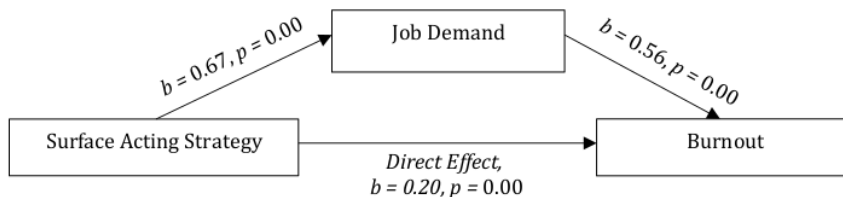
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Table 3. The effect of Surface Acting Strategy on Burnout mediated by job demand

| Antecedent | Consequence | | | | | | | |
|------------|----------------|------|------|-----------------------------|----------------|-----------------------------|------|------|
| | M (JD) | | | Y (BO) | | | | |
| | Coeff. | SE | p | Coeff. | SE | p | | |
| X (SA) | a | 0.67 | 0.05 | 0.00 | c' | 0.20 | 0.05 | 0.00 |
| M (JD) | | | | | b | 0.56 | 0.06 | 0.00 |
| Constant | i ₁ | 0.84 | 0.17 | 0.00 | i ₂ | 0.37 | 0.13 | 0.00 |
| | | | | R ² = 0.57 | | R ² = 0.73 | | |
| | | | | F(1,130) = 175.39, p = 0.00 | | F(2,129) = 177.87, p = 0.00 | | |

212 SA = surface acting, BO = burnout, JD = job demand, SE =sum of error

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227 **Picture 2.** Results of testing the Effect of Surface Acting Strategy on Burnout mediated by job demands

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Figure 2 shows that surface acting is proven to have a direct or indirect effect on burnout. Surface acting had a direct effect on burnout ($b=0.20$, 95% CI [0.09 – 0.32]). Job demand was proven to play a significant role in mediating the effect of surface acting strategy on burnout ($b=0.37$, 95% CI [0.11 – 0.63]). Regression tests were also carried out to see the effect of surface acting on the dimensions of job demand, namely workload, physical demand, emotional demand, and patient harassment. Surface acting significantly affects on each dimension. The effect of surface acting on workload is $R^2 = 0.54$, $F(1.119) = 141.35$, $p = 0.00$, on physical demand $R^2 = 0.33$, $F(1.119) = 59.70$, $p = 0.00$, on emotional demand $R^2 = 0.35$, $F(1.119) = 63.7$, $p = 0.00$, and for patient harassment $R^2 = 0.26$, $F(1.119) = 41.61$, $p = 0.00$. Thus H_2 is accepted.

26

Discussion

This study examines the role of job demand in mediating the influence of inpatient emotional labor strategies on burnout. The results showed that deep acting was not proven to have a negative effect on burnout through job demand as a mediating variable. On the other hand, surface acting has been shown to positively affect burnout through the influence of job demand as a mediating variable. Surface acting has also been shown to have a direct effect on burnout.

The results of this study are interesting because they differ from previous studies, which showed that deep acting had a negative effect on work demands and burnout. The results of this study indicate that inpatient nurses who use deep acting judge that modifying feelings and faces in serving patients cannot reduce job demand. Nurses assess that displaying positive emotions does not reduce their job demands in front of patients. The deep acting strategy is associated with emotional effort because changing feelings to display appropriate expressions requires energy to achieve the process [37].

The results of this study indicate that deep acting is not a job resource that affects reducing job demand, so it has an impact on burnout. This result is different from several previous studies, which wrote that deep acting is a job resource that helps employees to cope with job demands [31]. Based on descriptive data, this study shows that the job demand felt by inpatient nurses is in the high category. This indicates that nurses' emotional regulation in the form of deep acting cannot reduce tension in job demand. Burnout can indirectly be experienced by nurses, even though they use a deep acting strategy. As many as 62% of deep acting nurses admit that they are used to being an outlet for patients' anger, and 78% of deep acting nurses also get cynical stares from patients. The job demands in the form of emotional demands and patient harassment cannot reduce tension, even though nurses use positive emotions in dealing with these conditions. Deep acting on inpatient nurses does not have a negative effect on job demand, possibly due to the complexity of patients in the inpatient department, which increases work pressure and work tension. [38] prove that the complexity that patients nurses face is related to work tension. Nurses in the inpatient department face complex patient characteristics compared to patients in the outpatient department,

263 emergency department, ICU, and other sections. Changing feelings to be more positive cannot be done
264 alone, but there is a need for the support of other external resources.

265 This study proves that surface acting positively affects burnout through job demand mediation. When
266 nurses use surface acting in interacting with patients, it can increase job demand and impact burnout. This
267 is in accordance with several previous studies, which wrote that surface acting is a psychological tension
268 with the potential of job demand [39]. Surface acting is a characteristic of job demand related to
269 depersonalization [32]. Surface acting is assessed as an emotional cost that requires effort in pretending to
270 show faces and emotions, which is related to the demands of tension at work [40]. Nurses who display
271 surface acting in interacting with patients will be more effortful, emotional, and tiring because they are not
272 in harmony between what the nurse feels and what is displayed. This condition is called emotional
273 dissonance because it is not sincere. Surface acting strategy have been shown to be associated with burnout
274 and well-being [40] and turnover and stress [41]. This study shows that surface acting affects each
275 dimension of job demand: workload, physical demand, emotional demand, and patient harassment. The
276 greatest influence strength occurs in the workload dimension of job demand. Linear regression test shows
277 that about 54.5% effect of surface acting in increasing workload. On the other hand, the aspect of job
278 demand with the lowest impact is patient harassment, which is only 26.1%.

279 Surface acting is proven to have a direct effect on burnout. These results are consistent with previous
280 studies, which showed that surface acting impacts burnout [42], [43]. From respondent data, 72% of
281 inpatient nurses who use surface acting often experience physical exhaustion, which results in emotional.
282 Similarly, regarding ineffectiveness, 65% of nurses admitted that they often made excuses to avoid their
283 duties in dealing with patients. Modifying facial expressions that do not match feelings when providing
284 health services to patients has been proven in this study to have an impact on emotional exhaustion,
285 cynicism, and ineffectiveness.

286 The results of this study are not entirely consistent with the Job demand – Resource Theory [30] in previous
287 emotional labor studies. Surface acting is often associated with job demand due to emotional dissonance
288 by nurses, affecting psychological pressure, which can affect the increase of workload, physical demand,
289 emotional demand, and patient harassment. However, this does not apply to deep acting, as it is generally
290 rated more positively than surface acting [31], [33], [44], but this was not the case in this study. Deep acting
291 is not a job resource that can help individuals in coping, so it does not have a negative effect on reducing
292 job demand, which then still has a positive indirect effect on burnout.

293 6. Conclusion

294 This study provides an overview and explanation regarding the effects of deep acting and surface acting
295 emotion regulation on inpatient nurses on job demand and burnout. The results show that surface acting
296 affects burnout directly or indirectly by mediating job demand. However, this finding is inconsistent with
297 previous research [31], [40], which linked the expression of positive emotions in the form of deep acting to
298 reducing job demand because individuals are considered capable of coping when interacting with patients.
299 This result is interesting because deep acting by inpatient nurses in this study was not assessed as a
300 meaningful job resource for respondents to reduce job demand and burnout. This study proves that surface
301 acting and deep acting are both emotional, effortful, and burdensome costs for nurses. Thus, hospitals
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303 should empower nurses in carrying out job autonomy and strengthen the support system for a more
304 favorable external work environment for nurses in order to reduce job demand and reduce burnout.
305 Strengthening nurses in the form of social support, transformational leadership, and job variety can be a
306 job resource that can reduce workload and burnout.
307 The limitation of this study relates to the sample size, which is only one government hospital and needs to
308 be expanded to samples with different types and types of hospitals. Further research should compare
309 internal and external factors that affect job resources, such as social support, leader support, self-efficacy,
310 or job autonomy which were not explored in this study.

311

312 7. Acknowledgment

313 The author expresses appreciation and thanks to the hospital that allowed the data collection. Thank the
314 inpatient nursing respondents in this study and also to all parties.

315

316 8. Conflict of Interest

317 The authors have reported no potential conflicts of interest.

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319 9. Bibliography

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