

**EMOTIONAL DISPLAY RULES AND EMOTIONAL LABOUR  
STRATEGIES AS ANTECEDENTS OF STRESS RELATED OUTCOMES  
AMONG THE CUSTOMER INTERFACE EMPLOYEES OF PRIVATE  
SECTOR HOSPITALS IN KERALA**

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*Under the*  
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*By*

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**Emotional Display Rules and Emotional Labour Strategies as antecedents of Stress Related Outcomes among the Customer Interface Employees of Private Sector Hospitals in Kerala**

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## Certificate

This is to certify that the thesis titled **“Emotional Display Rules and Emotional Labour Strategies as antecedents of Stress related outcomes among the Customer Interface Employees of Private Sector Hospitals in Kerala”** submitted by **Reena Alias** (Reg.No.3949) is a bonafide record of research work carried out by her under my supervision and guidance at School of Management Studies, Cochin University of Science and Technology. The thesis is the outcome of her original work and has not formed the basis for the award of any degree, diploma, associateship, fellowship or any other similar title and is worth submitting for the award of the degree of Doctor of Philosophy under the Faculty of Social Sciences of Cochin University of Science and Technology. All the relevant corrections and modifications suggested by experts during the pre-synopsis seminar and recommended by the Doctoral Committee are incorporated in the thesis.

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## *Declaration*

I do hereby declare that the dissertation titled **“Emotional Display Rules and Emotional Labour Strategies as antecedents of Stress related outcomes among the Customer Interface Employees of Private Sector Hospitals in Kerala”** is a record of the bonafide research work that I have done under the supervision and guidance of former Prof. (Dr.) Sarada S. of the School of Management Studies for the award of the degree of Doctor of Philosophy under the Faculty of Social Sciences of the Cochin University of Science and Technology. I further declare that this thesis has not formed the basis for the award of any degree, diploma, associateship, fellowship or any other title of recognition of any other University or institution in India or abroad.

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## Abstract

In today's hectic world that witnessed the augmentation of service economy and cut-throat competition, organizations strive hard to build and develop strong service brand. Owing to the emergent recognition of service quality and customer satisfaction, service organizations are more cautious and pay great attention to ensure a commendable interface with their customers. As the customer interface employees represent the organization, they are directed and controlled to create a desirable demeanour to the customers during service interactions. Emotions gained ample significance recently, as it play a critical role in service interactions particularly in health care service. Emotionally supportive relationships are imperative to enhance the encounter satisfaction in healthcare service delivery. So it would be worth investigating on the emotional element involved in service interactions termed as emotional labour, one of the key domains in the research of workplace emotions. Emotional labour is the expression of organizationally desired emotions during interactions which may have perverse effects if not properly addressed and managed.

The objective of this study is to conduct an in depth research on Emotional display rules and Emotional labour strategies as antecedents of Stress related outcomes among the customer interface employees in the allopathic private hospitals in Kerala. Data was collected from three districts of the state of Kerala. The population of the study is the customer interface employees comprising of nurses, other paramedical staff and front desk employees of allopathic private hospitals in Kerala with 100 or more beds. Statistical Package for Social Sciences and Structural Equation Modeling (SEM) were used for data analyses to get descriptive statistical output, t-test, f-test, correlation and regression values. Structural Equation Modeling using IBM AMOS software was used for factor structure confirmation and for

testing the integrated model. Subsequently, the general model fit was evaluated by analyzing the goodness-of-fit indices. Further, mediation effect of Stress was tested using Sobel, Aroian and Goodman tests and moderation effect of Stress management was analyzed by using the two way moderation interaction effect.

This research on Emotional display rules, Emotional labour strategies and its Stress related outcomes among the customer interface employees in the private allopathic hospitals of Kerala provided an understanding on the antecedent role of Emotional display rules and Emotional labour strategies on their Stress related outcomes. Results of this research identified the influence of Emotional display rules that determine in utilizing various Emotional labour strategies and its enduring effects on customer interface employees in terms of Emotional dissonance, Stress and Emotional exhaustion. The findings outlined the means to avert the causes and mitigate the effects of Stress related outcomes on customer interface employees.

The results have various theoretical and practical implications. The findings facilitate organizations to equip their workforce with emotional competence to provide quality services and thereby gain competitive advantage and accrue benefit. The theoretical contributions of this research extend the extant literature and are deemed to provide a platform to further this line of inquiry into copious promising studies.

**Keywords:** Emotional display rules, Emotional labour strategies, Customer interface employees, Stress related outcomes, Health care sector

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## ||| List of Abbreviations |||

AGFI	Adjusted Goodness of Fit Index
AMOS	Analysis of Moment Structures
ANOVA	Analysis of Variance
CAGR	Compound annual growth rate
CBSEM	Co-variance Based Structural Equation Modeling
CFA	Confirmatory Factor Analysis
CFI	Comparative Fit Index
CMIN	Minimum Value of the Discrepancy
DA	Deep Acting
DF	Degrees of freedom
ED	Emotional Dissonance
EE	Emotional Exhaustion
EFE	Expression of naturally Felt Emotions
EI	Emotional Intelligence
EL	Emotional Labour
FICCI	Federation of Indian Chambers of Commerce & Industry
GFI	Goodness of Fit Index
IBM	International Business Machines
JCI	Joint Commission International
KPMG	Klynveld Peat Marwick Goerdeler
KSSP	Kerala Sastra Sahitya Parishat
NDR	Negative Display rules
PDR	Positive Display rules
RMSEA	Root Mean Squared Error of Approximation
SA	Surface Acting
SAARC	South Asian Association for Regional Co-operation
SD	Standard Deviation
SEM	Structural Equation Modeling

SM	Stress Management
SPSS	Statistical Package for Social Sciences
SST	Socio emotional Selectivity Theory
US	United States
WHO	World Health Organisation

.....❧.....

*"All learning has an emotional base"*

- Plato

# Chapter 1

## INTRODUCTION

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	1.2 <i>Rationale of the Research</i>
	1.3 <i>Preliminary Study</i>
	1.4 <i>Objectives of the Study</i>
	1.5 <i>Significance of the Study</i>
	1.6 <i>Chapter Scheme</i>

The opening chapter of this thesis begins with the introduction to the research and rationale of the research. The chapter comprises of preliminary study and objectives of the study. Subsequently, the chapter illustrates significance of the study and concludes with chapter scheme.

### 1.1 Introduction to the Research

The paradigm shift of the global economy, and the unprecedented pace with which services become the central focus of any industry, has triggered many changes in the business world. In today's hyper connected world, services and service management have become an integral part of every business and crucial in the development of any economy.

The drastic growth and the significant developments associated with the service economy activate stiff competition among the service providers. The desire for 'quality' in everyday life has made it mandatory for every organization, to consider it as an essential component, in order to thrive in the dynamic business environment. Customer service has grown to encompass every interaction with a customer, and it is now the key part of the promise that any product or service offers to the customer. Service organizations consider high quality customer service as a strategic tool for sustaining competitive advantage. For every service organization, the interpersonal interactions with its customers are very crucial in today's highly competitive scenario. Efficient and quality services make organizations reach global standards.

Among the various service sector organizations, health care sector is sensitive and health care profession is very much exigent, because of the complexity of the nature of its prime customers-the patients. The intense competition has increased the value of patients in medical service industry. It has become more challenging, to cater to the individual needs and specific requirements, in order to satisfy the patients.

There are numerous empirical studies showing the association that exist between competition and health care quality (Chassin, 1997; Enthoven, 1993; Kassirer, 1995) and patient satisfaction (Brook & Kosecoff, 1988; Miller, 1996). Many of the empirical studies have noted correlation between high quality service encounters and success and survival of an organization in the health care sector (Chowdhury, 2014). Also employers of the health care organizations have found the significance of the quality of service delivered, in satisfying the patients, and thereby gaining competitive advantage. Employers always consider that smiling faces of the employees is associated



with increasing profits (Ash, 1984; Peters & Austin, 1985; Rafaeli & Sutton, 1989).

Presenting a positive image to customers or clients has become a defining attribute of a customer facing employees which involves the managing of complex emotional process. Service quality includes various dimensions and always depends on, or is influenced by emotions, and the fact is, every customer interface has an emotional element. Employees interacting with customers, especially with the patients, need multifaceted emotional competencies that satisfy their diverse needs.

In order to cope with the challenges of modern day service shift, organizational participants of health care strive hard in managing emotions and pretending as per the socially desirable expectations. Mazhindu (2003) stressed on the importance and comprehensiveness of emotional dimensions of caring that are critical to organizational issues like employee retention, job satisfaction, patient satisfaction, professional development and service delivery. According to Smith and Gray (2001), new models of learning to care are required for enabling nurses to cope better with the emotional demands of their work. By enhancing the service concepts, employers in the health care industry are trying hard to create compassionate and caring organizations.

Growing attention towards service quality and customer service has led to many new innovations and practices in which customers are served. This mounting focus and surge of interest in delivering quality service by managers and practitioners stirred the interest of academicians to conduct more research and thereby contributing to the academic and business literature.

## 1.2 Rationale of the Research

Health care, being one of the largest employers in India arouse the need of taking care of the backbone of the industry - its workforce. The strong emergence of medical tourism shows growing strength of the country in health care delivery. The private health care sector is responsible for the mainstream of health care in India, and by way of embracing innovative delivery models, to ensure quality service, they are striving hard to build and develop strong service brand. By equipping employees with emotional competence, in providing quality service to customers, organizations, always gain advantage and accrue benefit. In the interactive service occupations, the link between services encounters and customer satisfaction plays a critical role in the success of the organization. Employers are very keen in keeping their employees well trained to deliver quality and delightful service to their customers.

The upsurge of competition in the private health care coupled with the increase in patient awareness and availability of options pose huge challenges for hospitals. With the mounting demand and expectations for quality services, it is the need of the hour to take care of each and every part of the service delivery with utmost caution.

Health care, being one of the most intrinsically stressful sector, demand workers to be competent, empathetic, compassionate and ethical while dealing with patients and their bystanders. Muddling through the increased emotional demands, situational pressure and deadlines, which create uniqueness to this particular sector, subsequently results in occupational stress and burnout.

Hence, to deal with variety of situations during customer interface and present a pleasing service demeanor, it is axiomatic that the practitioners should adopt strategies to manage emotions, because emotional experiences of the workers have its impact on various important outcomes that affect the members and in turn the organizations. In this context, the phenomenon of Emotional labour obviously warrants attention. Based on these observations, the researcher, decided to conduct a preliminary study on Emotional labour to check the feasibility of a detailed research on this topic.

### **1.3 Preliminary Study**

The researcher conducted a preliminary study among 30 nurses in Ernakulam district to verify whether there was relationship between Emotional labour, Stress and Emotional exhaustion. The study revealed that majority of them were stressed and exhausted while suppressing their emotions. It showed the possibilities for an in-depth research on Emotional labour and related outcomes among the health care employees.

Therefore, it was decided to conduct an extensive research with the purpose of investigating the relationship between Emotional display rules, Emotional labour strategies and Stress related outcomes of the employees involved in customer interaction with reference to allopathic private hospitals in Kerala.

### **1.4 Objectives of the Study**

Following are the general and the specific objectives of the study.

The general objective of the research is to explore and explain the role of Emotional display rules and Emotional labour strategies as antecedents of

Stress related outcomes among the customer interface employees in the allopathic private hospitals in Kerala.

The specific objectives were formulated based on the general objective. They are to study the relationship among the Emotional labour strategies, to study the relationship between Emotional display rules and Emotional labour strategies; Emotional labour strategies and Emotional dissonance; Emotional dissonance and Stress; Emotional dissonance and Emotional exhaustion and between Stress and Emotional exhaustion. It also focused on depicting the strategies to manage Stress and ascertain whether Emotional labour strategies vary across the demographic variables such as age, gender, marital status, education and experience of the respondents.

Based on literature review and formulation of general and specific objectives corresponding hypotheses were formulated to find relationships between the variables.

### **1.5 Significance of the Study**

Over the past few decades, the philosophy of workplace emotions have undergone noticeable changes.

The research on Emotional labor is important because it is a part of any job that demands inter-personal contact and it may impact on many individual and organizational outcomes. As Emotional labor is considered to be related to such individual and organizational effects, and have far reaching implications, further studies on Emotional labor in the Indian context is required. The need to recognize Emotional labor in the service sector, particularly in the health care sector is on the rise. Stress and

Emotional exhaustion are the silent partners in many human service occupations involving Emotional labour.

Further to the psychological and physical toll that Emotional labor may take on employees, it will affect the organizations as well. Stressed, dissatisfied and exhausted employees need extra sick time, and incur related costs due to absenteeism. They are therefore not successful in managing their customers. Stressed out employees not only show low morale but also lead to the decrease in the morale of their co workers, thereby affecting the performance and productivity of the organization. Studies have showed the association among Emotional labor, Emotional exhaustion and employee turnover which in turn results in the increase of hiring and training costs. Emotional labour which plays a crucial role in key organizational outcomes, especially when the focus is on human interaction has emerged as an interesting and researchable topic in social and organizational psychology.

This research may be valuable for both customer interface employees and patients facing the increasingly fragmented and technological world of modern medicine. Also this research serves as an eye-opener for health care organizations that strive hard to present a desirable demeanor through exceptional quality of service delivery. A study on Emotional display rules, Emotional labor strategies, and Stress related outcomes in the private allopathic hospitals of Kerala may reveal how multifaceted and imperative the emotional dimensions of caring are, in the present competitive scenario.

## **1.6 Chapter Scheme**

The thesis is organized into 7 chapters.

### **Chapter 1: Introduction**

This chapter comprises of the following sections: Introduction to the research, Rationale of the research, Preliminary study, Research objectives, Significance of the study and the Organization of chapters.

### **Chapter 2: Review of Literature**

This Chapter deals with explanation of concepts, in-depth literature review, research gap and formulation of the conceptual model.

### **Chapter 3: Health Care Sector in India**

This chapter describes health care sector in India, health care sector in Kerala, customer interface employees in health care and the reasons for choice of this particular sector for conducting the research.

### **Chapter 4: Research Methodology**

This chapter provides details on relevance of the study, statement of the problem, research design, sample design, data collection, analysis design, questionnaire development, reliability and validity analysis, and limitations.

### **Chapter 5: Profile Analysis**

This chapter comprises of sample distribution, comparative analysis of customer interface employees, profile analysis of the data and its interpretation.

**Chapter 6: Hypotheses Testing and Analysis of Conceptual Model**

This chapter includes the details of confirmatory factor analysis, hypotheses testing and analyses of the conceptual model.

**Chapter 7: Findings, Implications and Conclusion**

This chapter gives an overview of the thesis, summary of findings, discussion of the findings and the theoretical and practical implications. It discusses the scope for further research in this area leading to the conclusion of this research.

*.....❧.....*





*“The seat of intuitive knowledge sometimes referred to as the ‘heart’ is also found in the emotional centre”.*

- Anon

## Chapter 2

### REVIEW OF LITERATURE

#### Contents

- 2.1 Introduction to Concepts
- 2.2 Theories Pertinent to Emotional Labour
- 2.3 Enormity of Emotional Labour
- 2.4 Antecedents of Emotional Labour
- 2.5 Outcomes of Emotional Labour
- 2.6 Emotional Labour Research in India
- 2.7 Research Gap
- 2.8 Theoretical Underpinnings of the Research
- 2.9 Conceptual Framework
- 2.10 Chapter Summary

Researchers gain insights and dwell upon accessing the available accumulated knowledge in the form of literature review. The structure of this chapter is built on the famous statement by Woodrow Wilson: “*I not only use all the brains that I have, but all that I can borrow*”.

The primary goal of this chapter is to review and summarize relevant and related literature that lays the foundation for this research work. This chapter starts with explanation of concepts and theories and provides an in

depth review of literature on the antecedents and outcomes of Emotional labour. The chapter then proceeded to explain Emotional labour research in India. The last section of this chapter describes the research gap based on the review of literature that culminates to the formulation of the conceptual model.

## **2.1 Introduction to Concepts**

Emotions play a very important role in work life. They are neglected and not discussed, earlier in the human life. Emotion is a powerful universal concept which is considered to be private, intangible, transient, unmanageable and in some senses unknowable (Sturdy, 2003) and unrecognized. Emotions are neglected and are not taught or discussed in academia or practice for many years. Emotions are often ignored though it decides the mood, attitude, thinking, and behaviour of an individual.

But recently emotions are discussed as a critical aspect of job. The enormous contributions of academicians and practitioners worldwide to the organization and enhancement of academic literature portray the importance of emotions as a researchable field. The advancing knowledge in emotions and its entry to the main stream of human resource management reveal the growing relevance of understanding emotions to modulate them for optimum results at work life.

### **2.1.1 Emotions**

In Webster's dictionary, emotion is depicted as moving of the mind or soul; excitement of the feelings-whether pleasing or painful and disturbance or agitation of mind caused by a specific exciting cause manifested by some sensible effect on the body. Emotions are feelings or affect states that

involve a pattern of cognitive, physiological and behavioral reactions to events. Therefore, the four components of emotions are:

- 1) Affective Component - eliciting internal or external stimuli
- 2) Cognitive component- thoughts, images, memories, interpretations
- 3) Physiological component - bodily changes
- 4) Behavioural component - expressive behaviours and instrumental behaviours

According to Arvey, Renz and Watson (1998), emotions are characterized by intense short-lived feelings that are focused on a specific object or target, that tend to interrupt the thought processes. Emotions are the strong feelings aimed at someone or something (Frijda, 1993). They are explicit reactions that articulate feelings about events.

Greenberg and Baron (2005) in their book “Behaviour in Organisations” described the characteristics of emotions as follows:

- 1) Emotions always have an object, because someone or something triggers emotions.
- 2) There are six major categories of emotions: anger, fear, joy, love, sadness and surprise.
- 3) Expression of major emotions is universal.
- 4) Culture determines how and when people express emotions. Although emotions are universally expressed more or less in the same manner, there are certain norms that govern these expressions.

Emotions form a part of the social communication and it influences the behavior of individuals. Emotions do not happen in vacuum. They are

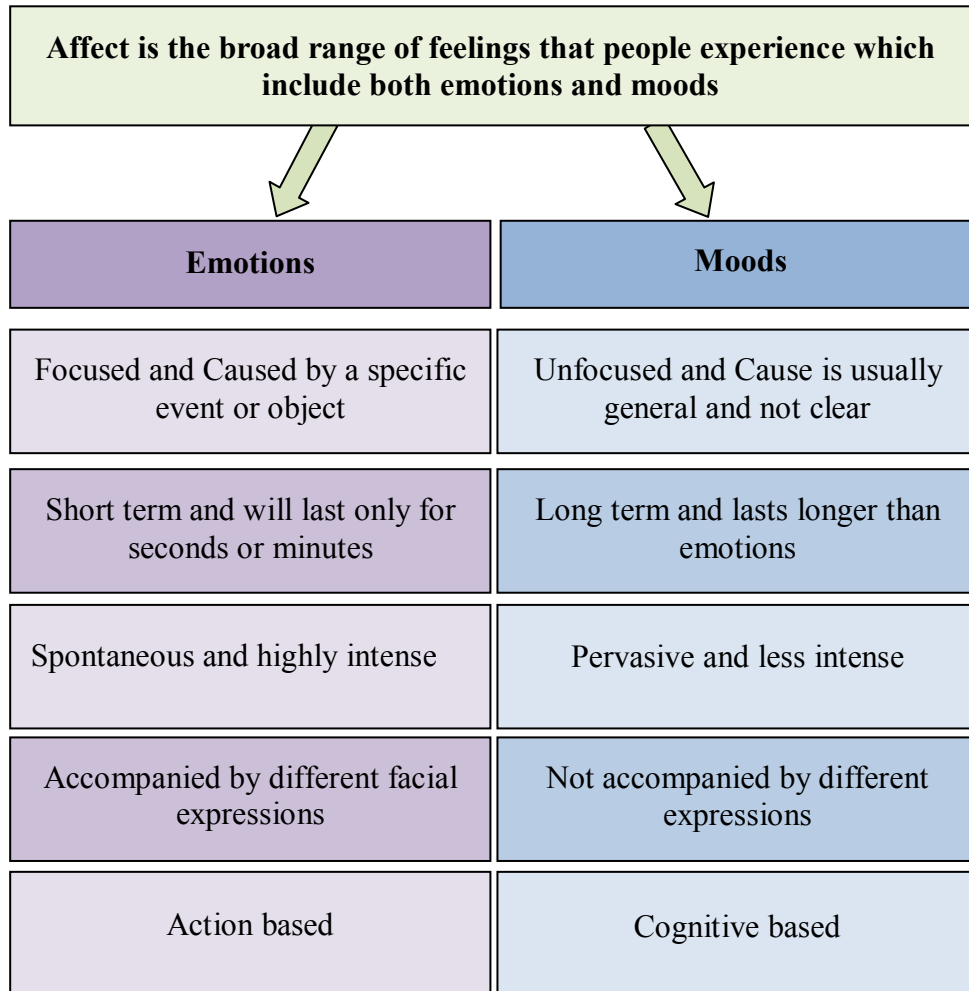
always triggered by external or internal stimuli. There are positive emotions and negative emotions. Emotions can never be neutral, being neutral is non emotional.

Similar constructs can be differentiated from emotions (Fox, 2008). They are shown below as cited in Wikipedia of emotions.

- Feelings are best understood as a subjective representation of emotions, private to the individual experiencing them.
- Moods are diffuse affective states that generally last for much longer durations than emotions and are also usually less intense than emotions.
- Affect is an encompassing term, used to describe the topics of emotion, feelings, and moods together, even though it is commonly used interchangeably with emotion.

#### **2.1.1.1 Emotions and Moods**

Emotions differ from moods. Moods are less intense feelings than emotions and usually may not have a contextual stimulus (Ekman & Davidson, 1994). Milder forms of emotions are called moods. Emotions are often reactions to a person, object or an event, whereas moods are not always directed at a person, object or an event. Emotions can change into moods when one loses attention on the person, object or event that creates the feeling (Hume, 2012). Similarly good or bad moods may make a person more emotional in response to the stimuli. Though both emotions and moods are exemplars of the broader construct of affect, they are characterized by certain differences (Rafaeli & Sutton, 1989). The differences between emotions and moods are demonstrated in Figure 2.1.



**Figure 2.1: Emotions and Moods**

### 2.1.1.2 Emotions in Organizations

Emotions are considered as the vital and inseparable part of everyday organizational life (Ashforth & Humphrey, 1995, p.98). But the role of emotions in the employee behavior and organizational context were totally disregarded and not discussed before as a work place phenomenon. (Arvey, Renz & Watson, 1998; Grandey, 2000; Putman & Mumby, 1993).

After decades of neglect, emotions are now considered and studied as the part and parcel of organizational life. Various studies (Bolton, 2005; Fineman, 1993, 2000, 2003; Mumby & Putman, 1992) have supported this observation.

As Bolton (2005, p.1) cited in his book 'Emotion Management in the workplace', "It is now widely recognized that 'organizations have feelings' (Albrow, 1994, 1997) and they are sites of 'love, hatred and passion' (Fineman, 1993)."Organizations are emotional arenas where emotion is an important resource that can be developed by management (Ashkanasy, Zerbe, & Hartel, 2002). His book explores about the need to possess emotion management skills by the workers so as to attain the organizational objectives.

In Bolton's words,

*"Emotion is a lived, interactional experience with traffic rules of interaction framing how it is expressed and shared. Employees draw on professional, organizational and commercial codes of conduct and social feeling rules in their interactions with others"* (2005, p.5).

Previously, emotions were not recognized as a vital ingredient to healthy organizational life. The mounting attention and recognition in organizational psychology towards emotional dynamics in work and organizations recently emphasize the relevance of emotions to multiple facets and levels of organizational life (Brief & Weiss, 2002).

Emotions affect both the individual, and his/her interpersonal relationships. The well being of an employee's work life always depends on the way the employee interacts with others, which in turn depends on his/her ability to manage and control emotions. Employers are having increased

awareness about the emotional experience of the employees and hence emotions and emotional skills are now considered important for successful performance on job. Thus it is clearly understood that emotions influence individual and work life aspects of human beings.

Well grounded and evidence-based knowledge of emotions are needed to integrate the theoretical discipline of emotions with a practical appreciation of what emotions entail.

### **2.1.1.3 Emotions in the Service Encounter**

Emotions form a part of social communication, as it helps to develop thinking and behavior, build relationships and influence others. Emotion is central to all aspects of human functioning and is characterized by facial expressions.

The importance and need of ensuring an effective service encounter is well understood from the words of an employee handbook for a gourmet deli (Steinberg & Figart, 1999, as cited by Nunan & Knox (2005).

*“Customer courtesy begins and ends with you... Under no circumstances should a customer ever wonder if you are having a bad day. Your troubles should be masked with a smile. Tension can be seen and received negatively resulting in an unhappy dining experience, or what is called frustrated food... Once, an unhappy customer walks out the door, they are gone forever” (p.9).*

So in today’s service oriented business world, it is the responsibility of the employees to make sure that each and every interaction is prolific enough to create a lasting impression on customers, for which they have to manage and express emotions in a positive manner.

As per the service management literature, there are reasons behind the relevance of emotional regulation in service encounters (Ashforth & Humphrey, 1993). They are shown below.

- 1) Front line service workers at the interface represent the organization to customers that include patients, clients and students.
- 2) Service transactions involve face-to-face and voice to voice interactions between service employees and customers.
- 3) Due to the high uncertainty in the encounter created by customer participation these encounters have a dynamic and emergent quality.
- 4) Services being intangible, it is difficult for customers to evaluate service quality.

Hence the relevance of the behavior of a service employee and his emotions on service encounters who build the service brand cannot be underestimated.

Service quality models such as SERVQUAL (Parasuraman, Zeithaml & Berry, 1988) and SERVPERF (Cronin & Taylor, 1992) were criticized for not including assessments of emotion (Liljander & Strandvik, 1997). According to Price and Arnould (1995), the role of emotions in service interactions is much important than in even advertising or consumption of products. In the opinion of Oliver (1997) emotion is a fundamental element in service quality management. In the field of marketing also, research on emotions and its regulation during service delivery gained ample significance.

The importance of emotions is based on the nature of the job. Emotions are relevant more in jobs with people to people interface than in jobs with



people to machine interface. In service oriented professions, the interactions with clients like customers, patients, or guests always require a great amount of emotional involvement.

The management of emotions is considered as a vital aspect of work in those professions as there is high people interaction. The people interaction can be face-to-face or voice- to-voice during the interface at work. Many employees are required to articulate suitable emotions as part of their job requirement. For example, waiters, flight attendants or other customer service employees are required to be friendly even to arrogant or aggressive customers. Employees are creating impression about the organization by appropriate display of emotions following the display rules. This effort to display the suitable emotions required by the organization during interface is termed as Emotional labour.

Emotional labour has emerged as an interesting and valuable topic in psychology which plays a crucial role in key organizational outcomes, especially when there is customer interaction. Dismantling the previous notion of considering workplace as a rational environment, the concept of Emotional labour has brought the significance of emotional job requirements to the forefront.

### **2.1.2 Emotional Labour**

Arlie Russell Hochschild (1983) was the first sociologist who coined the term Emotional labor. In her book “*The Managed Heart: The Commercialization of Human Feeling*”, Hochschild (1983) defined Emotional labor as “...the management of feelings to create a publicly observable facial and bodily display; Emotional labor is sold for a wage and therefore

has exchange value” (p.7). Hochschild synonymously used the terms ‘emotion work’ and ‘emotion management’ to refer the similar acts in the private life where they have ‘use value’. “Emotion work” is the ‘act of evoking or shaping as well as suppressing feeling in oneself’ (Hochschild, 1979, p. 266).

Emotional labour (EL) is demonstrated by three characteristics (Hochschild, 1983; Smith, 1992; Smith & Lorentzon, 2005; 2007), which include:

- Face-to-face or voice-to-voice contact with the customers
- Production of an emotional state by workers on another person
- Presence of degree of control by employers over workers’ emotional activities, through training and supervision.

The dramaturgical perspective of Hochschild based on Goffman’s study (1959) considered service employees as actors, who manage their emotions to achieve the organization goals (Grandey, 2000). According to Hochschild, employees engaged in Emotional labour are controlled by ‘feeling rules’ prescribed by the organization regarding how to express their emotions during service encounter. The employees being actors express their emotions in two ways: either through Surface acting or Deep acting. Surface acting involves changing one’s emotional expressions without modifying one’s feelings whereas, Deep acting involves bringing one’s felt affect in line with the display norms (Ashforth & Humphrey, 1993; Brotheridge & Lee, 2002; Hochschild, 1983).

### **2.1.2.1 Emotional Labour and Emotion Regulation**

Emotion regulation refers to the process of modifying one's own emotions and expressions. Gross (1998) considered regulation of emotions in a wider perspective. Gross defined emotion regulation as, 'the process by which individuals influence which emotions they have, when they have them, and how they experience and express these emotions' (1998b, p. 275). But Emotional labour is a type of emotional regulation, limited to the workplace interactions as per the organization requirements.

Grandey (2000) considered emotional regulation of Gross (1998) as a guiding theory to describe the phenomenon of Emotional labour. She focused on the regulation of emotions through the strategies, i.e. Surface acting which is the regulation of observable emotions and Deep acting which is the regulation of actual feelings as per the organization needs.

### **2.1.3 Emotional Labour Strategies**

Since the conceptualization of Emotional labour, researchers and psychologists have different opinion regarding the Emotional labour strategies. Some of them think there are only two forms of Emotional labour strategies - Surface acting and Deep acting and they operationalize the concept with these two dimensions (Brotheridge & Grandey, 2002; Grandey, 2000; Hochschild, 1983). But other studies have discussed the existence of one more factor in addition to Surface acting and Deep acting and that is Expression of naturally felt emotions (Ashforth & Humphrey, 1993; Diefendorff, Croyle, & Gosserand, 2005). According to Zapf (2002), deliberative dissonance action is also a strategy. Some researchers measure Emotional labor construct with four dimensions, Surface acting, Deep

acting, Expression of naturally felt emotions and deliberative dissonance action (Ye and Chen, 2015)

### **2.1.3.1 Deep Acting and Surface Acting**

Hochschild regarded that there are two forms of Emotional labour. Emotional labour can be enacted in different ways, either by Deep acting or Surface acting and are considered as the strategies to manage the emotions during service interactions. The forced smile and robotic chants of ‘have a nice day’ are instances of such strategies (Nunan & Knox, 2005). Employees normally use two Emotional labour strategies: Surface acting and Deep acting (Hochschild, 1983; Kruml & Geddes, 2000; Zapf, 2002) so as to fulfill the emotional display demands of jobs or organizations.

While Surface acting, employees manipulate the outward display of emotion, in contrast, while Deep acting, employees actually experience the emotion to be displayed. According to Rafaeli and Sutton (1987), Surface acting is explained as the cynical, “bad-faith” approach of emotion management that meets only the letter of the rule, without the spirit. But Deep acting is the more sincere, “good-faith” approach of emotion management (p.32).

Hennig-Thurau, Groth, Paul and Gremler (2006) described “Surface acting involve both suppression of felt emotions and faking of unfeelt emotions” (p. 59). Surface acting is the external manifestations of emotions done by an employee without actually feeling, in order to conform to the prescribed rules of the organization. It is a superficial way of simulating emotions or faking true emotions without genuine feelings to align with the organizations’ demands.

But Deep acting is deliberately altering the feelings to come out with an appropriate outward expression. In Deep acting, feelings are actively and consciously induced, covered up or shaped (Ashforth & Humphrey, 1993). Therefore Deep acting is a type of self-regulation, by means of attempting to feel or experience the emotions that are expected to display. By means of Deep acting, persons align their inner emotions with the integrative display requirements of the organization. The displayed emotions relate more close to the sincere feelings and the performance seems genuine and authentic. In order to portray the needed or appropriate emotion at work, service employees hold back the real feelings and respond in a reassuring manner to make the interaction effective. Deep acting involves actively altering the emotions or emotional state to show the prescribed expression.

Surface acting involves conforming to display rules by simulating emotions that are not actually felt. This is accomplished by careful presentation of verbal and non-verbal cues such as facial expression, gestures and voice tone. Surface acting as the word itself implies, is a kind of acting or pretending emotions to align with the organization requirements, without actually feeling it. Deep acting is the deliberate alteration of internally felt emotions to align with the specified requirements of the organization. Deep acting involves actively altering the emotions or emotional state to show the prescribed expression, whereas Surface acting involves merely altering the facial expression or voice tone. Changing the outward appearance without changing the inner feeling and a forced smile will ruin the interface in any interaction and this faking of emotions will affect the employee health.

### **2.1.3.2 Expression of Naturally Felt Emotions**

Previous research on Emotional labour has focused primarily on Surface acting and Deep acting (Brotheridge & Lee, 2002; Grandey, 2003), while giving little attention to the Expression of naturally felt emotions (Diefendorff et al., 2005). The third strategy - Expression of naturally felt emotions is those emotions actually felt and is consistent with the organizational requirements.

Ashforth and Humphrey (1993), in their study regarded genuine experience and expression of emotions as the third means of performing Emotional labour in addition to Surface acting and Deep acting. The work of Zapf (2002) based on action theory described that the regulation of emotion could be either automatic or controlled. Automatic regulation is the automatic display of an organizationally desired emotion deriving from an emotion that is spontaneously felt. Diefendorff et al. (2005) through his study has investigated that display of naturally felt emotions is a different strategy from Surface acting and Deep acting and should be considered as a method of displaying organizationally desired emotions. Diefendorff et al. (2005) confirmed Expression of naturally felt emotions as the third strategy in addition to Deep acting and Surface acting.

Zapf considered it as automatic regulation which is the automatic display of the spontaneous emotions that are naturally felt. Ashforth and Humphrey (1993) opined that merely focusing on Surface acting and Deep acting disregards the possibility that employees can spontaneously experience and display appropriate emotions (cited in Diefendorff et al., 2005). In their study, they pointed out that in order to constitute Expression

of naturally felt emotions as Emotional labor strategy, individuals need to put forth conscious effort to match with the display expectations. Later other research studies (Basim, Begenirbaş, & Yalçın, 2013; Yang & Li, 2009) also regarded Surface acting, Deep acting and Expression of naturally felt emotions as Emotional labor strategies.

## **2.2 Theories Pertinent to Emotional Labour**

Theories and contributions in the field of Emotional labour are highlighted in this chapter.

### **2.2.1 Hochschild A. R. (1983)**

Emotional labour, as said by Hochschild (1983) is managing or regulating emotions for remuneration. Hochschild observes Emotional labour as an occupational trait. Those who are in people jobs are likely to engage in more Emotional labour than others who are not involved in interpersonal interactions.

Hochschild defined it as “the induction or suppression of feelings in order to sustain the outward countenance that produces the proper state of mind in others of being cared for in a convivial safe place” (Hochschild, 1983, p.7) Hochschild stresses the functional value describing Emotional labour as a “gesture in a social exchange. It has a function there and is not to be understood merely as a facet of personality” (1979, p. 568).

From the pioneering study of Hochschild on flight attendants of Delta airlines and bill collectors, she had found that the high emotional demands from these service workers lead to psychological and physiological problems like headache, Emotional dissonance, stress and Emotional

exhaustion. Her observation was based on the fact that, as employees have to follow display rules set by the employers, they lose control over emotions and experience depersonalization.

As stated by Hochschild (1979), managing emotions need effort and, "when deep gestures of exchange enter the market sector and are bought and sold as an aspect of labor power, feelings are commoditized" (p. 569). This commoditization and control of emotions are very personal to the employee, and the extra effort put to display appropriate emotions is detrimental to the employee that leads to job stress and burnout (Hochschild, 1983; Grandey, 2000).

Since Hochschild (1983) coined the word Emotional labour, both theoretical and empirical studies have flourished enormously in this area and scholars come out with different conceptualization and theories. The conceptualizations of Emotional labor made by Hochschild (1983), Ashforth and Humphrey (1993), Morris and Feldman (1996), Grandey (2000) and Brotheridge and Lee (2003) have greatly influenced the field and provided a platform for further research.

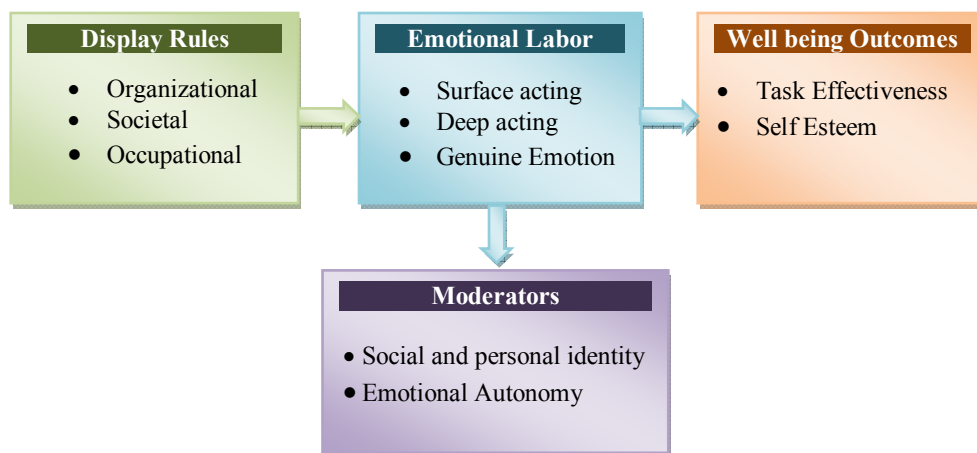
Later on, studies on Emotional labour resulted and various models in diverse backgrounds, occupations and cultures and are still discussed worldwide. Currently, researchers focus on the antecedents, consequences, strategies and their association with many job related factors. They dive both on the negative consequences and positive sides of Emotional labour and their effects on individual, interpersonal, organizational, social and cultural factors.



### 2.2.2 Ashforth B. E. & Humphrey R. H. (1993)

Following Hochschild, who built a new ground of Emotional labour, Ashforth and Humphrey (1993) viewed from a behavioural perspective as “the act of displaying the appropriate emotion” (p. 90) conforming to the display rule, as prescribed by the organization.

According to Ashforth and Humphrey (1993), Emotional labour is the display of expected emotions by service agents during service interactions which are performed either through Deep acting, Surface acting or expression of genuine emotions. Ashforth and Humphrey (1993) distinguished the use of genuine emotions from Surface acting and Deep acting as one of Emotional labor strategies. The model explained by Ashforth and Humphrey is given in Figure 2.2.



**Figure 2.2: Model of Ashforth and Humphrey (1993)**

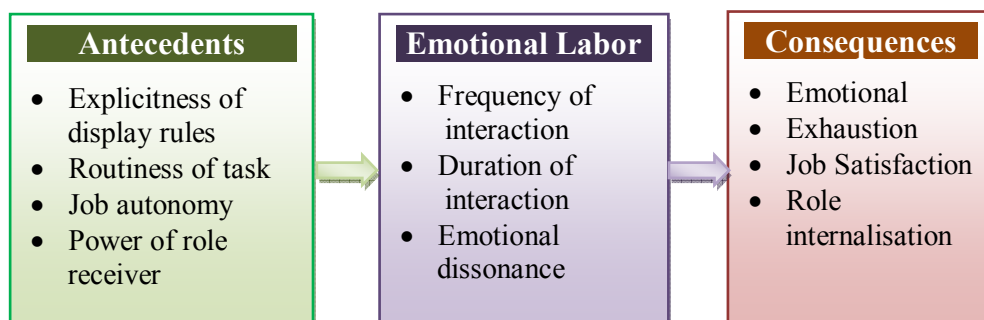
Ashforth and Humphrey viewed Emotional labour as observable behaviors, and studied its impact on task effectiveness, rather than on the individual's health or stress (Grandey, 2000). In contrast with the view of

Hochschild, that Emotional labour leads to negative outcomes, Ashforth and Humphrey argued that it may leads to positive outcomes. Adding genuine emotion as the third emotional strategy and rephrasing feeling rules as display rules are also the contributions made by Ashforth and Humphrey.

### 2.2.3 Morris J. and Feldman D. (1996)

According to Morris and Feldman (1996) Emotional labor is defined as the “effort, planning and control needed to express organizationally desired emotions during interpersonal interactions” (p.987). They focus on the interaction characteristics like frequency of interaction, duration of interaction, intensity and variety of emotions displayed in the work roles.

In the model of Morris and Feldman, four dimensions of Emotional labour were explained and they are: (1) frequency of display, (2) attentiveness to required display rules which include duration and intensity of emotional display, (3) variety of emotions to be displayed and (4) Emotional dissonance which is incongruity between felt emotions and displayed emotions. The Morris and Feldman (1996) model of Emotional labour is shown in Figure 2.3.



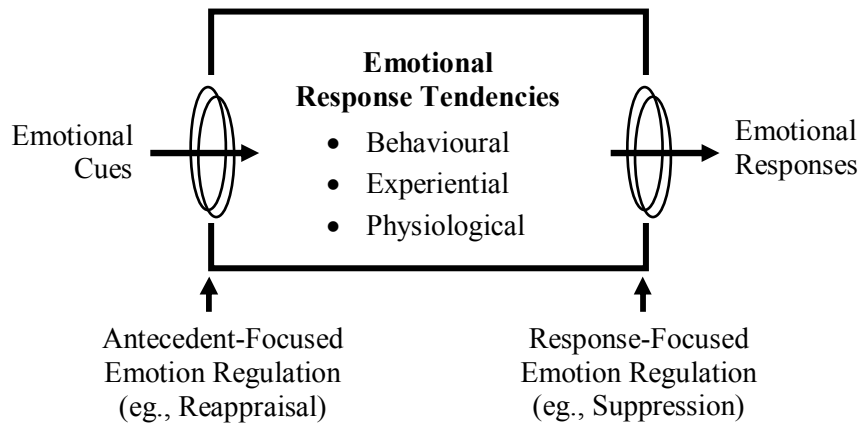
**Figure 2.3: Model of Morris and Feldman (1996)**

The model highlighted the potential antecedents and outcomes of Emotional labour. Job dissatisfaction and Emotional exhaustion are projected as outcomes of the dimension of dissonance. The model excluded the forms of Emotional labour -Surface acting and Deep acting. But their conceptualization failed to properly explain how frequency, duration, and variety become a dimension of Emotional labor. The opinion of Morris and Feldman (1996) that "Emotional labor can best be described in terms of frequency of Emotional labor" (p. 257) could only provide a vague explanation. Grandey (2000) and Diefendorff and Gosserand (2003) criticized Morris and Feldman (1997) for their observations on the three components of Emotional labor. They argued that those three components do not represent how employees actually express and inhibit emotion or not define Emotional labor.

Though there are differences in the conceptualization and outcomes of Emotional labour among the authors (Ashforth & Humphrey, 1993; Hochschild, 1983 and Morris & Feldman, 1996), all of them agreed to the view that individuals can regulate their emotional expressions at work.

#### **2.2.4 Gross J. (1998)**

Gross (1998) through the process model of emotion argued that emotional regulation in individuals is antecedent- focused and response-focused. Antecedents are regulated in the antecedent- focused emotional regulation and responses are modulated in the response- focused emotional regulation. The process model explaining the two major types of emotional regulation is illustrated in Figure 2.4.



**Figure 2.4: Process Model of Emotion Regulation-Gross (1998)**

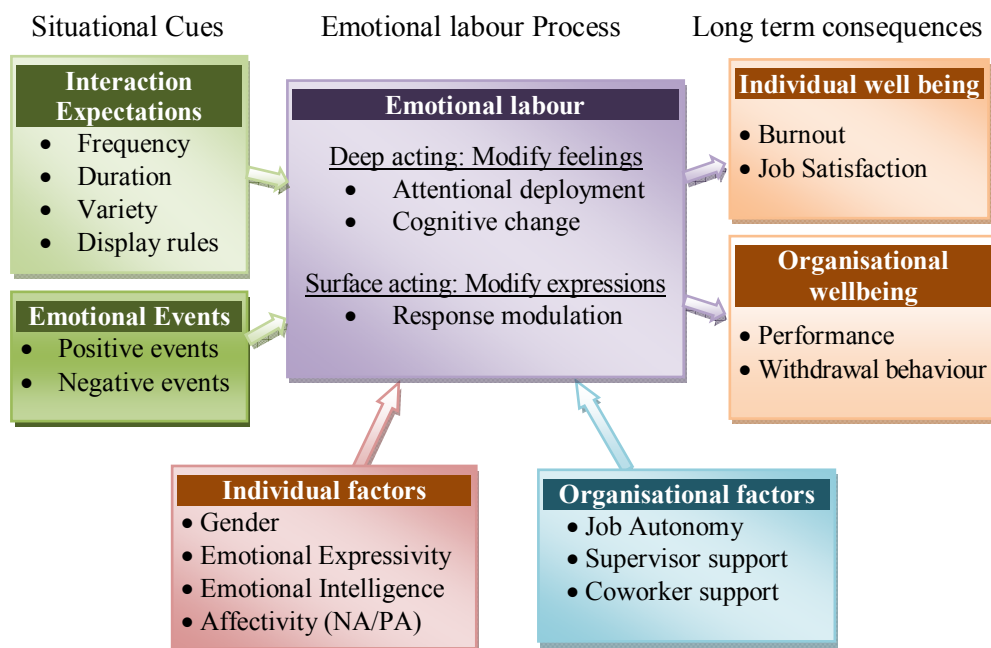
The Gross model explained that emotional regulation occurs by either manipulating the input or the output. The former is the antecedent-focused emotion regulation and the latter is response-focused emotion regulation.

In the antecedent-focused emotional regulation, individuals regulate the situation or the perceptions of situation. In the response-focused emotional regulation, the individual manipulates how they display a specific emotional response (Grandey, 2000). The emotional regulation framework of Gross (1998b) described that individuals are able to develop conscious and unconscious strategies regarding what, when and how they experience and express emotions.

### 2.2.5 Grandey A. A. (2000)

Grandey (2000) put forward an integrative model of Emotional labor that includes situational, individual, and organizational factors and consequences of Emotional labor. Her work was based on emotion regulation theory and process model of Gross (1998b, p. 275). Grandey (2000) defined Emotional labour as “the process of regulating both feelings and expressions for the

organizational goals”(p. 97), and such emotion regulations for the work role may be effective in the impression management point of view, but may be harmful to the employee's health. The integrated model of Grandey is shown in Figure 2.5.



**Figure 2.5: Integrated Model of Alicia Grandey (2000)**

Grandey posited that frequency, duration, variety and display rules as situational cues which were incorporated from the previously espoused theories and added emotional events as situational cues. Her model includes Deep acting and Surface acting strategies in the Emotional labour process. Grandey also added moderators in her model as individual and organizational factors. Both positive and negative outcomes are included and considered as potential consequences of Emotional labour process but excluded Emotional dissonance. So by incorporating the major contributions from the previous theories, Grandey illustrated a comprehensive integrated model for Emotional labour.

### **2.2.6 Brotheridge C. M. and Lee R. T. (1998, 2003)**

Brotheridge and Lee described Emotional labour as “actions undertaken as a means of addressing role demands” (1998, p.7) or the effort involved when employees “regulate their emotional display in an attempt to meet organizationally-based expectations specific to their roles” (2003, p. 365). Based on the theories of Hochschild (1983) and Morris and Feldman (1996), they developed an Emotional labor Scale with 6 dimensions which measures the intensity of interaction, frequency of interaction, variety of emotional display, Surface acting, Deep acting and the duration of interaction. They considered Surface acting as a manifestation of Emotional dissonance and their Surface acting sub scale incorporates both Emotional dissonance and Surface acting.

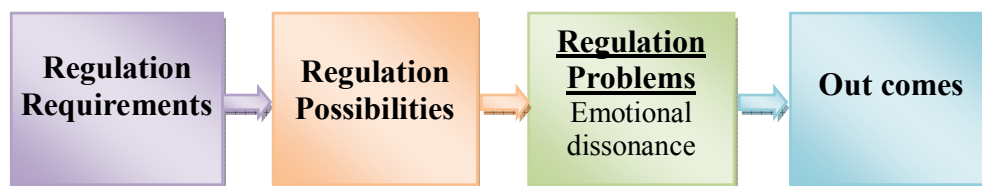
### **2.2.7 Kruml S. M. and Geddes D. (1998, 2000)**

Kruml and Geddes (2000) identified two dimensions: emotive dissonance and emotive effort. Emotive dissonance refers to Hochschild’s concept of Surface acting and passive Deep acting (automatic emotion regulation) and Emotive effort explains the effort employees take to change their inner feelings to match the feelings they are expected to display which is incorporated from Hochschild’s (1983) concept of active Deep acting. Kruml and Geddes (1998) have used the concept of dissonance as a defining dimension of Emotional labor.

### **2.2.8 Zapf D. and His Colleagues (1999, 2002)**

Zapf (2002) used the term Emotion work and he defined the concept as “the psychological processes necessary to regulate organizationally desired emotions” (p. 239). Zapf’s (2002) perspective of Emotional labour

is based on the action theory (Frese & Zapf, 1994) which explained the active coping of individuals with the environment. Zapf, Vogt, Seifert, Mertini, and Isic (1999) developed Frankfurt Emotion Work Scale of emotion work that include emotional regulation requirements (sub-scales: the requirement to express positive emotions; the requirement to express and handle negative emotions, the requirement to be sensitive to clients' emotions, and the requirement to show sympathy), emotional regulation possibilities (control), and emotional regulation problems (Emotional dissonance). Zapf et al. (1999) measured emotion work as a job characteristic and treated Emotional dissonance as a stressor or emotional regulation problem. Figure 2.6 illustrated the model based on the explanation of Zapf and his colleagues.



**Figure 2.6: Model based on Zapf et al. (1999)**

Zapf (2002) who preferred the term 'emotional work' for 'Emotional labour' considered Emotional dissonance as a job demand where the feelings are inconsistent with the requirements of emotional expression. Zapf also considered genuine emotions as automatic regulation which is the genuine display of the normal emotions naturally felt. Zapf tested and confirmed that control and social support the moderating effect on the relation between emotion work and burnout.

### **2.2.9 Diefendorff J. M. and his Colleagues (2003, 2005)**

Diefendorff and Gosserand (2003) defined Emotional labour as the process of regulating emotional expressions of individuals in response to the display rules. But (Diefendorff, Croyle & Gosserand, 2005) regarded the three dimensions (duration, frequency and routineness) as interaction characteristics of Emotional labour, but not as dimensions, and considered Emotional dissonance as an outcome rather than a part of Emotional labour (Grandey, 2000; Brotheridge, 2006a).

Diefendorff and his colleagues differentiated and identified three Emotional labour strategies. The Emotional labour Strategy Scale developed by them has three dimensions and they are Deep acting, Surface acting and Expression of naturally felt emotions. Also Diefendorff et al. (2005) measured display rules as positive display rule perceptions and negative display rule perceptions using the scale developed for measuring Emotional display rules.

### **2.2.10 Gabriel A. S. (2013)**

In spite of much advancement in Emotional labor research, majority of studies utilized only cross-sectional research designs and very few studies look into the possibility of capturing the levels of emotional regulation over a period of time.

One such was the call centre simulation study by Gabriel based on continuous rating methodology to check when and why the employees change Emotional labor strategies in a customer interaction. The findings of the study on call centre workers contributed several implications on revamping the Emotional labour theory as claimed by Gabriel (2013). Results of her study argued that Deep acting and Surface acting can be



simultaneously used, as pointed out by Beal and Trougakos (2013), contradicting the theory that Surface acting and Deep acting are antipodes (Mesmer-Magnus, De Church, & Wax, 2012).

It was also described that feedback from the customers influence the Emotional labour strategies the employees utilize during interactions. Further it was explained that cultural context also have influence on deciding the strategies or combination of Emotional labour strategies that employees make use of while interacting with customers. Gabriel also suggested that employees could be trained to reappraise the situations of customer incivility by using appropriate Emotional labour strategies, thereby enhancing the emotional well being of the employees.

### **2.3 Enormity of Emotional Labour**

With the development of the service industry and increasing service roles, the reach of the concept of Emotional labour has exponentially expanded among researchers and academicians. In this service economy numerous workers are involved in jobs managing their emotions while interacting with customers or clients in accordance with the demands of the employer. In the past, only very few occupations were considered having Emotional labour demands. But now this becomes indispensable for employees from several occupational fields when compared to the same situation, fifty years ago.

Understanding its critical nature and relevance, the phenomenon of Emotional labour is studied across various occupations in the service sector. The enormity of Emotional labour studies can be well understood from Table 2.1 which illustrates the details.

**Table 2.1: Studies on Emotional labour**

<b>Occupation/ Employees</b>	<b>Authors/Researchers</b>
Debt collectors and flight attendants	Hochschild, 1983
Cashiers	Rafaeli & Sutton, 1987
Hospitality and fast food employees	Leidner, 1993
Waitresses	Rose, 2001
Amusement park employees	Van Maanen & Kunda, 1989
Retail stores	Rafaeli and Sutton, 1990
Supermarket & Convenience stores	Sutton and Rafaeli, 1988
Police officers	Stenross and Kleinman, 1989; Martin, 1999, Bakker & Heuven, 2006
Criminal interrogators and bill collectors	Rafaeli and Sutton, 1991
Nursing profession	Bakker & Heuven, 2006; Bolton, 2000, 2001; McQueen, 1997; Mann & Cowburn, 2005; Smith 1992, 2000, 2012; Staden, 1998
Ride Operators at Disney	Van Maanen, 1991; Van Maanen & Kunda, 1989
Pharmacists	Holmes, 2008; Schell, 2014
Physicians, GP's or doctors	Larson & Yao, 2005; Martinez-Inigo et al. 2007
Bank tellers, Bank employees	Pugh, 2001; Erickson & Wharton 1997
Emergency call dispatchers	Shuler, 2001; Shuler & Sypher 2000
Teachers	Ye & Chen, 2015; Basim et al., 2013; Naring et al., 2006
Athletic Head Coaches	Lee Y, 2012
Telecommunications Representatives	Abraham, 1998
Call centre workers	Lewig and Dollard, 2003; Gabriel, 2013, Zapf et al., 1999
Retail store employees and customer service agents	Johnson, 2004
Barristers	Harris, 2002
Cabin Attendants	Heuven & Bakker, 2003

## **2.4 Antecedents of Emotional Labour**

From the literature review it is identified that there are several factors that influence Emotional labor strategies. Individual, job and organizational related characteristics perform an antecedent role with regard to Emotional labour strategies. Morris and Feldman (1996) identified affectivity and gender in individual characteristics, task routineness and job autonomy in job characteristics and display rules and supervisor monitoring in organizational characteristics as antecedents to Emotional labour. Positive affectivity and Negative affectivity were studied as antecedents of Emotional labour strategies (Austin, Dore, & O'Donovan, 2008; Brotheridge & Lee, 2003; Diefendorff et al., 2005; Gosserand & Diefendorff, 2005).

Similarly the influence of Emotional Intelligence (EI) on Emotional labour was widely acknowledged and investigated (Austin et al., 2008; Brotheridge, 2006a; Côté, 2005). Various studies found that Emotional intelligence is positively associated with Deep acting but negatively associated with Surface acting (Mesmer-Magnus et al. 2012). So individuals with high Emotional intelligence showed an enhanced tendency to deep act (Dore, 2006).

As cited in Choi and Kim (2015), individual characteristics like emotional contagion (Kruml & Geddes, 2000; Pugh 2001), empathic concern and emotional self-efficacy (Pugh, Groth & Hennig-Thurau, 2011) influence Emotional labour strategies. Among the organizational characteristics social support is an antecedent to Emotional labour and according to Schneider and Bowen (1985) social support reduces the Surface acting of Emotional labor. Work motives of employees showed

relation to which form of emotion regulation is used (Grandey & Gabriel, 2015, in press).

Several other studies categorized the antecedents of Emotional labour as dispositional factors and situational factors. Gosserand and Diefendorff (2005) argued that dispositional variables (Personality factors) play a major role in influencing the use of different Emotional labor strategies. Previous research (Diefendorff et al., 2005; Dore, 2006) considered traits like Big Five personality dimensions, emotional expressivity, and self-monitoring as dispositional variables. Situational variables are those factors related to the work environment which include ‘display rules’ and ‘interaction characteristics’ and they are considered as job based antecedents of Emotional labour strategies (Diefendorff et al., 2005). The frequency, routineness and duration of an interaction are the dimensions of ‘interaction characteristics’.

Studies have revealed that Negative display rules, high frequency and duration of interactions, lack of autonomy and social support, negative affectivity, neuroticism are linked with Surface acting while Positive display rules, freedom of expressing emotions, positive affectivity and extraversion are related to Deep acting. On the basis of literature reviewed, the researcher identified the relevance of display rules in Emotional labour research.

#### **2.4.1 Emotional Display Rules**

The notion of cultural display rules was first introduced by Ekman and Friesen (1969) as a hypothetical construct in a study comparing Japanese and American students. Since then it has been widely used in the researches related to culture and emotion. Display rules are considered as a function of societal norms, occupational norms and organizational norms (Rafaeli & Sutton, 1989)

Display rules or Emotional display rules refer to the organizational or job related rules about what kind of emotion to express on the job. For example, bill collectors and criminal interrogators must display negative emotions (Rafaeli & Sutton, 1991), and employees in sales or customer service roles must display happiness and good cheer as part of their work, because such emotion displays are presumed to improve sales. Similarly flight attendants are expected to be cheerful and friendly, funeral directors to be somber and reserved and nurses to be empathetic and supportive (Ashforth & Humphrey, 1993).

Service organizations, nowadays have concentrated more on gaining benefit through customer satisfaction for which they need to control the employee emotions and behavior. Recent developments in the service sector that raised the customer to a sovereign position put extra pressure on employees to make every encounter a pleasing one. Service quality is rated on the basis of positive emotional displays by the customer service employees. Customer service employees are always expected to articulate positive emotions which are considered as part of their job (Brotheridge & Grandey, 2002; Diefendorff & Richard, 2003; Hoshschild, 1983). Their pleasing face, welcoming smile, proper eye contact, polite talk and courteous behaviour are all taken into account for the satisfaction of customers in a service encounter. Employees are therefore supposed to act according to the managerial prescriptions, which even later become policies of the organization.

The emotions of the customer facing employees are always constrained, channeled and governed by the rules of conduct of the organization. Service organizations usually have explicit or implicit Emotional display rules,

prescribing the emotions to be displayed and emotions to be suppressed during service interactions. Display rules are the guidelines, that specify the types of emotional displays that are apposite to display on the job by the employees, which may or may not be explicitly stated to them (Diefendorff, Richard, & Croyle, 2006). In other words, display rules are “guidelines for the assessment of fits and misfits between feeling and situation” (Hochschild, 1979, p. 566). The actual performance of the employee is compared with the standard rules and employees may manage it by regulating the emotions as per the rules.

Organizations control the emotional expression of employee by display rules (Diefendorff & Greguras, 2009; Raphaeli & Sutton, 1987, 1989, 1990). Surveillance techniques were introduced in many organizations with this intention to have a control over the performance of employees. Many new initiatives are being taken by management to control emotions at the work place, especially during service encounters. Soft wares installed with a purpose of identifying inappropriate tone of voice in a voice to voice encounter are all part of the organization way of controlling the Emotional labour.

Emotional display rules or display norms may vary between occupations, firms and cultures. What is acceptable and appropriate for one may be unacceptable or inappropriate for the other. For the same organization, the display rules may change between occupations: for example, in hospitals, while displaying emotions, doctors are supposed to be more neutral than nurses who are supposed to be more empathetic, compassionate and caring.

Display rules are those standards (Ekman, 1973) governing emotional expression of employees suitable for a particular situation (Diefendorff & Richard 2003; Rafaeli & Sutton 1987). Before regulating emotions, one should relate the feelings with display rules of the organization (Diefendorff & Gosserand, 2003) to come out with desired level of expression.

Customer service employees are encouraged to display positive emotions while interacting with the customers and avoid the display of negative emotions by means of display rules (Diefendorff & Richard, 2003). Various studies showed that emotional displays of employees at the customer interface will affect the customer attitudes and behaviors, ( Pugh, 2001; Tsai, 2001) as well as the job performance (Ashforth & Humphrey, 1993; Grandey, 2000; Grandey, Fisk, Mattila, Jansen & Sideman, 2005a; Morris & Feldman, 1996; Pugh 2001; Tsai, 2001).

According to Matsumoto (1990), Emotional display rules are the cognitive representations of the belief regarding the type of facial expressions to be displayed in particular social situations. Display rules explain about the appropriate expression to be expressed and the extent to which these expressions can be displayed during social interactions.

Display rules may be implicit or explicit, where implicit display rules are 'unwritten rules' communicated through societal or organizational norms (Zapf, 2002) and explicit display rules are those conveyed through job descriptions or during training and induction.

Emotional expectations are communicated to employees by means of Emotional display rules that explicated the emotions to be displayed and not to be displayed (Ekman, 1973; Wharton & Erickson, 1993). Service

providers comply with emotional norms, i.e., display rules. Role based expectations of the organizations in the form of display rules is formally or informally specified about the emotions ought to be expressed and emotions ought to be suppressed (Mann, 2005) According to Emotional labour theory, display rules are made by the organization which specifies how to control the display of employee emotions (Ashforth & Humphrey, 1993; Diefendorff et al., 2005; Rafaeli & Sutton, 1987).

Researchers suggest that inauthentic display of emotions reduce positive outcomes (Grandey, 2003; Grandey et al., 2005a). And there is a direct association between employee positive displays and customer mood (Pugh, 2001; Tsai & Huang, 2002). Employees at the customer interface cannot provide quality service circumventing the feeling rules of work. So employees during interactions in the caring and service jobs are always expected to follow the organization specified display rules irrespective of how they actually feel.

#### **2.4.1.1 Positive and Negative Display Rules**

Display rules can be positive or negative, in which Positive display rules specify which emotions are to be displayed (e.g.: be polite and cheerful) whereas Negative display rules (e.g.: hide anger and bad moods) specify which emotions are not to be displayed. According to Diefendorff and Richard (2003), employees are normally discouraged from exhibiting negative emotions (Negative display rules) and encouraged to express positive emotions (Positive display rules). Positive display rules state what employees are expected to display during customer interface and Negative display rules state what employees are expected to suppress during their interactions.



#### **2.4.1.2 Display Rules and Emotional Labour- A Cultural Perspective**

Little focus was given on the cross cultural perspective of Emotional labour (Allen, Diefendorff & Ma, 2014; Grandey et al., 2005). But studies were done on the relation between emotional regulation and display rules across cultures (Eid & Diener 2001), expression of specific emotions and display rules towards organizational and non organizational targets across cultures (Grandey, Rafaeli, Ravid, Wirtz, & Steiner, 2010), and emotional regulation as a function of cultural background (Butler, Lee & Gross, 2007; Matsumoto, Yoo & Nakagawa, 2008).

The cross cultural study done by Grandey, Fisk and Steiner, (2005b), on Emotional labour, among the service employees of U.S. and France, showed difference in the relation between emotional regulation and job dissatisfaction, which they explained is due to the institutional orientation of U.S. culture and the impulsive orientation of French culture towards emotion.

The most widely known peculiarity about the Eastern and Western cultures is their distinction in the level of collectivism versus individualism (Hofstede, 1980) and the studies of Matsumoto et al. (2008) explained that workers in a collectivistic culture engage in more emotion management than employees in an individualistic culture. Further to this, it was described that the deleterious effects of emotional regulation strategies are comparatively less in collectivistic cultures than in individualistic cultures (Allen et al., 2014; Eid & Diener, 2001; Mesquita 2000; Mesquita & Delvaux 2013). Allen et al. (2014) in his study on the samples from U.S. and China suggested that while formulating display rules and devising recruitment as well as training strategies, employers should take into

consideration the difference in the cultural contexts when globally expanding their operations.

The following section of this chapter is focusing on the outcomes of Emotional labour.

## **2.5 Outcomes of Emotional Labour**

Empirical research reported the ambivalent nature of Emotional labour resulting in positive and negative outcomes. Even though majority of the Emotional labour research focused on the negative outcomes there are studies ascertaining the positive outcomes of Emotional labour. But later empirical studies conducted to explore the influence of Emotional labour on various individual and organizational outcomes pointed out that it is not Emotional labour per se which is detrimental, but it is the Emotional labour strategy used by employees which may lead to different outcomes.

Hochschild, (1983) who coined the term, as cited in Grandey, (2000), regarded Emotional labor as managing emotions for a wage which may be detrimental to the employee. Hochschild argued that performing Emotional labor leads to negative psychological outcomes. Hochschild (1983) at the outset regarded that both types of Emotional labour strategies (Surface acting and Deep acting) ought to be damaging to employee health and well-being. But, later empirical studies indicate that Surface acting and Deep acting have different effects on employee well-being. Predominantly, Surface acting has consistently shown to have deleterious effects on employee well-being (Grandey, 2003; Johnson & Spector, 2007), inauthenticity (Ashforth & Humphrey, 1993), job dissatisfaction (Morris & Feldman, 1997) and depression (Erickson & Wharton, 1997).

Diefendorff, Erickson, Grandey and Dahling (2011) through their study as cited in Allen et al. (2014) established that Surface acting has partial mediation in the relationship between display rules and burnout, suggesting that display rules show both direct and indirect associations to employee well-being. According to Brotheridge and Grandey (2002), Surface acting and Deep acting showed difference with regard to the impacts on individual. The studies explained that Surface acting showed a positive relationship with stress, Emotional exhaustion, burnout syndrome, and poor service delivery (Brotheridge & Grandey, 2002; Grandey, 2003). Deep acting was unrelated to display rules and positively linked to the burnout dimension of personal accomplishment (Brotheridge & Grandey 2002; Brotheridge & Lee 2003) and to other positive outcomes such as affective well-being, personal authenticity, and high sense of professional efficacy (Johnson & Spector, 2007).

By Surface acting, customers or clients always see the expressions that are pleasing and desirable to organizations, even if the employees feel differently (Grandey, 2000) and this job demand results in stressful experiences (Hochschild,1983) for the employees. This is because while Surface acting, extra effort is taken to suppress negative emotions and express fake emotions, which in long run, may lead to negative outcomes. In addition to this extra effort, discrepancy between felt and displayed emotions leads to intrapersonal conflict which further reduces the employee wellbeing.

Studies reported that Surface acting is positively related to stress and Emotional exhaustion, and negatively related to job satisfaction (Grandey, 2000; Grandey, Fisk, & Steiner, 2005). But the role of Deep acting is still

vague as it showed inconsistent relationship with respect to outcomes of Emotional labour.

Wharton (1993) in his study among hospital employees and another in a study on bank employees found a positive linkage between Emotional labor and job satisfaction. Ashforth and Humphrey (1993) claimed that once workers get used to performing Emotional labour, it increases job satisfaction as they distance themselves from unlikable circumstances. Rafaeli and Sutton (1989) observed that employees interacting with smiling faces have a high level of job satisfaction and reduced level of stress. According to Morris and Feldman (1996), frequency of emotional display, a component of Emotional labour in his theory showed a positive effect on job satisfaction. In the opinion of Pugliesi (1999) as cited by Choi and Kim (2015) Emotional labor can have a positive psychological effect on workers. Emotional labour may also lead to positive outcomes, like job accomplishment when using the Deep acting strategy (Bono & Vey, 2005; Brotheridge & Grandey, 2002; Brotheridge & Lee, 2003; Zapf, 2002).

Employees are often encouraged to deep act instead of surface act (Bono & Vey, 2005; Dahling & Perez, 2010) as Deep acting leads to positive outcomes in service interactions, thereby organizations always accrue benefit. The positive effects of Deep acting may be because employees are able to create positive emotions in one self (Chau, Dahling, Levy, & Diefendorff, 2009). Some of the major studies explaining the positive and negative outcomes of Emotional labour are shown in Table 2.2.

**Table 2.2: Outcomes of Emotional labour**

<b>Negative Outcomes</b>	<b>Researchers</b>
Stress	Adelmann, 1995; Grandey, 2000; Mann & Cowburn, 2005; Pugliesi, 1999; Zapf et al., 1999
Emotional exhaustion,	Abraham 1998; Diefendorff, Croyle, & Gosserand, 2005; Zapf & Holz, 2006
Emotional dissonance	Abraham, 1998; Bakker & Heuven, 2006; Heuven & Bakker, 2003; Mishra & Bhatnagar, 2010; Morris & Feldman, 1996; Pugh et al., 2011
Burnout	Bakker & Heuven, 2006; Brotheridge & Grandey, 2002; Erickson & Ritter, 2001; Heuven & Bakker, 2003; Holz, 2001; Näring, Briët, & Brouwers, 2006; Zapf et al., 2001; Zapf & Holz, 2006
Job dissatisfaction	Abraham, 1998; Coté & Morgan, 2002; Grandey, 2003; Morris & Feldman, 1996,
Feelings of inauthenticity	Brotheridge & Lee, 2002; Erickson & Ritter, 2001
Turnover intentions	Chau et al., 2009; Coté & Morgan, 2002
<b>Positive Outcomes</b>	<b>Researchers</b>
Task effectiveness and Self expression	Ashforth & Humphrey, 1993
Self esteem	Pugh, 2001; Tsai, 2001
Job satisfaction	Coté & Morgan, 2002; Diefendorff & Richard, 2003; Wharton, 1993; Zapf & Holz, 2006
Customer satisfaction	Pugh, 2001; Tsai, 2001

Even though earlier empirical evidences confirmed the existence of both positive and negative outcomes, majority of the studies regarded Emotional labor as the cause of stress and considered it as the antecedent leading to negative outcomes (Choi & Kim, 2015).

Research on stress and burnout supported the conception that Emotional labor results in (Hochschild, 1983; Morris & Feldman, 1997; Schaubroeck & Jones, 2000). It was observed that there is less empirical support for the relationship of Emotional labor to the other burnout dimensions in comparison with Emotional exhaustion. Moreover, Emotional exhaustion is considered as a stress related component. It was also observed that positive relation between Emotional labour and Emotional exhaustion is often explained through Emotional dissonance.

Based on these observations, the researcher decided to check the relation of Emotional labour strategies with Emotional dissonance, Stress and Emotional exhaustion.

The following section is devoted for describing these outcome variables.

### **2.5.1 Emotional Dissonance**

When organizations demand the employees to manage emotions, conflict and contradictions occur in the encounter. The internal conflict generated between genuinely felt emotions and those required to be displayed is often called Emotional dissonance. It can result in employees' dysfunctional behavior (Lewig & Dollard, 2003) that may end up in Emotional exhaustion and burnout.

When expressed and experienced emotions differ, employees will experience Emotional dissonance (Lewig & Dollard, 2003; Zapf & Holz, 2006).

Emotional dissonance is a state of imbalance out of person-role conflict between actual feeling and the display (Abraham, 1998). According to Hoffman and Bateson, Emotional dissonance is considered as a result of person/role conflict in which “contact personnel are required to hide their true feelings and present a pleasing face to the customer” (2002, p.252). Rafaeli and Sutton (1987) also considered Emotional dissonance as a form of role conflict. A structural discrepancy between displayed and felt emotions in work (Heuven & Bakker, 2003) or an enduring incongruity between inner feelings and outer expressions while interacting with others (Zapf, 2002) is termed as Emotional dissonance.

According to Zapf, Vogt, Seifert, Mertini, and Isic (1999), Emotional dissonance occurs when there is incongruity between organizationally approved emotions and real emotions of employees. This difference between organizationally approved emotions and real emotions can be associated with significant levels of psychological ill-health (Zapf, Seifert, Schmutte, Mertini, & Holz, 2001).

Emotional dissonance is often considered as the concomitant of Surface acting (Rafaeli & Sutton, 1987). The more an employee surface act, the more is the possibility to experience Emotional dissonance, stress, and Emotional exhaustion. Employees experience Emotional dissonance when the outward display and inward feeling differs (Grandey, 2003). This is because while Surface acting, the emotions expressed do not have any concurrence with the

emotions felt. This incongruity leads to negative outcomes, Emotional dissonance and Emotional exhaustion. Emotional dissonance caused by the constant containment of powerful emotions can lead to burnout.

Mann (2005) in his 'Health care model of Emotional labour' explained that Emotional dissonance leads to Emotional labour. Certain researchers view Emotional dissonance as a dimension of Emotional labor (Morris & Feldman, 1996). In contrast, others viewed Emotional dissonance as a consequence of Emotional labor (Rafaeli & Sutton, 1987; Kruml & Geddes, 2000). In the opinion of Pugh et al. (2011), Emotional dissonance is an aversive state occurred due to the disparity between felt and displayed emotions as a consequence of Surface acting. As cited by Sreedevi (2014), whether an ingredient or an outcome, Emotional dissonance is generally regarded as an inexorable byproduct of Emotional labor (Carolyn, 2006). Diefendorff, Croyle and Gosserand (2005) considered Emotional dissonance as an outcome rather than a part of Emotional labour (Brotheridge, 2006a; Grandey, 2000).

Hochschild (1983) described Emotional dissonance as a sense of strain due to the difference between feeling and feigning of emotions. A study explaining the causal consequences of Emotional labor, Emotional dissonance, and Emotional exhaustion by Hartel, Hsu and Boyle (2002) also supports the view of considering Emotional dissonance as a result of Emotional labour and predictor of Emotional exhaustion. The conceptualization of Emotional dissonance based on Cognitive dissonance theory (Härtel et al., 2002; Lewig & Dollard 2003) supports the mediator role of Emotional dissonance in the relationship between Emotional labour and Emotional exhaustion (Van Dijk & Kirk-Brown, 2006).



In this context, the researcher focused to conceptualize Emotional dissonance on the basis of the Cognitive Dissonance theory (Festinger, 1957).

### **2.5.1.1 Cognitive Dissonance Theory**

According to Festinger (1957), “when an individual holds two or more elements of knowledge that is relevant to each other but inconsistent with one another, a state of discomfort is created. He called this unpleasant state ‘dissonance’” (Harmon-Jones & Harmon-Jones, 2008; p.1518). When an individual holds two cognitions that are incongruent, it results in a negative drive state of discomfort or tension called dissonance.

Akin to that, by portraying emotions that are not felt, creates the strain of Emotional dissonance as cited in Mann (2005). Following the cognitive dissonance theory, Emotional dissonance can be explained as a state of discomfort caused due to the disparity between the felt and displayed emotions. It is often stated that Emotional dissonance leads to stress in employees.

In the following section, the outcome variable stress is detailed.

### **2.5.2 Stress**

Stress is one among the most apparent costs associated with Emotional labour. Stress creates harmful, physical and psychological problems that range from merely disturbing and uncomfortable to debilitating and life threatening to individuals. Hans Selye, the father of stress, defined stress as "the nonspecific response of the body to any demand made upon it" (Selye, 1974, p. 27). According to Selye (1965), stress can be positive or functional (eustress) which energizes the individuals and that leads to high performance capabilities thereby resulting in increased productivity. On the contrary, stress can be

negative or dysfunctional (distress) which depletes the energy of individuals, causing harm to both physical and psychological health (Selye, 1965). This occurs when one's capability in positively using stress is overwhelmed.

Lazarus and Folkman, in their psychological view, described that stress is “a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being” (1984, p. 19). Occupational stress occurs when demand of the work environment overpower the capacities of workers to cope with them.

Increasingly, organizations across the world are becoming more and more concerned about the “epidemic” state of stress related problems in the workplace.

The World Health Organization has declared that depression which is a stress related problem, is the primary reason of disability worldwide (World Health Organization, 2000). According to WHO, depression will reach second place in the “global burden of disease” ranking, by the year 2020.

The National Institute for Occupational Safety and Health of the United States (NIOSH) defined occupational stress as “the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker” (1999). Hence, occupational stress or work related stress may occur due to the incapability to deal with with the pressure of the job. A plethora of models and theories have been propagated to envisage and recognize occupational stress.

Occupational stress is not always considered dysfunctional. Functional or positive stress can facilitate individuals to stay focused, active, gain ability to confront challenges in workplace. Stress helps individuals on their toes and make them more cautious and careful thereby averting from mishaps at work. But in today's hectic competitive scenario, workplace is often overwhelmed by stress creating chaos.

The potential stressors for the employees on job are the interpersonal or psychosocial features at work place. The present shift to the service economy and the growth of service sector has attracted the focus of researchers to the social dimensions as well as the interpersonal factors causing stress. Organizations are trying hard and insisting employees to ensure quality service to the customers by enhancing the service concepts during interpersonal interactions. The interpersonal encounters matter much to the organizations and that is why the interpersonal stressors also gain attention. McQueen (2004) regarded that intense or continuous emotional work in the interpersonal encounters can be stressful and exhausting (p. 104). Emotional labour is receiving greater attention in the studies related to occupational stress (Pugliesi, 1999). This is supported by the statement of Lazarus "when there is stress, there are also emotions" (1999, p. 35). Employees experiencing Emotional dissonance while performing Emotional labour are likely to experience emotional distress that cumulates in the long run leading to employee burnout.

Stress is not intrinsically harmful, but occupational stress is cited as a significant factor creating health problem. In this highly competitive era, occupational stress has become an unavoidable consequence caused by various job related stressors and is being extensively studied worldwide.

Recently human service occupations, especially health care profession, which is rapidly growing, attract special attention of researchers. Accumulating research substantiates that prolonged exposure to occupational stress at workplace leads to deteriorating effects on employees and hampers the quality of work life of the employees. When occupational stress becomes excruciating, there is increased likelihood of depletion of energy, which leads to burnout in employees. In addition to tremendous stress of health care professionals due to the particular nature of the job, without proper rest and breaks, the encounters with patients and their families, especially with critical, death and dying patients cause immense pressure on them.

Studies have identified the influence of work stress that results in high levels of burnout and mental health problems on health care employees, especially the nursing personnel. Nevertheless, work stress and burnout remain as important concerns among health care service providers that affect both individuals and organizations and ultimately the quality of care.

Occupational stress causes physical, psychological, and financial harm to individuals as well as financial and cultural havoc to organizations. It is highly essential to develop greater understanding on the causes of job stress and means to mitigate the effects that are critical to individuals and organizations alike. Without adequate coping mechanisms, employees might face disastrous consequences which may affect the health of individuals as well as organizations. Diverse aspects related to occupational demands and their deleterious consequences affect the psychological well being of employees. Therefore, stress management strategies are essential to cope up with and resolve stress in any organization.

### **2.5.3 Stress Management**

The costs of stress related problems gained impetus for organizations to seek methods and interventions to manage stress. Employees and organizations are suffering due to chronic and excessive stress related problems and therefore it is necessary to find ways to mitigate stress. In order to confront with occupational stress, organizations are looking for successful coping mechanisms which otherwise may affect psychological and physiological well being. Stress is managed usually through interventions of various coping strategies.

The concept of coping “began to come into its own formally during the 1960s and 1970s, along with the burgeoning interest in stress” (Lazarus, 1993, p. 234). Coping is the attempt to decrease or remove the negative effects due to stress on well-being. According to Lazarus, coping involves the cognitive and behavioral efforts individuals utilize to manage stress (Lazarus & Folkman, 1984). Lazarus (1993) argued that in coping measurement, the most needed was to “describe what a person is thinking and doing in the effort to cope with stressful encounters” (p.236).

Coping concept arises from those studies in psychology on stress. It is the attempt to ease stress and strain or it is the effort that individuals made to prevent, reduce or master stressful situations (Folkman, 1984, p. 843). Individuals identify and use various coping behaviours minimize the impact of the strain. People may have different problems and the strategies to deal with those challenges or cope with those situations may also differ.

Lazarus and Folkman (1984) have explained eight coping strategies. They are problem-focused or emotion-focused in nature. Among the eight

coping strategies, three of them are problem focused, four of them are emotion focused and one is a mixture of both. Those eight strategies are: confrontive coping, distancing, self-control, seeking social support, accepting responsibility, escape-avoidance, problem-solving and positive reappraisal.

Five other forms of coping are identified, including attempts to bring the situation into conjunction with desires focusing on changing the situation, adjust desires to meet the situation focusing on accommodation, reduce the importance associated with the discrepancy focusing on devaluation, improve well-being directly focusing on symptom reduction, and direct attention away from the situation focusing on avoidance.

The use of coping can improve job satisfaction, reduce tension, lower absenteeism, turnover intentions and even lead to positive wellbeing of both individuals and employers (Nelson & Sutton, 1990). It was found that control and support coping strategies (Williams and Cooper, 1998) to tackle stress was positively related to job satisfaction and well-being of employees.

Coping has been found to be a stress moderator variable in Western societies. It is expected that in collectivist societies like China (Siu et al., 2002) and India both control and support coping buffers the ill effects of stress.

By identifying the type of strategies needed to cope with the stressful situations, individuals can manage their stress at workplace. The Stress management interventions can reduce the effect of stress or control the level of stress affecting the employees at work. Organizations are using various stress management programs to overcome the stress of the employees.

Burnout, an outcome of stress is described below.

#### **2.5.4 Burnout**

Freudenberger (1974) coined the term “burnout” to describe reactions of workers to the chronic stress situation in workplace interactions. He explained it as a consequence of severe stress. Burnout is a phenomenon found initially in the health care professions (Maslach, 1982; Schaufeli and Enzmann, 1998). The interaction with patients, clients or other customers demands care, concern, empathy which involves multiple emotional elements. When the ability and energy to manage the emotions deteriorate while interacting with patients or clients it leads to burnout.

According to Maslach and Jackson (1986), Burnout is a “syndrome of Emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do people work of some kind” (p.7). It is a response to the chronic, emotional strain occurred while dealing extensively with people.

The first constituent of burnout - Emotional exhaustion is an unconstructive psychological state resulted from the elevated levels of stress arising from inequitable associations. Employees withdraw from the situation in order to cope with this negative state, which constitutes depersonalization which is the second component of burnout. And the third dimension of burnout is reduced feelings of personal accomplishment (Maslach & Jackson, 1981).

Maslach and Leiter (1997) suggested that chronic stress results in the three dimensions of exhaustion, cynicism or depersonalization, and ineffectiveness of burnout.

Burnout is a stress outcome typically found among workers in the helping professions (Grandey, 2000). If constant stress leads to disillusioned, helpless, and completely worn out feeling, it ends in burnout. When burned out, problems look like insurmountable, everything looks bleak, and it's difficult to muster up the energy and resources to perform as per expectations. Burnout reduces the productivity and saps the energy of individuals, and leave people helpless, hopeless, cynical, and resentful.

The effects of Stress and burnout in health care sector often invite the interest of researchers. Among the three dimensions of burnout, Emotional exhaustion is found to consistently report relationship with Emotional labour strategies and related variables. Subsequent section explains Emotional exhaustion in detail.

### **2.5.5 Emotional Exhaustion**

Emotional exhaustion is a chronic state of physical and emotional depletion that results from excessive job and/or personal demands and continuous stress. It describes a feeling of being emotionally over extended and exhausted by one's work. Emotional exhaustion is a key component of burnout (Maslach, 1982) and is considered as a specific stress-related reaction. It involves “feelings of being emotionally over extended and exhausted by one’s work” (Maslach, Jackson & Leiter, 1996, p. 4).

In the opinion of Saxton, Phillips and Blakeney (1991), Emotional exhaustion is the condition of depleted energy caused by the excessive emotional demands on customer interface employees. Various stress related diseases develop because of this state of depleted energy. According to Maslach, Emotional exhaustion is often related to psychosomatic



complaints, depression, and other long-term effects of stress. Frequent interactions and the associated emotional demands are found to be linked to exhaustion and burnout across various occupations (Brotheridge & Grandey, 2002).

In Hochschild's (1983) opinion, extra effort is needed for the management of feelings or emotions which may result in Emotional exhaustion and job stress. An emotionally exhausted employee will be less satisfied and less committed which ultimately result in poor service delivery (Johnson, 2004).

Studies (Bono & Vey, 2005; Brotheridge & Lee, 2003; Erickson & Ritter, 2001; Grandey, 2003; Totterdell & Holman, 2003) have shown the strong relationship between Surface acting and Emotional exhaustion, while Deep acting has weak or null relations. Grandey (2000) argues that "when a situation induces repeated emotional responses that the employee must regulate, the employee may experience Emotional exhaustion, or energy depletion and fatigue" (p. 104).

The most predominant conceptualization of burnout is Maslach's three-dimensional framework consisting of Emotional exhaustion, depersonalization, and personal accomplishment.

According to Maslach (1982) intense, emotionally charged, and frequent face-to-face or voice-to-voice interactions of longer duration between the customer facing employee and the customer can cause Emotional exhaustion. Similarly Vey (2005) pointed out that frontline service employees are needed to manage and control their emotions rather than in the conventional style of business like behavior. The continuous controlling of

emotions during interpersonal interactions results in emotionally exhaustion of employees.

Research on several occupations explained the relationship of Emotional labour and Emotional dissonance with Emotional exhaustion. They include police officers (Bakker & Heuven, 2006); call centre workers (Lewig & Dollard, 2003); customer service staff (Johnson & Spector, 2007); General practitioners or doctors (Martinez-Inigo, Totterdell, Alcover & Holman 2007); and teachers (Naring et al., 2006). Earlier studies have proved that Emotional exhaustion is more common in people work or helping occupations (Maslach 1982). Emotional labor is identified, as an important reason for nurses becoming exhausted and leaving their jobs.

Detailed review of literature on Stress and related outcomes of Emotional labour like Emotional dissonance and Emotional exhaustion elucidated the deleterious effects of these outcomes on individuals. Researcher made an attempt to verify the role of various moderators in offsetting the negative effects of these outcomes on employees performing Emotional labour.

### **2.5.6 Moderators of Emotional labour**

There are certain individual and organizational characteristics that have buffering effects on the consequences of Emotional labour. Empirical research has proved the moderating role of social support (Abraham, 1998) and job autonomy (Wharton, 1993) that reduces the likelihood of emotional exhaustion. There is increasing evidence that support from co-workers and superiors can buffer the impact of stress. Employees receiving support

always experience lower levels of exhaustion and mental illness (Bakker et al., 2005).

The moderating effect of Emotional Intelligence in the stress-burnout relationship among nurses was also investigated (Görgens-Ekermans & Brand, 2012). Enhanced Emotional Intelligence can decrease the effect of stress and combat burnout among employees.

Kinman and Leggetter (2016) explained the moderating effect of emotional support and emotion-focused coping in the relationship between Emotional labour and Emotional exhaustion.

Grandey (2000) opined that proposals for organizational training and stress management can be made only if the two processes Surface acting and Deep acting show differences in relation to the outcomes.

Mann (2005) opined that Health care professionals should be offered training to cope with the effects of Emotional labour and organizations should devise strategies to counteract the negative effects of Emotional labour. According to Mann (2002), stress management interventions, peer support programmes, job rotation, change in schedules, and changes in resource allocation system are those strategies that can moderate the effects of emotional labour on employees (as cited by Mann, 2005, p.314). Stress management interventions play a moderating role in the stress-response relationship.

Previous sections of this chapter outlined the theories, antecedents, outcomes and moderators of Emotional labour in detail. Emotional labour research in India is elucidated in the following section.

## 2.6 Emotional Labour Research in India

Emotional labour is gaining interest among researchers in India and they have acknowledged the magnitude and relevance of emotional dimensions in the entire spectrum of Organisation behavior. Modekurti-Mahto, Kumar and Raju (2014) regarded that only about 1% of empirical researches focused on Emotional labour in the Indian context. Harini (2013) also pointed out the lack of research on Emotional labour in India and stressed the importance and need of further research across different service occupations.

One of the major contributions to the Emotional labour research in India was the development of Emotional Labour Scale by Gaan (2011). Gaan (2012) investigated the impact of Emotional Labour on teaching effectiveness and found that Deep acting and Surface acting are significantly linked to teaching effectiveness. Gaan opined that the role of an academician is that of a service provider.

In a study among medical representatives Mishra and Bhatnagar (2010), examined the association of organisational identification and Emotional dissonance with turnover intention and employee wellbeing. They examined the role of Emotional dissonance as a mediator in the relation between organisational identification and turnover intention.

Modekurti-Mahato et al. (2014) examined the impact of Emotional labor on organizational role stress among the permanent employees from seven selected service sectors and found that there was positive and moderate relationship between emotional labour and organizational role stress.

In a study among the customer service personnel in the Indian postal service, Raghavendra (2012) studied Emotional labour as a mediator in the relationship between Strategic Emotional Intelligence and job performance.

Chandwani and Sharma (2015) through a comprehensive model explained the antecedents, moderators, positive and negative outcomes and posited that emotional regulation may lead to Emotional labor and Emotional enrichment.

A study among the hotel employees by Rathi (2013) suggested that organizations should encourage their employees to use deep acting more frequently than surface acting during service encounters. Because Deep acting and emotional well being are positively related .Whereas Surface acting showed negative relation to emotional well being and positive relation to Emotional exhaustion. The study argued the need of ‘Service with a smile’, which was not faked or masked.

According to Devi (2016), implementing effective Human Resource practices is necessary to manage Emotional Labour in Service Sector. In addition to proper selection process, training and development programs that include orientation training, continuous training and stress management programs to manage the stress associated with Emotional labour, redesigning pay structures to recognize the emotional contribution of the employees are needed for quality service delivery.

Baruah and Patrick (2014) examined the influence of Emotional labour strategies on the general health of airline employees. Their study revealed that emotional labour strategies varied across demographic variables and suggested that organizations should consider employee demographics while

recruiting, training and retaining employees. The study also suggested the relevance of stress management to recuperate from the adverse effects of emotional labour.

In a study of Emotional labour and health among nurses by Thomas and Abhyankar (2014) they pointed out the aptness of Emotional labour studies in nursing profession and the lack of similar studies among nurses in Indian context. In their study, Surface acting showed positive relationship with health problems and Deep acting showed no significant relationship with health among nurses.

Pandey & Singh (2015) attempted Emotional labour research on a diverse category of health care workers - accredited social health activists (ASHAs). The study examined the effects of emotional labour strategies on burnout and job satisfaction in community healthcare.

Other research initiatives in the Indian context consisted of studies among nurses (Kaur & Luxmi, 2014), hotel employees (Rathi, Bhatnagar & Mishra, 2013; Satyanarayana & Shanker, 2012), call centre employees (Agrawal & Sadhana, 2010; D'Cruz & Noronha, 2008), retail sector employees (Gupta & Mishra, 2011), and aircraft employees (Waddar & Aminabhavi, 2012). Some of these studies (Baruah & Patrick, 2014; Kaur & Luxmi, 2014; Satyanarayana & Shanker, 2012) examined the influence of demographic variables on Emotional labour strategies.

In spite of the few initiatives taken by the researchers, emotional labour still remain as an under-explored domain of organizational and social psychology literature. The next section highlights research gap.

## **2.7 Research Gap**

After conducting a detailed review of the available literature researcher identified the gap which formed the foundation of this study.

Much of the studies in the area of Emotional labour and the related concepts were carried out in the western cultures. There is lack of empirical research in the domain of Emotional display rules, Emotional labour strategies and its stress related outcomes, particularly in the Indian context.

In the previous studies relating to Emotional labour, relationship of Deep acting and Surface acting with its outcomes were explained, whereas the influence of the third strategy, Expression of naturally felt emotions was not much investigated. Also Emotional dissonance as a regulation problem or outcome to the three regulation strategies is still less explored. Similarly, the mediation role of stress between Emotional dissonance and Emotional exhaustion and the moderator role of stress management to mitigate Stress and Emotional exhaustion are also less explored. Further the relation between the Emotional labour strategies invites less attention of the researchers as their complementary nature was not conferred much before. Also the influence of demographic variables on Emotional labour strategies, particularly on Expression of naturally felt emotions were not much investigated.

Therefore to reduce void in research, this study aspires to investigate the relationship of Emotional display rules and Emotional labour strategies with Emotional dissonance, Stress, and Emotional exhaustion among the customer interface employees in the allopathic private sector hospitals in Kerala. An attempt is made to identify the reasons that lead to stress and

related outcomes with respect to Emotional display rules and Emotional labour strategies and also to find the intervention of stress management as a moderator to reduce the effect of stress and related outcomes.

### **2.7.1 Service Sector Identified for the Study**

After conducting an extensive review of the obtainable literature, researcher identified the gap and found that the service sector apposite for conducting the research is the health care sector. The detailed explanation of the health care sector and its significance are elaborated in the next chapter of the thesis.

## **2.8 Theoretical Underpinning of the Research**

Reviewing the broad stream of literature, the researcher observed that diverse antecedent variables and outcome variables were used by authors for empirical analysis in their research. The following part of the chapter deals with the specific, relevant variables selected and their relationships that form the foundation of this study and conceptual framework. The established relationships between the different selected variables based on the literature review, discussed in this section, provided direction in formulating the hypotheses of this research.

### **2.8.1 Emotional Display Rules and Emotional Labour Strategies**

The purpose of Emotional labour strategies is to express appropriate emotional displays consistent with display rules.

According to Diefendorff and Gosserand (2003), display rules become the goal and emotional regulations are the responses to the goal. In order to meet the standards of display rules, employees put effort and regulate the



emotion to comply with the standards. If the goal set is higher, more effort is needed for the employees to modulate their emotions. The effort taken to express emotions as specified by display rules is Emotional labour.

According to Diefendorff et al. (2005), Emotional display rules and interaction characteristics such as frequency, duration and routineness for interpersonal interactions are considered as job based antecedents. To limit the scope of the study, only Emotional display rules are taken into consideration as job based antecedent of Emotional labour for this study.

Based on the theories and previous researches, it is apparent that Emotional labour is the process of managing and displaying emotions as per the employer demands, prescribed through display rules during service encounters. The role of display rules in the research of Emotional labour therefore needs attention and it is relevant to check its relation with respect to Emotional labour strategies.

Studies consider Emotional display rules as a one-dimensional measure and regarded that display rules show positive association to Deep acting strategy and are not associated to Surface acting strategy (Grandey, 2003). Likewise, positive correlation of Emotional display rules with Deep acting and Surface acting was explained by Brotheridge and Lee (2003). Also in a Meta analysis study of Emotional labour, the measures of display rules show positive relation to both the strategies- Deep acting and Surface acting (Bono & Vey, 2005).

Diefendorff and his colleagues (2005) studied Emotional display rules as Positive display rules and Negative display rules and investigated that Positive display rules is a significant predictor of Deep acting strategy but

showed no significant relationship between Positive display rules and Surface acting strategy. But Negative display rules were positively related to Surface acting and were not significantly related to Deep acting. Similar pattern of results was described by Brotheridge and Grandey (2002) who reports that Positive display rules were significantly more strongly correlated with Deep acting than Surface acting, and Negative display rules were significantly more strongly correlated with Surface acting than Deep acting (Dore,2006).

Though earlier studies anticipate that display rules will predict the use of Surface acting and Deep acting, it was unclear whether they will relate to the display of naturally felt emotions. But, though not hypothesized, Diefendorff and his colleagues (2005) found that Negative display rules showed significant relation with Expression of naturally felt emotions.

So, feeling rules or Emotional display rules are the key determinants of Emotional labour. According to Smith (1992), display rules are those moral stances which direct the action of the employees. Emotional display rules or display rules are the antecedents of Emotional labour and as such display rules may predict the Emotional labour strategy.

### **2.8.2 Relationship among Emotional Labour Strategies**

The relationship among Emotional labour strategies was previously not much investigated. Deep acting and Surface acting were considered as opposite constructs and similarly Surface acting and Expression of naturally felt emotions at the other end of the continuum. Theoretically, it is often hypothesized that Surface acting strategy and Deep acting strategy are mutually exclusive. They are perceived to be negatively related (Austin,

Dore, & O'Donovan, 2008; Kruml & Geddes, 2000; Zapf, 2002). But the studies of Hülshager and Schewe (2011) and Beal and Trougakos (2013) demonstrate a positive relation which suggests that both the strategies can be simultaneously used. This is because some individuals perform Surface acting at the expense of Deep acting; others may rely on both strategies.

Larson and Yao in their study among physicians reported that “Surface acting and Deep acting can be simultaneously used. Physicians may try to take the patient’s role while applying communication skills that have been found to be effective in soothing patients and generating positive treatment results. While engaging in both, each acting method can change the dynamics of the situation, and thus, reinforcing the use of the other” (2005, p 1104).

Gabriel A.S (2013) in her study identified that individuals do, in fact, utilize Surface acting strategy and Deep acting strategy simultaneously within the same service interaction which was previously suggested by Beal & Trougakos (2013). Beal, Trougakos, Dalal, and Weiss (2011) found within-person correlations ranging from 0.35 to 0.61 between reports of faked, hidden, and reappraised emotions, claiming the likelihood of the occurrence of different emotion regulation strategies in tandem. As observed by Larson& Yao (2005), only very few studies have examined that performing Emotional labor can engender either one or both of the strategies at the same time.

### **2.8.3 Emotional Labour Strategies and Emotional Dissonance**

Emotional labour may become problematic when dissonance occurred between felt and displayed emotions of employees. Emotional

dissonance takes place as a consequence of the continuing incongruity between inner feelings and outer expressions during an interaction (Zapf, 2002). Akin to the explanation of cognitive dissonance theory (Festinger, 1957), when disparity occurs between two thoughts, tension or strain occurs which is called dissonance. Similarly, Hochschild (1983) in her study explicated Emotional dissonance as a sense of strain which happens as a result of the discrepancy between feeling and feigning of emotions. Emotional dissonance occurs when employees reconcile the genuine feelings with the organizationally mandated Emotional display rules by means of Emotional labour.

Some studies hold the outlook that Emotional dissonance is a consequence of Emotional labor (Rafaeli & Sutton, 1987; Kruml & Geddes, 2000). Hoffman and Bateson (2001) regarded that Emotional dissonance is the result of person/role conflict. Also Rafaeli and Sutton, (1987) pointed out that Emotional dissonance is often associated with Surface acting. Lewig and Dollard (2003) in their study on call centre workers found that Emotional dissonance mediated the effect of Emotional labour on Emotional exhaustion.

#### **2.8.4 Emotional Dissonance and Stress**

Stress is often associated with the performance of Emotional labour. This difference between organizationally approved emotions and real emotions named can be associated with significant levels of psychological ill-health (Zapf, Seifert, Schmutte, Mertini, & Holz, 2001). It is been proved that the negative psychological consequences for service agents as a result of Emotional dissonance is stress and burn out (Middleton, 1989).

Emotional dissonance has proven to be a stressor causing stress affecting employee health (Zapf 1999, p.394).

### **2.8.5 Emotional Dissonance and Emotional Exhaustion**

Empirical evidence supports that Emotional exhaustion is predicted via Emotional dissonance, based on the argument that Emotional dissonance is a type of role conflict and role conflict is shown to be a key antecedent of Emotional exhaustion.

Morris and Feldman (1997) found a positive association between Emotional dissonance and Emotional exhaustion. In a study of cabin attendants in Netherlands, Heuven and Bakker (2006) explained that emotional demands lead to burnout dimensions mostly through the experience of Emotional dissonance. Studies among wide variety of human service professions claimed consistent and undisputable positive relationship between Emotional dissonance and Emotional exhaustion (Abraham, 1998; Brotheridge & Lee, 1998; Zapf et al., 1999, 2001).

Emotional dissonance showed positive relationship with Emotional exhaustion in a study among the call center employees in Australia (Lewig & Dollard, 2003); in a study among the Chinese human service employees (Cheung & Tang, 2007) and in several other studies (Nerdinger & Roper, 1999; Schaubroeck & Jones, 2000; Zerbe, 2000). The study by Kruml and Geddes (2000) explained the empirical support for Emotional dissonance and job burnout.

According to Hartel et al., “high levels of Emotional dissonance predict high levels of Emotional exhaustion” (2002, p. 259).

### **2.8.6 Stress and Emotional Exhaustion**

Emotional exhaustion is a key component of burnout (Maslach, 1982) and is considered as a specific stress-related reaction. Burnout is a stress outcome usually found among the employees in the helping service professions (Grandey, 2000).

Bono Vey (2005) proposes that frontline service employees are required to control their emotions and as a result of continuously controlling their emotions, such employees become stressed and emotionally exhausted. In Hochschild 's (1983) opinion, extra effort is needed for the management of feelings or emotions which may result in job stress and Emotional exhaustion. Researchers (Brotheridge & Grandey, 2002, Dollard et al., 2003; Lewig & Dollard, 2003; Pugliesi, 1999; Van Maanen & Kunda, 1989) have portrayed the dysfunctional side of emotional regulation that results in Emotional dissonance, stress and burnout. Maslach and Leiter (1997) opined that workers get exhausted because of stress arising from work or major changes confronting workers.

### **2.8.7 Mediating Role of Stress**

Emotional dissonance being a stressor (Zapf et al.,1999) cause stress and also studies showed that emotional dissonance is an antecedent of work stress (Tewksbury& Higgins, 2006). Emotional exhaustion, a key component of burnout (Maslach, 1982) results from continuous stress due to excessive job demands. According to Middleton (1989), Stress and burnout result from Emotional dissonance. Emotional exhaustion is found to be the result of extended and excessive stress. With this notion, it is expected that stress mediates the relationship between emotional dissonance and emotional exhaustion.

### **2.8.8 Stress Management as Moderator**

Coping strategies act as stress-buffering resources that are presumed to protect or buffer employees from the adverse effects of stress (Bakker, Demerouti & Euwema, 2005). Coping strategies were found to moderate the stress-strain relationship and protect employees from the debilitating effects of stress. As suggested by Mann (2002, 2005), Stress management can alleviate the negative consequences of Emotional labour on employees. Hence, intervention of Stress management as moderator may protect the employees from the harmful effects of Stress mitigating the effects of emotional exhaustion.

### **2.8.9 Emotional Labour Strategies and Demographic Variables**

Demographic characteristics of individuals such as age, gender, marital status, education and work experience always influence the attitudes and behavior of individuals (Ajzen & Fishbein, 1980). Majority of the studies related to Emotional labour focused on the organizational and related factors and neglected to give importance to verify the demographic variables in relation to the emotional labour strategies.

There were few studies that investigated the influence of demographic variables on Emotional labour strategies. Among the different variables, gender was studied by Wharton and Erickson (1993) and Dahling and Perez (2010) examined how the age of service employees influences the emotional labor process. Birditt and Fingerman (2005) found that older employees manage interpersonal interactions more effectively and they develop greater emotion regulation skill as they age according to Gross and his colleagues. (1997). As age increases, employees use emotional labor strategies like

Deep acting and Expression of naturally felt emotions that are compatible with the organizational prescriptions more, when compared to Surface acting strategy which is considered to be undesirable.

According to the Socio emotional Selectivity Theory (SST), as cited in Dahling and Perez (2010) individuals, as they gets older, become more motivated to increase the display of positive emotions and minimize the display of negative emotions (Charles & Carstensen, 2007). As explained by Dahling and Perez (2010) Deep acting and Expression of naturally felt emotions are the emotional labor strategies that would be frequently employed with increasing age. In consistent with SST, their findings showed that, individuals use Deep acting strategy and Expression of naturally felt emotions as they become older and reduce the use of Surface acting Strategy.

In a study among nurses by Kaur and Luxmi (2014) it is noted that there are no significant differences between unmarried and married nurses with regard to deep acting, but there is significant differences in the case of surface acting. It was observed that the married nurses are using the surface acting strategy more than the unmarried nurses.

A study in the hotel industry by Satyanarayana and Shanker (2012) pointed out that employees with varying academic qualifications have different ways of managing their feelings or there is significant difference in the emotional labor with the difference in educational qualification of the employees.

In a study by Baruah and Patrick (2014), among airline employees, significant difference in the experience of emotional labour across



demographic variables was explained. The employees with 2 to 5 years of work tenure engage more in surface acting than employees with more than 6 years of work experience. Also, employees who were married and belonging to the age group of 31 to 35 years, experience more emotional labour than unmarried employees and those who are in the age group of 20 to 30 years.

From the literature review it was observed that previous studies examined the influence of demographic variables with respect to Deep acting strategy and Surface acting strategy, whereas the strategy of Expression of naturally felt emotions was not taken into consideration.

## **2.9 Conceptual Framework**

Previous section deals with the details of established relations reviewed which formed the foundation of this research. Based on the obtainable and pertinent readings related to the core aspects of the proposed study, the researcher focused to demarcate a conceptual framework guided by the research objectives envisaged in the present research.

The framework was developed mainly by combining the thoughts of Ashforth and Humphrey's and Diefendorff's model with three Emotional labour strategies, Grandey's integrated model and Zapf's model based on the action theory. These theories helped to gain insights to propose a theoretical model with linkages among Emotional display rules, Emotional labour strategies, Emotional dissonance, Stress and Emotional exhaustion, which are later formulated into hypotheses for testing. The conceptual framework is illustrated in Figure 2.7.



**Figure 2.7: Conceptual framework**

Rather than just mentioning the relationship of Emotional labour with its negative outcomes, the researcher attempts to provide means to alleviate the effects of those negative outcomes. Hence with this objective, moderator role of stress management in the relationship between Stress and Emotional exhaustion is examined. It is anticipated that antecedents in this study may help in identifying the precautionary mechanism that protects from resulting in negative outcomes and the intervention of the moderating variable may act as restorative mechanism from the insidious effects of negative outcomes. With these intentions, this research work attempts to come out with a more integrated and well refined conceptualization related to Emotional labour, and other concomitant variables.

## **2.10 Chapter Summary**

This chapter presented a detailed review of literature on Emotional labour and related concepts. After discussing the theories pertaining to Emotional labour, the antecedents, outcomes and moderators of Emotional labour were elaborated and presented. The chapter also focused on Emotional labour research in India. Research gap was identified from the detailed review of literature. Previous studies underlying the nature and direction of the relationships between the selected variables were described. Subsequently, conceptual framework of the research was delineated based on the insights gained from the established relations reviewed in the literature.

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*"When dealing with people, remember you are not dealing with creatures of logic, but creatures of emotion."*

- Dale Carnegie

## Chapter **3**

### **HEALTH CARE SECTOR IN INDIA**

<i>Contents</i>	3.1 <i>Introduction to Health Care Sector</i>
	3.2 <i>Health Care Sector in India</i>
	3.3 <i>Health Care Sector in Kerala</i>
	3.4 <i>Customer Interface Employees in Hospitals</i>
	3.5 <i>Customer Interface Employees and Emotional Labour</i>
	3.6 <i>Chapter Summary</i>

An extensive review of literature on Emotional labour prompts the researcher to focus the research on one of the big minefields of Emotional labour stakes - the health care sector. Beginning with an introduction to health care sector, this chapter portrays health care sector in India, health care sector in Kerala, customer interface employees in hospitals, customer interface employees and Emotional labour and chapter summary.

#### **3.1 Introduction to Health Care Sector**

Emotions and emotional management are central to health care and its importance is widely recognized and acknowledged. In today's hectic and competitive environment of modern health care, emotional regulation

of health care professionals in caring encounters to deliver compassionate service is a topic of high interest. Caring is ‘the mental, emotional, and physical effort involved in looking after, responding to, and supporting others’ (Baines, Evans & Neysmith, 1991, p.11). Fostering a compassionate patient-centred culture is fundamental to health care jobs for the overall satisfaction of patients and their families. The significance of clinical competence and technical skills is undisputable, but the quality of interpersonal relationships makes a strong contribution to the overall satisfaction of health care experiences.

There are pronounced differences across service professions in the requirements that organizations impose on their employees. While some professional groups are expected to comply with elaborate guidelines for displaying emotions in client interaction, other groups find these requirements embedded in the overall ethos of their profession. This applies particularly to health care employees who generally advocate for, and are guided by a compassionate humanitarian touch in every service interactions they are involved. The health care sector is a unique venue where the employees perform Emotional labour to meet both the demands of the organization as well as the obligation and expectations of this noble profession and its recipients. The importance of Emotional labour in caring work is stressed by James (1992) through the formula ‘*Care = organization + physical labour + emotional labour*’ (cited in Bolton, 2005, p.57).

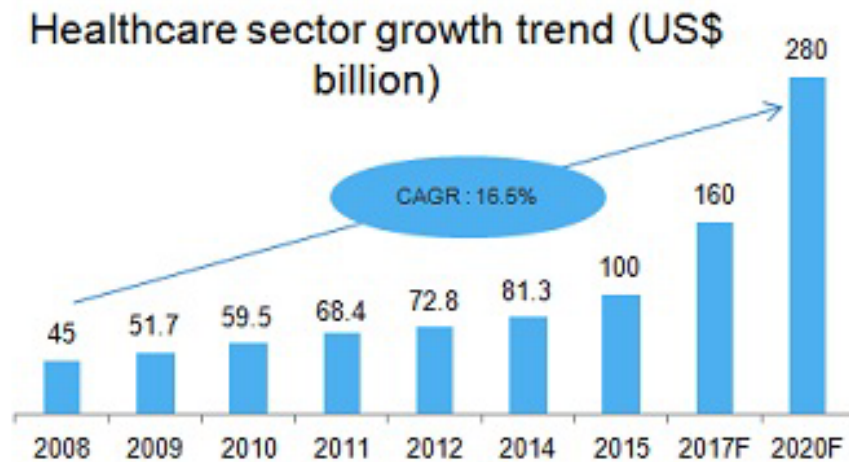
Health care sector is an emotionally demanding sector due to the nature of its prime customers- patients. In health care sector, the interaction with the customers is intensive in nature when compared to other service

jobs. It is regarded that health care organizations should take proper care to manage the emotions of their employees as those jobs are crucial, where interactions with customers are of utmost importance. Health care sector is not only for providing medical treatment but also to give patients a psychologically satisfied experience. The crucial nature and pressure of the health care professions can overlay and exacerbate the effects of emotional labour on the employees as well as organizations. So conducting a study on emotional labour in this highly sensitive health care sector would be undoubtedly appropriate where there is a lack of similar studies. In this context, understanding the nature and current status of Indian health care sector is essential and will certainly reveal the aspiration of the researcher behind selecting this particular field.

### **3.2 Health Care Sector in India**

The Health care sector in India is growing with a tremendous pace and it has become one of the largest sectors in terms of revenue and fifth largest sector in terms of employment.

Deloitte Touche Tohmatsu India has envisaged that, the Indian health care market, as a result of the amplified digital adoption and technological advancement which is worth US\$ 100 billion will likely to grow at a Corporate Annual Growth Rate (CAGR) of 23 per cent to US\$ 280 billion by 2020. Figure 3.1 portrays the growth trend of Indian health care sector.



*Source: Frost & Sullivan, LSI Financial Services, Deloitte, TechSci Research  
Notes E- Estimate, F- Rorecast, CAGR- Copound Annual Growth Rate*

**Figure 3.1 Growth Trend of Indian Health Care Sector**

Medical value travel, also popularly known as medical tourism, is contributing to the growth of Indian economy with the increased inflow of foreign currency, by attracting foreign patients across the globe, especially from SAARC nations. As India aspires to develop as world economic power, medical tourism is being considered as India's next crown jewel. India hosted nearly 230,000 patients from all over the world in the year 2013 and is expected to grow by a CAGR of 30 per cent and more in the coming years. India has already established its footprint, and is successful in leveraging its quality services, talent pool and cost effectiveness to grow as global health care hub. The presence of world class hospitals, extremely talented medical professionals, high quality services and cost effective treatment have helped the health care sector in India to earn international repute.



The brisk pace, with which India is emerging as a favorite medical value travel destination is due to the low cost of treatment, internationally accredited health care facilities and delightful hospitality services. This growing trend demands more attention and focus on quality of services, for which, the health care sector need better trained and competent employees.

The FICCI-KPMG report said that medical tourism has emerged as a strong segment, earning monetary gains and boosting the growth of other related sectors and thereby generating employment. The Indian health care employees is expected to double to 7.4 million in 2022 from 3.6 million in 2013, the report said. It also stresses on the urgent need for a paradigm move towards the wellbeing of employees that embraces emotional and physical, rather than just focusing on the physical sick care. A healthy workforce is considered as a vital economic asset to any nation. According to the Journal of Occupational and Environmental Medicine U.S., 2013, health promotion programmes to improve the health of employees at the workplace can lead to increase in productivity and increased cost savings.

The dominant player in health care sector of India is the private sector institutions accounting for almost 74 per cent of the country's total health care expenditure. India is one of the countries with the highest private sector participation in the delivery of health care services. Recent developments have witnessed the emergence of the private sector as a vibrant force in the health care sector of the country, which share the major portion of the market size. The exponential growth of private health care sector and its penetration into metros, as well as into the smaller towns in the country

have contributed to almost 65 per cent in the primary care pie of the country and accounts for more than 40 per cent of the total hospitals in the country, says a FICCI-KPMG report.

According to National Family Health Survey-3, the private medical sector remains the primary source of health care for 70% of households in urban areas and 63% of households in rural areas. The private allopathic hospitals have become the backbone of health care system in India by providing enhanced access to health care. The private players in the health care sector is able to globally ascertain their niche by receiving international accreditation from bodies like Joint Commission International (JCI), which approves that the eminence of care is equivalent to global standards.

World class quality health care, clinical excellence, lesser costs and less waiting time are the major assets that paved the way for the spiraling growth of the allopathic private hospitals in the Indian health care sector.

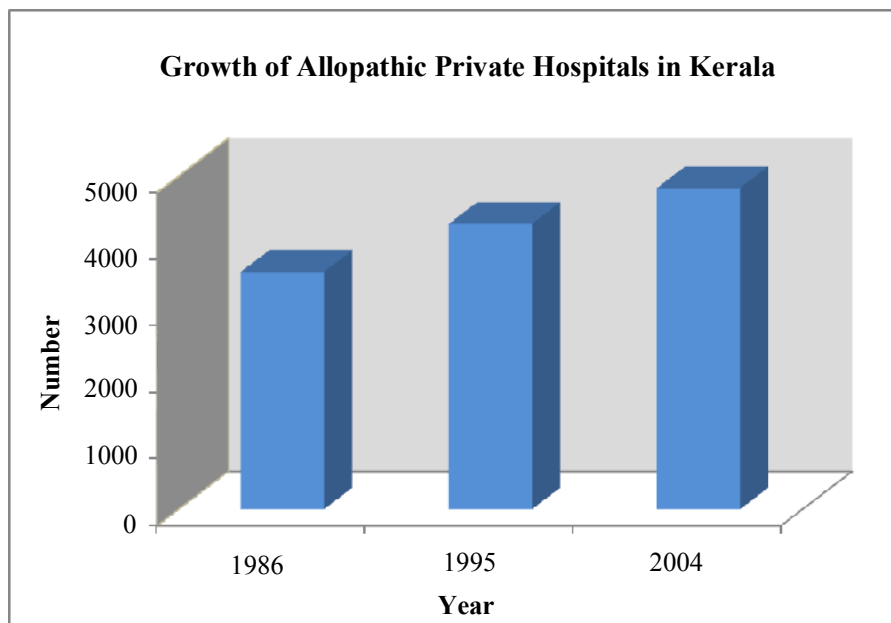
### **3.3 Health Care Sector in Kerala**

Kerala has a long tradition of organized health care and stands far ahead than all other Indian states in the development of the health care sector which even matches to the health standards of the developed countries. As cited by Dilip (2008), the state of Kerala, is recognized to have the most equitable health systems in India (Krishnan, 2000).

The three main systems of medicine in the health care sector of Kerala comprises of Allopathy, Ayurveda and Homoeopathy. Private sector hospitals play a significant role in the development of Kerala health care sector. According to the survey report on Private Medical Institutions in

Kerala (2004), there were 12383 private hospitals providing treatment in the three systems of medicine. Out of it, 88% of beds and 37.35% of the hospitals were under Allopathic system, 33.53% hospitals and 8.53% beds were in Ayurvedic system and 24.97% hospitals and 1.26% beds were under Homoeopathic system of medicine. So allopathic system of treatment stood far ahead when compared to the other two main systems of medicine in Kerala.

The state also witnessed a proliferation of private sector in the health care market during the last two decades (KSSP, 1991). Figure 3.2 depicts the growth of allopathic private hospitals in Kerala.



Source: Report on Private Medical Institutions in Kerala - 2004  
Department of Economics & Statistics, Kerala

**Figure 3.2 Growth of Allopathic Private Hospitals in Kerala**

The private sector is doing relatively well in terms of service quality, treatment brilliance and updated technological advances compared to government hospitals.

Economic prosperity along with lofty literacy rate and the large pool of well trained medical professionals has augmented the status of the state remarkable in the health care sector of India. Greater penetrations of medical insurance and medical tourism, growing demand of wellness industry are the trends which further intensify the scope of enhancing health care services of the state. The current conditions are apposite for the state of Kerala to grow as center of attention in the global health care scenario. With the emergence of innovative delivery models, accomplishing quality standards, accreditations, recognitions and greater consciousness about the need to meet the global quality expectations, Kerala aspires to grow to be India's health care hub in the next five years.

In this scenario, selecting private allopathic hospitals in the health care sector in the state of Kerala for conducting research is absolutely relevant.

### **3.3.1 Why Private Allopathic Hospitals?**

Private allopathic hospitals now surpass the public health care facilities in bed strength and employment of workforce. Due to the heightened competition, private hospitals in the allopathic system give extra preference in providing quality services and building service brand image, compared to public health care institutions. Therefore, the private hospitals impose more demands on their employees as they play a prime role in building the image of the hospital. Whereas the public hospital employees are not having any such pressure in building organizational image as there is no competition among the

public health care providers. While considering this study, the researcher was keen in selecting private hospitals because, Emotional labour which entails organizationally prescribed display rules have more significance in the private sector, particularly in the allopathic hospitals.

### **3.4 Customer Interface Employees in Hospitals**

Customer interface employees are those employees having customer interaction.

#### **3.4.1 Role of Customer Interface Employees**

As customer satisfaction is treated as a performance indicator to measure an employee's service delivery (Grandey, 2003), patient satisfaction is treated as a performance indicator in measuring the employee performance and health care quality. High quality medical care, human behaviour and interpersonal communication of health care employees are some of the important aspects influencing patients' choice of hospital (Chowdhury, 2014) and hospital image. The employees having interface with the patients, families and other customers therefore play a pivotal role in determining the health care quality of hospitals.

Considering these aspects, the customer interface employees in allopathic private hospitals include doctors, nurses, pharmacists, laboratory technicians, physiotherapists, radiologists, dieticians, counselors, ambulance workers, front desk employees and other such employees having customer interface. Among these customer interface employees, nurses, paramedical employees from pharmacy, laboratories, radiology and physiotherapy departments having interface with the customers and front desk employees were considered for the study.

### **3.4.2 Nurses as Prime Customer Interface Employees**

Among the customer interface employees in hospitals, nurses are predominantly having interface with customers. When compared to other employees, nurses are on the front line in providing service in a hospital setting, as they spent extensive time on caring and assisting the patients. According to Chang, Chen, and Lan (2013), in almost all the health care organizations, nursing personnel comprise the major share of the employees and their quality of service affects the reputation of any organization. As nurses are having the longer and closer interaction with the patients, they play a critical role in providing quality health care, thereby creating a lasting impression in the minds of patients and their bystanders.

The nursing process theory of Orlando describes that effective interaction is vital in finding the patient's needs which is an important factor for the improvement in the patient's behavior (Parker & Smith, 2010, p. 79). Needleman and Hassmiller (2009) explain the crucial role that the nurses play in improving the quality and efficacy of the health care system.

The image that comes to mind as far as nursing is concerned is the compassionate female, particularly with the prototype of Florence Nightingale (Gray, 2009; Smith, 1992). The nature of nursing is caring than curing (Larson & Yao, 2005) and it is natural that patients always expect nurses to be tolerant and nurturing.

### **3.4.3 Other Customer Interface Employees in Hospitals**

The other selected customer interface employees such as pharmacists, laboratory technicians, radiologists, physiotherapists and front office

employees are equally involved in the interactions with patients and hold equivalent responsibility in providing quality health care.

Front desk employees play a major customer interface role connecting the recipients of the health care service with the facilities and hospital system. They are the initial point of contact for patients and families in their health care experience. The customer service of front desk employees include scheduling appointments, answering phones, administrative support, coordinating patient follow up and arranging transportation for patients. The multifaceted customer interface responsibility of front desk employees is highly crucial in building service brand image of hospitals.

According to Schell (2014), the pharmacists must obviously understand the customer interface roles in their profession rather than becoming a ‘pill dispenser’. Similarly other paramedical employees are also expected to effectively do their customer interface roles so as to ensure efficient quality of service in their caring encounters.

Compassionate, committed and smiling employees with a gesture of care, warm and calm demeanor are expected from customer interface employees in this complex competitive environment.

#### **3.4.4 Why Customer Interface Employees?**

Emotional displays of customer interface employees during interactions play a big part in health care service. As client contact is fundamental to the work of any health professional (Hochschild, 1983; James, 2004), Emotional labour is inevitably inherent to all health care employees having customer interface. It has become the mandatory obligation of the customer interface

employees to accommodate the entire spectrum of a patient's needs while performing emotionally laboured jobs. They should also realize the need to display appropriate emotions at work.

According to Hochschild (1983), emotional labour requires face-to-face or voice-to-voice contact with the public; requires the worker to produce an emotional state in another person and allows the employees to exercise a degree of control over their emotional activities. It can further be substantiated that Emotional labour is performed when an employee expresses organizationally desired emotions during face-to-face or voice-to-voice interactions. The face-to-face or voice-to-voice interactions of the customer interface employees are often guided by organizational prescriptions or display rules specified by the hospitals.

Therefore, for any study involving emotional labour, those employees having face-to-face or voice-to-voice interactions with customers must be considered.

### **3.5 Customer Interface Employees and Emotional Labour**

Among the main components of health care, emotional regulation is also deemed as a critical task in addition to the organizational and physical tasks of care (James, 2004). It is important that all health care professionals need to understand and interpret the emotional needs in addition to the physical needs of the recipients of their service (Staden, 1998). Although extensive studies were done to understand the psychological and social aspects of patient care, still organization systems fail to recognize the therapeutic value of Emotional labour and its impact on the personal and organizational outcomes of employees interacting with customers. Mannion



(2014) argued that for enabling compassionate care, it is extremely needed to focus not only on the patients but also on the needs of the health care giver, but still organizations are yet to reflect its significance.

To ensure empathetic care, health care providers need to regulate their feelings and come out with a desired facial or bodily expression for the patients. While regulating the feelings, nurses enact in the form of either a surface act or a more personalized and deeply rooted act (Hochschild, 2003). Hospital employees, who usually face very critical emotional traumas in the hospital setting, use deep acting strategy to hide the real feelings, if inappropriate, and show compassion and concern knowing that it is a requisite for their profession. In the words of Kinman and Leggetter, “building caring and compassionate relationship with patients can not only improve patient outcomes, but also enhance the wellbeing of practitioners themselves” (2016, p.2). As Hoshschild (1983) argues, caring involves Emotional labour, which is the management of feeling to create a publicly observable facial and bodily display, and if proper support is not offered, which in due course can lead to employee distress.

### **3.5.1 Nurses and Emotional Labour**

Emotion is central to caring and the significance of the emotional element in the nursing profession is widely acknowledged. Studies related to Emotional labour are mainly confined to nurses in comparison with other paramedical employees. Much of the debate and empirical enquiries focused on emotional labour in health care settings, especially nursing. The studies on general nurses (de Castro, 2004; Henderson, 2001; Rafaeli & Sutton, 1987; Smith & Gray, 2000), learning disability nurses (Mitchell & Smith, 2003),

mental health nurses (Mann & Cowburn, 2005), midwives (Hunter, 2001), gynecology nurses (Bolton, 2000) and hospice nurses (James, 1989) are examples. This may be because of the preconception that, nursing occupation requires extensive amount of emotion work (Bolton, 2001). Mitchell and Smith in their study on learning disability nursing ascertain that Emotional labour is “part of the image of nursing” (2003, p.111). In the study by Smith and Gray (2000), Emotional labour is described as the “invisible bond that nurses cultivate with the patient” (p. 41). Nursing personnel are considered to be more emotionally charged (Henderson, 2001) than any other, due to particular nature of that profession.

Bolton (2000) describes the emotional complexity of nursing work and describes nurses as multi skilled emotion managers (Bolton, 2001) who are capable of presenting themselves in different ways according to the need of the situation.

Smith through his studies (1992 & 2012) emphasizes the importance of having a professional demeanor in nursing for which they have to put in lot of effort and energy in managing and controlling emotions. Nurses, therefore have to engage in the management of emotions, in order to care for the patients.

Even today, everybody with a scientific and rational view concentrate on the visible aspects of nursing and caring, and purposely ignore, as they cannot tolerate the irrational and subjective components of human feeling (Gray, 2009). As Gray (2009) opines, denial of Emotional labour and its impact, may hinder the likelihood of developing new approaches that may in turn influence more democratic alternatives of clinical practice.

Making Emotional labour explicit and more noticeable in nursing practice will give a better possibility of effectively coping with the emotional pressures, and developing strategies for effective patient care. Msiska, Smith and Fawcett (2014) in their paper discuss Emotional labour within the context of clinical learning. It is often argued that Emotional labour is unavoidable and indispensable for both nursing education and practice.

Health care profession is suffused with emotions and Bolton (2000) describes the emotional complexity of nursing work which always poses “great demand to suppress or alter their emotions” (de Castro, 2004, p.120). Bolton (2001) identified nurses as ‘emotional jugglers’ and describes that nurses are able to match their face with the demand of the situation, but not necessarily with feelings (p. 86).

It is often recognized that Emotional labour demands much from those employees associated with delivering health care. In order to promote a more holistic approach to care, consideration of the emotional needs and development of a nurse–patient relationship is considered essential (Williams 2001).

The job in the hospital settings are always emotionally taxing and according to Smith and Gray (2001), nurses should be taught and equipped with new patterns to care and cope better with the emotional demands of their job.

### **3.5.2 Why not Doctors?**

Though doctors are one of the prime customer interface employees in a hospital, they are often expected to be emotionally neutral (Robbins &

Judge, 2013) and expressing emotion is considered as unprofessional. According to Kerasidou & Horn, “The image of the technically skilful, rational, and emotionally detached doctor dominates the profession, and inhibits physicians from engaging emotionally with their patients and their own feelings” (2016, p.1). In the opinion of Larson and Yao (2005) doctors consider empathy as a form of Emotional labor. So emotional expressions of doctors during interactions are treated and interpreted in a different manner when compared to nurses, paramedical and front desk employees.

### **3.5.3 Other Customer Interface Employees and Emotional Labor**

Other customer interface employees selected in the hospital that demand to perform Emotional labour include front desk employees and other paramedical employees.

Empirical studies reported the need and significance of emotional relationships between pharmacists and the patients. A study on pharmacists by Holmes (2008) reported low levels of Emotional dissonance and Emotional labour.

### **3.5.4 Need of the Hour**

Pharmacy, other paramedical staff and front desk employees identified by the researcher also have face to face dealings with the patients, but this segment of customer interface employees are totally disregarded in the purview of Emotional labour research. Therefore to reduce this void in research, it is worth investigating on the Emotional labour involved in service interactions among this category of employees also.

Even though there are numerous studies on the Emotional labour of nurses in the western countries, Emotional labour of nurses is an under examined area in the Indian context.

Understanding the significance and the gap from the literature on Emotional labour in the health care sector, it is decided to select nurses, other paramedical staff and front desk employees as customer interface employees from the allopathic private health care sector for this study.

The rising growth of the health care scenario of India demands much from the customer interface employees. Compassionate care is an ethical obligation and responsibility of any customer interface employee to behave in the best interest of patients. Though it extensively benefits the patients, it is an emotional toll for the care givers involved in the customer interface. Customer interface employees should focus on managing their emotions with the changing modern health care demands, which otherwise would produce ill effects on individual and organizational well being. Customer interface employees are always at the risk for burnout and stress because of the round the clock holistic care and service encounters. Emotional exhaustion and burnout will affect the wellbeing of customer interface employees, which in turn will influence the quality of patient care. In a complex emotionally challenging work setting, where time and situational pressures are high, the quality of care depends on the health of the caregiver. So it is the need of the hour to examine the Emotional labour and the Stress related outcomes of customer interface employees in the allopathic private health care sector of Kerala.

### 3.6 Chapter Summary

This chapter focused on explaining the nature and importance of health care sector and customer interface employees. A detailed explanation of the health care scenario of India as well as Kerala highlighted the relevance of selecting health care sector for conducting research. Studies on Emotional labour among the selected customer interface employees were examined and elaborated. This chapter revealed the reasons that prompted the researcher for selecting allopathic private hospitals and customer interface employees for the study.

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*"Emotions are not problems to be solved.  
They are signals to be interpreted."*

-Dale Carnegie

## Chapter **4**

### **RESEARCH METHODOLOGY**

<b>Contents</b>	4.1 <i>Relevance of the Study</i>
	4.2 <i>Statement of the Problem</i>
	4.3 <i>Objectives</i>
	4.4 <i>Hypotheses</i>
	4.5 <i>Conceptual Model with Hypotheses</i>
	4.6 <i>Theoretical and Operational Definitions</i>
	4.7 <i>Methodology</i>
	4.8 <i>Questionnaire Development</i>
	4.9 <i>Reliability and Validity</i>
	4.10 <i>Limitations</i>
	4.11 <i>Chapter Summary</i>

This chapter on research methodology depicts the different research methods used in the study. It mentions the relevance and background of the study, which further portrays the research problem and the research objectives. The hypotheses formulated based on the objectives and the conceptual model of the research is depicted. Then theoretical and operational definitions are elaborated and presented. The chapter then proceeds to discuss the research design, sample design, questionnaire development and validation, which finally ends with analysis design and limitations.

## 4.1 Relevance of the Study

From a detailed review of the available literature on Emotional labour and health care industry, the significance of the study is understood.

Emotions play a critical role in the behavior of employees and should be deployed intelligently as it is crucial to successful performance. Emotional labor is a vital element of almost one-third of all occupations, and is fundamental to any service organization especially for hospitals. The hospital sector is bound with care and emotion work and hence one big minefield among the Emotional labour stakes is the health care institutions. The fortitude of the hospital sector lies not only in providing health care, but also in the art of getting things done, with the sincere attitude, empathy and with the right amount of care and concern for the patients.

Therefore, the concept of Emotional labour may be seriously considered, as emotionally supportive relationships are imperative to enhance the healthcare service delivery that involves enormous element of care, for the well-being of both employees and patients. Even though many of the employers do not concede the existence of emotional labor, it is a real work-related peril that may lead to dangerous effects on physical as well as emotional health of the employees, if it is not properly addressed.

A study on Emotional display rules, Emotional labour strategies and stress related outcomes would reveal how multifaceted and critical were the emotional dimensions of caring to issues such as employee wellbeing and satisfaction, patient satisfaction, organizational development and service delivery.



From the literature review it is understood that an in-depth study may certainly help to give insights for the employees to equip themselves as better service providers and organizations to perform better and build better image. In addition, the results of the preliminary study, and further discussions with experts in the field shaped the foundation for further elaboration of the research problem.

#### **4.2 Statement of the Problem**

Emotional labour has emerged as a researchable topic in the west in the area of social and organizational psychology as its crucial role in key organizational outcomes is recognized. However, the literature review revealed that there was lack of empirical research in the health care sector to explore the relationship between Emotional display rules, Emotional labour strategies and its stress related outcomes, particularly in the Indian context. Literature review on Emotional labour displays stress and Emotional exhaustion as the silent partners, in many human service roles, where Emotional labour requirements were high. A preliminary study was done among the customer interface employees, mainly focusing on nurses in the allopathic private hospital system in the Ernakulam district. The result showed that the employees while suppressing emotions at work experienced stress. This ensured the scope of further research among customer interface employees in allopathic private health care sector. Also, it was understood that more research was required in the area of Emotional labour strategies based on Emotional display rules and Stress related outcomes.

This research in the private health care sector in Kerala is an attempt to understand the different Emotional labour strategies that the customer

interface employees use as per the Emotional display rules to display appropriate emotions in service encounters and its relationship with Stress related outcomes moderated by Stress management.

### **4.3 Objectives**

#### **4.3.1 General Objective**

- To explore and explain the role of Emotional display rules and Emotional labour strategies as antecedents of Stress related outcomes among the customer interface employees in selected allopathic private hospitals in Kerala

#### **4.3.2 Specific Objectives**

- To study the relationship between Emotional display rules and Emotional labour strategies, which is studied by finding out the relationship of Positive and Negative display rules with Deep acting strategy, Surface acting strategy and Expression of naturally felt emotions
- To examine the relationship among Emotional labour strategies such as Deep acting, Surface acting and Expression of naturally felt emotions
- To understand the relationship between the three Emotional labour strategies and Emotional dissonance
- To know about the relationship between Emotional dissonance and Stress
- To understand the relationship between Emotional dissonance and Emotional exhaustion

- To identify the relationship between Stress and Emotional exhaustion and to identify the mediating relationship of Stress on Emotional dissonance and Emotional exhaustion
- To study the strategies to manage Stress
- To ascertain whether Emotional labour strategies vary across the demographic variables such as age, gender, marital status, education and work experience of the respondents

#### 4.4 Hypotheses

The detailed explanations given in the previous chapter ascertained the significance of the variables incorporated for the study and the hypothesized relationships among the variables. The eighteen hypotheses formulated on the basis of the objectives were listed in Table 4.1.

**Table 4.1: Hypotheses of the study**

Hypothesis #	Objectives and Hypotheses
	<b>Objective:</b> To study the relationship between Emotional display rules and Emotional labour strategies, which was studied by finding out the relationship of positive and Negative display rules with Deep acting strategy, Surface acting strategy and Expression of naturally felt emotions
H1	There is relationship between Positive display rules (PDR) and Deep acting strategy (DA).
H2	There is relationship between Positive display rules (PDR) and Surface acting strategy (SA).
H3	There is relationship between Positive display rules (PDR) and Expression of naturally felt emotions (EFE).
H4	There is relationship between Negative display rules (NDR) and Deep acting strategy (DA).
H5	There is relationship between Negative display rules(NDR) and Surface acting strategy (SA).
H6	There is relationship between Negative display rules(NDR) and Expression of naturally felt emotions (EFE).

Table 4.1 Continued....

<b>Objective:</b> To examine the relationship among Emotional labour strategies such as Deep acting, Surface acting and Expression of naturally felt emotions	
H7	There is relationship between Surface acting strategy (SA) and Deep acting strategy (DA).
H8	There is relationship between Surface acting strategy (SA) and Expression of naturally felt emotions (EFE).
H9	There is relationship between Deep acting strategy (DA) and Expression of naturally felt emotions (EFE).
<b>Objective:</b> To understand the relationship between the three Emotional labour strategies and Emotional dissonance	
H10	Deep acting strategy (DA) is negatively related to Emotional dissonance (ED)
H11	Surface acting strategy (SA) is positively related to Emotional dissonance (ED)
H12	Expression of naturally felt emotions(EFE) is negatively related to Emotional dissonance (ED)
<b>Objective:</b> To know about the relationship between Emotional dissonance and Stress	
H13	Emotional dissonance (ED)is positively related to Stress
<b>Objective:</b> To understand the relationship between Emotional dissonance and Emotional exhaustion	
H14	Emotional dissonance(ED) is positively related to Emotional exhaustion (EE)
<b>Objective:</b> To identify the relationship between stress and Emotional exhaustion and to identify the mediating relationship of stress on Emotional dissonance and Emotional exhaustion	
H15	Stress is positively related to Emotional exhaustion (EE)
H16	Stress mediates the relationship between Emotional dissonance (ED) and Emotional exhaustion (EE).
<b>Objective:</b> To study the strategies to manage stress	
H17	Stress management (SM) moderates the effect of stress on Emotional exhaustion (EE)
<b>Objective:</b> To ascertain whether Emotional labour strategies vary across the demographic variables such as age, gender, marital status, education and work experience of the respondents	
H18	Emotional labour strategies vary across the demographic variables such as age, gender, marital status, education and work experience of the respondents.

### 4.5 Conceptual Model with Hypotheses

The hypotheses formulated are portrayed in the Conceptual model except the hypothesis (H18) pertaining to the relationship between Emotional labour strategies and demographic variables. The seventeen hypotheses linking Emotional display rules, Emotional labour strategies and Stress related outcomes including the mediation and moderation effect are represented in the model shown in Figure 4.1.

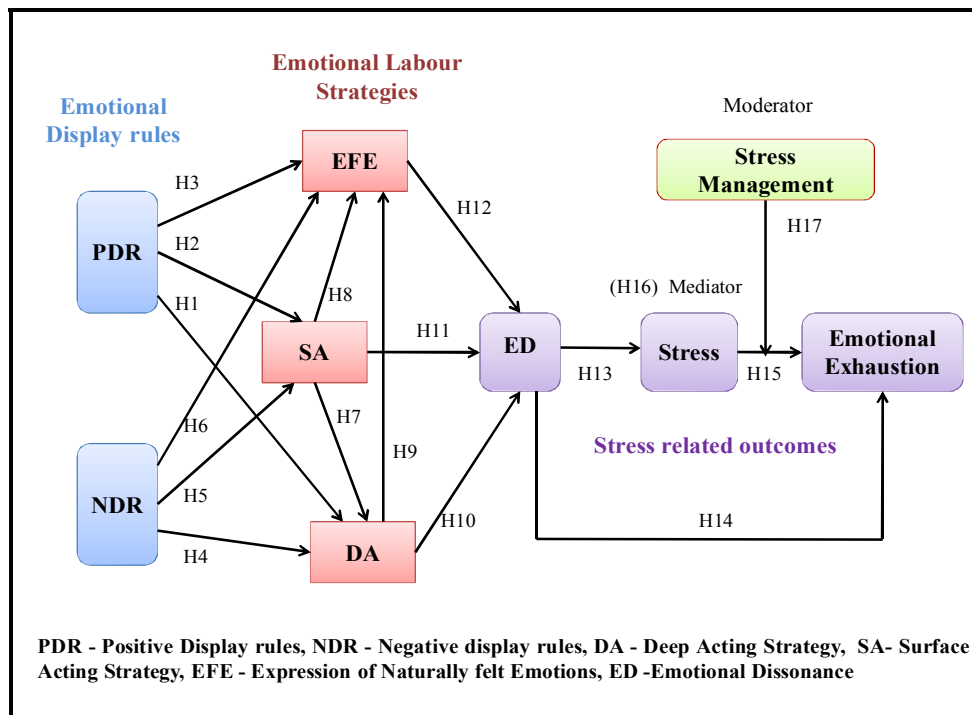


Figure 4.1: Conceptual Model with Hypotheses

### 4.6 Theoretical and Operational Definitions of Variables

The theoretical definition of the variables and operational definition of the various variables and other terms used for the study were described in detail below.

### **4.6.1 Emotional Display Rules**

Emotional display rules were often mentioned in many studies as display rules. According to Ekman (1973), display rules were the standards for the appropriate expression of emotions on the job. Emotional display rules were defined as “behavioral expectations about which emotions ought to be expressed and which ought to be hidden” (Rafaeli &, 1989, p. 8) and are considered as a function of “societal norms, occupational norms and organizational norms” (Ashforth & Humphrey, 1993, p. 91).

Emotional display rules are operationally defined as those guidelines specified by the organization about those emotions to be expressed or suppressed during the customer interface. Emotional display rules or display rules are operated in terms of Positive display rules- norms for expressing positive emotions and Negative display rules- norms for suppressing negative emotions. This was measured using the scale of Diefendorff et al. (2005) with positive display rule perceptions and negative display rule perceptions. Emotional display rules were treated as job based antecedents of Emotional labour.

### **4.6.2 Emotional Labour Strategies**

Hochschild (1983) defined emotional labor as “the management of feelings to create a publicly observable facial and bodily display; emotional labor is sold for a wage and therefore has exchange value” (p.7). Ashforth and Humphrey (1993) defined from a behavioral perspective as “the act of displaying the appropriate emotion” (p. 90) conforming to the display rule, as prescribed by the organization.

Emotional labour and Emotional labour strategies were used interchangeably. Emotional labour strategies was operationally defined as the use of three strategies namely Deep acting, Surface acting and Expression of naturally felt emotions to express organizationally desired emotions while interacting with customers at work and is measured using Emotional labour Strategy scale by Diefendorff et al.(2005).

The explanations of the different strategies were as follows:

**a) Deep Acting or Deep Acting Strategy**

According to Diefendorff et al. (2005), Deep acting is actively modifying the emotions to comply with the display rules of the organization.

It is operationally described as the strategy to develop appropriate emotions to be displayed to the customers and attempting to feel or experience those emotions.

**b) Surface Acting or Surface Acting Strategy**

Diefendorff et al. (2005) explained Surface acting as faking of positive emotions and suppressing of negative felt emotions to display at work.

It is operationally defined as the strategy of faking or pretending the emotions without actually feeling, while interacting with customers in order to express suitable emotions at work.

**c) Expression of naturally felt Emotions**

Ashforth and Humphrey (1993) argued that display of naturally felt emotions also constitutes emotional labor as individuals spontaneously feel and display appropriate emotions.

For this study it is the third strategy of displaying organizationally desired emotions to customers which is the genuine or natural, spontaneous emotions.

#### **4.6.3 Emotional Dissonance**

Emotional dissonance was defined as the mismatch between felt emotions and the organizationally desired expression of emotions (Zapf et al., 1999). Emotional dissonance is the discrepancy between displayed and felt motions (Brotheridge & Lee, 1998; Morris & Feldman, 1996).

Emotional dissonance for the purpose of the study is operationally defined as the result of Emotional labour strategies due to the persisting incongruity between felt and displayed emotions during an interaction. It was measured using the Emotional dissonance Subscale from Frankfurt Emotion Work Scales (FEWS) developed by Zapf et al. (1999).

#### **4.6.4 Emotional Exhaustion**

Maslach et al. (2001) defined Emotional exhaustion as “feelings of being overextended and depleted of one’s emotional and physical resources” (p. 399) which was the prime component in the three-dimensional framework of burnout, consisting of Emotional exhaustion, depersonalization, and personal accomplishment (Maslach, 1982; 1998; Maslach et al., 2001).

Emotional exhaustion is operationally defined as a state of being emotionally overextended and exhausted due to the excessive emotional demands and continuous stress on employees involved in the interaction with customers. For this study it was measured by using the Emotional exhaustion subscale of the 22-item Maslach Burnout Inventory (MBI).



#### **4.6.5 Stress**

Stress was defined as the non-specific response of the body to any demands made upon it (Selye, 1976). Job stress was the extent to which employees felt tension or anxiety caused by their jobs. Occupational stress or Job stress could also be defined as the harmful physical and emotional responses that occur when the demands of the job did not match with the capabilities, resources, or needs of the employee (National Institute for Occupational Safety and Health, 2002).

Stress for the study is operationally defined as job related or occupational stress that happen when there is imbalance among the capabilities, resources and job requirements of the employees due to the excessive emotional demands of the interaction work. General Health Questionnaire (GHQ-12) of Goldberg and Williams (1988) - a well-validated global measure to assess psychological well-being was used to measure stress.

#### **4.6.6 Stress Management**

Lazarus defined coping as the cognitive and behavioral efforts that individuals used to manage internal or external demands that were considered as exceeding their personal resources of a person (Lazarus & Folkman, 1984). In simple words, coping is the process of managing stress.

Stress management is operationally defined as the cognitive and behavioral coping strategies used to manage stress. The scale used for the present study include items from Occupational Stress Indicator-2 (William & Cooper, 1996) and Brief Cope (Carver, Scheier & Weintraub, 1989) which basically measured how the strategies used by the respondents help

them deal with their stressful encounters. Coping is used interchangeably in this research with stress management

#### **4.6.7 Customer**

Customer in this study refers to patients, accompanying persons, clients, and other recipients of hospital service.

#### **4.6.8 Customer Interface Employees**

The customer interface is the environment in which the service is delivered. Customer interface employees in this study are those employees in the customer interface involving in contact with the customer, encompassing person- to-person interactions. The customer interface employees selected for this study are nurses, other paramedical staff and front desk employees

#### **4.6.9 Stress Related Outcomes**

Stress related outcomes identified for the study considered the outcomes of Emotional labour strategies and the outcomes are Emotional dissonance, Stress and Emotional exhaustion.

#### **4.6.10 Hospitals**

Hospitals in this study refer to the allopathic private hospitals. Hospitals with disease diagnosing facilities, inpatient facilities, X-ray, scan, blood testing, pharmacy etc were only considered for this study. Hospitals that are owned and operated by private individuals, organizations, trusts, companies and co- operative societies are considered as private hospitals.

## **4.7 Methodology**

This segment of the chapter describe the methodological details employed in this study the detailed explanation of the research design, sample design, sources of data and data collection

### **4.7.1 Research Design**

The study is descriptive and explanatory in nature. The study is considered descriptive as it described the antecedents, outcomes and other variables related to Emotional labour strategies. Further, the data were used to bring out the relationship between the independent and dependent variables using Structural Equation Modeling (SEM) and is thus explanatory in character.

The research started with the exploratory phase, which involved thorough literature review on Emotional labour where the emphasis was on finding out the general nature of the problem and associated variables that contribute to it. Further researcher tried to describe the variables and their contributions and aimed at understanding the functional relationship between different variables in the problem under study.

A research design is the strategy for getting answers to the questions and the researcher used a cross-sectional study design, in which the data was collected from the sample of the population only once. Cross-sectional studies make comparisons at single point in time while longitudinal studies make comparisons over time. In a longitudinal study, researchers conduct several observations of the same subjects over a period of time. Though the cause and effect pathway is much more reliable in a longitudinal study it is much more time and resource consuming.

This study used a cross sectional design with survey method as technique of data collection as it was found relevant and adequate enough to meet the research objectives.

#### **4.7.2 Sample Design**

The study focused on allopathic private hospitals in Kerala. The population of the study is the customer interface employees of allopathic private hospitals with 100 or more beds. Multistage random sampling method was used for the study. The state was divided into three regions – northern region, central region and southern region. From the three regions, districts with higher number of allopathic private hospitals were identified and they are Kannur, Malappuram and Calicut from northern region, Ernakulam, Thrissur and Kottayam from the Central region and Trivandrum and Kollam from the Southern region. The district wise distribution of the allopathic private hospitals in Kerala is illustrated in Appendix. From among those districts, three districts were randomly selected - Kozhikode from the northern region, Ernakulam from central region and Trivandrum from the southern region. The samples were then collected from the randomly selected allopathic private hospitals with 100 or more beds from these three districts.

The selected sample for the study is the customer interface employees involved in the interaction with customers/patients in the allopathic private hospitals in Kerala. The customer interface employees in a hospital comprise of doctors, nurses, other paramedical staff, ambulance workers etc. For the purpose of this study nurses, other paramedical employees from pharmacy, labs, radiology and physiotherapy departments having interface

with the customers and front desk employees - those staff at reception, enquiry and billing /cash were selected. The customer interface employees selected for the study were from multiple occupations and are categorized into two groups, 'nurses' and 'others'. The group 'others' include paramedical staff and front desk employees. As per the hospital sources, in a hospital, when compared to nurses, proportion of 'others' are only about less than one third of the strength of nurses.

#### **4.7.2.1 Sample Size Estimation**

The size of the sample is a pivotal aspect of any empirical study in order to make inferences about a population. Usually the sample size is determined based on the size of the population. When Covariance Based Structural Equation Modeling (CBSEM) approach is used for analysis, the recommended sample size is more than 400, when the model has more than five constructs (Malhotra & Dash, 2011).

Because of the particular nature of the sample, researcher was not able to find a proper authentic source for getting the correct population. As the sample selected were from multiple occupations and due to the high attrition rate and migration of health care employees in the allopathic private hospitals the sample size estimation from the population was not possible. Therefore, the following approach was used to determine the sample size. The mean and standard deviation of all the variables from the results of the pilot study were taken and sample size was estimated from the maximum variance across all the variables as mentioned in the table below. So in this study, sample size was estimated using results of pilot research.

If 'n' is the sample size, 's' is the standard deviation, and 'μ' is the mean from the pilot study, by considering the standard normal deviation set at 95% confidence level (1.96), then

$$\text{Sample size, } n = \frac{3.92 \times s^2}{(.025 \times \mu)^2}$$

**Table 4.2: Sample Size Estimation**

	PDR	NDR	DA	SA	EFE	STRESS ED	EE	SM	
<b>Mean</b>	12.5	11.2	9.3	8.2	9.1	63.2	17.8	39.2	39.6
<b>SD</b>	4.2	3.3	3.2	3.1	3.3	25.1	4.3	13.8	9.2
<b>Sample size</b>	722.534	555.612	757.729	914.693	841.637	<b>1009.47</b>	373.488	793.169	827.731

*PDR- Positive display rules, NDR- Negative Display Rules, DA- Deep acting strategy, SA- Surface acting strategy, EFE- Expression of naturally felt emotions, ED- Emotional dissonance, EE- Emotional exhaustion, SM- Stress Management*

From the table it can be noted that the size of the sample estimated was 1009. So 1100 questionnaires were distributed, out of which, after eliminating incomplete and unreturned questionnaires, 1019 questionnaires were taken for the study.

### 4.7.3 Sources of Data

Primary and secondary data were used for the study. Primary data were collected using questionnaires from the respondents and secondary data were collected from various sources.

The researcher used the following sources of secondary data:

- Published works of various universities, international and national journals, and conference proceedings mostly accessed through academic databases

- Articles published in business related journals, magazines, periodicals and newspapers on the subject and related topics
- Text Books on Research Methodology, Statistics, Organization Behaviour and Psychology
- Other academic, industry related and government web sites
- Unpublished studies concerning to the above area

Primary data were collected using the questionnaire method from the customer interface employees of private sector allopathic hospitals in Kerala. Structured questionnaire was used to collect data as it helped in organizing the questions in such a manner that facilitated easy coding, analysis and interpretation of data.

#### **4.7.4 Data Collection**

The data was collected in the first six months of 2013. Questionnaire was administered directly wherever possible. But due to the time constraint, shift system and busy work pattern of the hospital employees, majority of the questionnaires was administered through the Nursing Superintendent, Head nurses or senior nurses of each department. Similarly for the 'other' group including pharmacists, laboratory staff, physiotherapists, x-ray technicians and front desk employees, questionnaire administration was done through their Department Heads, the Administrator and Public Relations Personnel. In certain hospitals, the researcher got the opportunity to distribute the questionnaire during their training sessions.

#### **4.7.5 Analysis Design**

Data collected using structured questionnaire were entered with a computer database and then analyzed using the Statistical Package for

Social Sciences (IBM SPSS). The data were analyzed to get descriptive statistical output, t-test, f-test, correlation and regression values. The factor structures were confirmed with a Confirmatory factor analysis on the final data. Structural Equation Modeling was employed for confirmatory factor analysis and hypotheses testing. Structural Equation Modeling (SEM) was directed by utilizing IBM AMOS (Analysis of Moment Structures) for testing the integrated model. Subsequently, the general model fit was evaluated by analyzing the goodness-of-fit indices. Baron and Kennys' (1986) technique was used to examine the mediation effect and it was further tested by using Sobel, Aroian and Goodman tests. The moderation effect was tested by using 'two way moderation interaction effect' technique by Aiken and West, (1991), Dawson, (2013) Dawson and Richter, (2006).

For the ease of data analysis, the researcher used denotations for the study variables which are mentioned in the Table 4.3 below.

**Table 4.3: Denotation of the Major study Variables**

Sl. No	Variables	Denotations
1	Positive display rule perceptions	PDR
2	Negative display rule perceptions	NDR
3	Deep acting	DA
4	Surface acting	SA
5	Expression of naturally felt emotions	EFE
6	Emotional dissonance	ED
7	Stress	STRESS
8	Emotional exhaustion	EE
9	Stress Management	SM



## 4.8 Questionnaire Development

The researcher adopted Survey approach using questionnaire as the tool for data collection. Questionnaire was designed with the aim of eliciting accurate answers from the respondents and to make it possible for analyzing the responses properly.

The questionnaire consisted of two sections. The first Section named Personal Profile comprises of statements seeking demographic information of the customer interface employees such as age, gender, marital status, education qualification, and experience and bed strength. The data were collected soon after the strike of nurses in private hospitals. Therefore, the employees in the hospitals showed reluctance to disclose information like income, name of the employee, name and type of the hospital. So the item in the questionnaire seeking income of the respondents was omitted soon after the pilot study. Other items excluding income were retained in the questionnaire. They were not considered for analysis due to unwillingness of the respondents in filling information for the fear of disclosing their identity.

The second part of the questionnaire included those items adapted from standardized scales to measure the variables for the study. There are 9 major variables used for this study, and they are:

- Positive display rules
  - Negative display rules
  - Deep acting
  - Surface acting
  - Expression of naturally felt emotions
  - Emotional dissonance
  - Stress
  - Emotional exhaustion
  - Stress management
- } Emotional display rules
- } Emotional labour strategies

#### **4.8.1 Various Scales Used for the Research**

Standardized scales of eminent researchers and experts in the field of psychology were adopted and used to gather information on the selected variables. The scales used for the study are explained below.

##### **4.8.1.1 Emotional Display Rules -Diefendorff et al.(2005)**

Emotional display rules were measured with a seven-item scale developed by Diefendorff, Croyle, and Gosserand (2005). Diefendorff et al. (2005) combined items from Grandey's (2003) and Schaubroeck and Jones' (2000) scales to measure the employees' perceptions of positive and negative display rules.

As cited by Diefendorff et al. (2005), many researchers used one-dimensional measures (Brotheridge and Lee, 2003; Grandey, 2002, 2003) of Emotional display rules, while others differentiated between Positive display rules and negative display rules. For this study, in order to measure Emotional display rules, the scale used by Diefendorff et al.(2005) was used which consists of two dimensions **-positive display rule perceptions and negative display rule perceptions** with four items and three items respectively. Responses on each item were rated using a 7-point Likert scale (7 = "Always; 1 = "Never").

##### **4.8.1.2 Emotional Labour Strategy-Diefendorff et al.(2005)**

The scale of Diefendorff et al.(2005) was used to measure Emotional labour strategies with three dimensions i.e., Deep acting strategy (DA), Surface acting strategy (SA) and Expression of naturally felt emotions (EFE) which is a modification of previously used scales to measure Surface acting and Deep acting of Grandey (2003) and Kruml and Geddes (2000).

**a) Deep acting (DA)**

Deep acting is measured with the four item scale developed by Diefendorff et al. (2005). Participants responded on each item using a 7-point Likert scale (7 = “Always; 1 = “Never”).

**b) Surface acting (SA)**

The Surface acting strategy of Emotional labour was measured using Diefendorff et al.(2005) scale which actually contains seven items of which two items were adapted from Kruml and Geddes’ (2000) emotive dissonance scale that describes emotive dissonance as conceptually similar to Surface acting. But those two items were not used for this study as the researcher is separately measuring Emotional dissonance. After omitting those two items, the five items from the seven item scale were used to assess Surface acting. Participants rated each item using a 7-point Likert scale (7 = “Always; 1 = “Never”).

**c) Expression of naturally felt emotions (EFE)**

The three item scale developed by Diefendorff et al. (2005) was used for the study, of which, one item was adapted from Kruml and Geddes (2000), at the time of scale development by Diefendorff and his colleagues. Individuals responded to each item on a 7-point Likert scale (7 = “Always; 1 = “Never”).

**4.8.1.3 Emotional dissonance (ED) -Zapf et al. (1999)**

A 5 item Emotional dissonance Subscale (ED) from Frankfurt Emotion Work Scales (FEWS) developed by Zapf et al. (1999) was used for assessing Emotional dissonance of the respondents. The scale consisted of

items referring to emotions displayed but not actually felt like. The response scale ranged from 1 (never) to 7 (always).

#### **4.8.1.4 General Health Questionnaire (GHQ-12) Goldberg and Williams (1988) to Measure Stress**

The General Health Questionnaire was developed in England as a screening instrument to identify psychological distress among adults in primary care settings. The original version comprised 60 items and subsequently various versions of different length were constructed and validated (30-item, 28-item, 20-item and 12-item versions). GHQ-12(Goldberg & Williams, 1988) is a quick, reliable and sensitive short form which is considered as ideal for research studies. The GHQ-12 comprises of 12 items describing mood states, six of which are positively phrased (items p1 to p6) and six are negatively phrased (items n1 to n6). The 12 item version of the scale (GHQ-12), which has high validity was used to measure the stress of the customer interface employees. Responses were rated on a 7-point Likert scale (7 = “Always; 1 = “Never”).

#### **4.8.1.5 Emotional Exhaustion- Maslach and Jackson (1981)**

Emotional exhaustion was measured using Maslach and Jackson’s (1981) nine item Emotional exhaustion subscale of the 22-item Maslach Burnout Inventory (MBI).

#### **4.8.1.6 Occupational Stress Indicator (OSI-2) (William & Cooper, 1996)& Brief COPE - (Carver et al., 1989) to Measure Stress Management**

The (OSI-2) used in the study was originally a 90 item scale grouped into 7 subscales which is an improvement of Occupational Stress Indicator (OSI) developed by Cooper, Sloan and Williams (1988). The subscales are –

job satisfaction (12 items), mental health (12 items), physical health (6 items), personality (6 items), locus of control (4 items), coping strategies (10 items) and stress (40 items). This instrument is considered more appropriate and robust; hence it is widely used among researchers in the area of job related stress. Also OSI-2 (William & Cooper, 1996) was found highly reliable and was well validated in the previous studies (Siu, Cooper & Donald, 1997). As per the need of the study, even the selective use of the subscales of OSI-2 had been done (Siu, Cooper & Donald, 1997) and the subscales used were reported to have shown high reliability and validity.

From OSI-2, only the 10 item subscale for measuring coping strategies was used. The sub dimensions of coping strategies are control coping (items 2, 3, 5, 7, 8, 9) and support coping (items 1, 4, 6, 10). Out of the 10 item coping strategy subscale of OSI-2 only 8 items were selected. As per the expert opinion, among the 6 item control coping dimension only 5 were selected. One item which states “I plan ahead” was omitted because it seems to be irrelevant in a customer interface work setting because stress related to Emotional labour and the subsequent managing of stress would not have much relation with planning. As per the expert opinion one more item was omitted which seems irrelevant to the present study.

#### **Brief COPE- (Carver et al., 1989)**

Brief COPE is the abbreviated version of the 60 item COPE inventory with 15 subscales having 4 items each, and has been translated into different languages like French, Greek, Korean, German and Spanish. The final

version of the COPE inventory (Carver, Scheier & Weintraub, 1989) is considered as a fine-grained instrument to measure individual differences in coping stressful encounters. THE COPE scale contains 13 subscales with 4 items each (the authors now distribute a version with two additional experimental scales). The shorter item of COPE inventory has been set because of the impatience the respondents have shown towards the full instrument as it is too lengthy.

Brief COPE, an abridged version of COPE is a 28 item scale computed with no reversals of coding. This version has 14 subscales with 2 items each in which self blame is a newly added subscale that was not a part of the original inventory. Brief COPE has the advantage of being put up from accepted theoretical models like Lazarus' transactional model of stress (1984) and behavioural self regulation model of Carver and Scheier (1981). Similar to the COPE inventory, Brief COPE is also extensively used in various psychological and health relevant studies. Brief COPE gives answer about a particular way of coping the stress and how frequently one uses those means to manage the stress.

For this study, only one item from the religion subscale of Brief COPE was used as only this item was relevant to the cultural context of the study where religion plays a pivotal role.

So the 9 item scale used for measuring stress management contains coping strategy items from OSI-2 scale and COPE scale. Table 4.4 summarizes the details of the items measured under each variable and the different constructs used for the study.

**Table 4.4: Details of the Constructs Used**

Scales Used	Variables Used	Item Numbers
Emotional display rules (Diefendorff et al., 2005)	Positive display rules	1,2,3,4
	Negative Display rules	5,6,7
Emotional labour Strategy Scale (Diefendorff et al., 2005)	Deep acting	9,11,15,17
	Surface acting	8,13,16,18,19
	Expression of naturally felt emotions	10,12,14
Emotional dissonance sub scale (Zapf et al., 1999)	Emotional dissonance	29 to 33
GHQ-12 Goldberg and Williams (1988)	Stress	34 to 45
Emotional exhaustion (Maslach and Jackson, 1981)	Emotional exhaustion	20 to 28
OSI-2 (William & Cooper, 1996)	Stress Management	46 to 53
Brief COPE (Carver et al., 1989)		54
One additional item was added to the questionnaire to check the availability of the Stress Management Programmes.		55 (Not taken for analysis)

Based on the items selected for measuring the 9 variables, the second part of the questionnaire consisting of 55 items was prepared, in addition to the 12 items in the Personal profile which forms the first part of the questionnaire, through which the demographic and occupational information are sought. Out of the 55 items in the second part of the questionnaire, only 54 items were considered for analysis, as item 55 was included to check the availability of the Stress Management Programmes in the hospitals.

Initially, at the time of designing the questionnaire it was decided to use a 5 point Likert scale ranging from ‘strongly agree’ to ‘strongly disagree’. But as per the suggestion of experts, it was decided to use a 7 point Likert scale ranging from ‘never’ to ‘always’ to avoid the central tendency error. All the scales used were then converted to a 7 point scale so that the interpretation could be made easier. Rephrasing the statements, sequencing it in the logical order and slight modifications in the wording were also done. To make the respondents understand the statements, language was made simple, management jargons and complex words were avoided.

As the demographic details differ between the two groups, separate questionnaires were administered for ‘nurses’ and ‘others’. The questionnaire for the nursing personnel and others are listed in the Appendix.

After identifying and finalizing the variables and scales for the measuring instrument, reliability and validity tests were done.

## **4.9 Reliability and Validity**

Reliability and Validity are the two concepts that measure the bias and distortion of the measurement scale. So the instrument was pretested by conducting a pilot study.

### **4.9.1 Pre testing of the Questionnaire**

The questionnaire was pretested on a sample of 93 respondents from the pilot study for ascertaining the validity and reliability. Responses to the statements in the scales were recorded on a 7 point scale.



#### 4.9.2 Reliability Analysis

According to Uys and Basson, reliability means the degree of stability or accuracy with which an instrument assesses the attribute it is intended to measure (1991:75-76) or it is the extent to which an assessment scale gives consistent results.

Reliability of the instrument is about obtaining stable and consistent measures after repeatedly administering it. Even though there are numerous methods for determining reliability, the internal consistency method is generally used. Internal consistency refers to the inter correlation of the items in a particular assessment scale (Nunnally, 1978) and is measured using a reliability coefficient called Cronbach’s alpha (Cronbach, 1951). Internal consistency method is the widely used, as it is easy to administer and considered as the effective and conventional estimate of reliability (Carmines & Zeller, 1979).

Reliability analysis was done on the data collected for the pilot study as well as on the final data and the Cronbach Alpha values are given in Table 4.5.

**Table 4.5: Results of Reliability Analysis**

Inventory	Cronbach’s Alpha Value	
	Pilot study	Final study
Emotional display rules	.691	.701
Emotional labour Strategy Scale	.720	.739
Emotional dissonance sub scale	.726	.730
Stress (GHQ-12)	.808	.836
Emotional exhaustion Scale	.849	.860
Stress Management (OSI-2 and brief Cope)	.771	.785

Source: Survey data

Reliability is measured using Cronbach's Alpha, and if the value is greater than 0.7, it is considered acceptable (Wilson, 2010). Reliability analysis with the data from pilot study and final study showed that the latent variables had a reliability of Cronbach Alpha  $>0.7$ , which is acceptable. From the table it is evident that the values are acceptable, which showed the reliability of the scales used.

### **4.9.3 Validity and Dimensionality Analysis**

Validity on the other hand, is a relative concept and is the extent to which an assessment tool measures what it is supposed to measure (Carmines & Zeller, 1979; Uys & Basson 1991:80). It ensures that the instrument is measuring what it is intended to measure.

#### **4.9.3.1 Content Validity and Face Validity**

Content validity can be ensured if the items representing the various constructs of the measuring instrument are confirmed by a comprehensive and careful review of the relevant literature (Bohrnstedt, 1983).

Face validity is a subjective measure and can be established through review of the instrument by experts in the field (Hair, Black, Babin & Anderson., 1998).

Even though the scales used for this study were adaptations from the existing standard scales, the preliminary validity tests which include content validity and face validity were done for the measuring instrument. It was tested through prima facie verification, extensive review of the

theoretical and empirical literature, expert discussions, and pretesting the questionnaire.

After pilot study, the questionnaire was modified further and slight changes were made with regard to wordings to make it simple and understandable, before going full swing ahead. So through different stages of thorough analyses, many of the faults were ironed out from the questionnaire. Sufficient thought was given to the analysis required in advance, to ensure the validity and reliability of the instrument.

#### **4.9.3.2 Convergent Validity and Discriminant Validity**

The measurement model is often assessed for Construct validity that includes Convergent validity and Discriminant validity. Convergent validity tests whether the constructs that are expected to be related are, related. Discriminant validity tests whether the constructs that are expected not to be related, are unrelated.

Unidimensionality refers to the existence of a single construct/trait underlying a set of measures (Hair et al., 1998) which can be assessed by doing Confirmatory factor analysis. Unidimensionality is achieved when all measuring items have acceptable factor loadings for the respective latent construct. In order to ensure unidimensionality of a measurement model, any item with a low factor loading should be deleted.

The dimensionality and validity of the measurement model was assessed by Confirmatory factor analysis. The details are explained in Chapter 6.

#### 4.10 Limitations

Even though precautions were taken, this research is affected with few limitations that are inherent to all empirical research

- The limitation of using cross sectional research design is present in this research.
- As self-reporting method for data collection was used, chances of biased responses and influence of other factors on them cannot be ruled out.
- Difficulties were confronted at the time of data collection. Though a study with major proportion of nurses is critically relevant at a time when the nurses organized strikes, against the management, it might have reflected in the study resulting in a subjective and biased response.

#### 4.11 Chapter Summary

This chapter discussed the methodology of the study in detail. The first part of the chapter explained the relevance of the study, research problem, objectives, hypotheses, conceptual model and the theoretical and operational definitions of the variables. The next part gave an elaborate description regarding the research design, sample design, data sources, methods and tools of data collection and analysis design. The last part provided detailed explanation on the development of the data collection instrument, reliability and validity aspects and limitations of the study.

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*"The sign of intelligent people is their ability to control emotions by the application of reason."*

- Marya Mannes

## Chapter 5

### PROFILE ANALYSIS

<b>Contents</b>	5.1 <i>Sample Distribution</i>
	5.2 <i>Profile of the Customer Interface Employees</i>
	5.3 <i>Comparative Analysis</i>
	5.4 <i>Analysis of Relationship between Variables</i>
	5.5 <i>Chapter Summary</i>

This chapter begins with the details of sample distribution comprising of district wise, bed strength wise and group wise distribution. Profile distribution of the respondents based on age, gender, marital status, education and experience were explained. Comparative analysis of the two groups of customer interface employees comprising of ‘nurses’ and ‘others’ represented by paramedical and front desk employees was presented. Subsequently, the analysis of the relationship between emotional labour strategies and demographic variables were described and ends with chapter summary.

## 5.1 Sample Distribution

The distribution of the sample based on districts, hospitals, bed strength and occupation are explained.

### 5.1.1 District wise Distribution of the Sample

As mentioned in the previous chapter, researcher identified the districts with higher number of allopathic private hospitals from the three regions of Kerala state. They are Kannur, Malappuram and Calicut from Northern region, Ernakulam, Thrissur and Kottayam from Central region and Trivandrum and Kollam from Southern region. From among those districts, three districts were randomly selected - Calicut from northern region, Ernakulam from central region and Trivandrum from the southern region. The district wise distribution of sample is shown in Table 5.1.

**Table 5.1: District wise Distribution of the Sample**

District	Employees	Percentage
Ernakulam	466	45.74
Trivandrum	307	30.12
Calicut	246	24.14
<b>Total</b>	<b>1019</b>	<b>100</b>

*Source: Survey data*

Major proportion of the customer interface employees which comprised of 45.74% was from Ernakulam District which has the highest number of allopathic private hospitals in Kerala, followed by Trivandrum district with 30.12% and Calicut district with 24.14% customer interface employees.

### 5.1.2 Distribution of Hospitals with Bed Strength

As it was decided to collect samples from hospitals with 100 or more beds, the distribution of hospitals on the basis of bed strength was also taken. Table 5.2 showed the distribution of total sample on the basis of bed strength and number of hospitals selected.

**Table 5.2: Sample Distribution with Number of Hospitals and Beds**

Beds	No. of Hospitals	Sample	%
100 to 250	12	193	18.9
251 to 500	11	512	50.2
Above 500	4	314	30.8
<b>Total</b>	<b>27</b>	<b>1019</b>	<b>100.0</b>

*Source: Survey data*

12 hospitals were selected with bed strength of 100 to 250 which constituted 18.9 % of the total sample. Majority the sample, which consists of 50.2% of the total sample were collected from 11 hospitals with bed strength of 251 to 500. Hospitals with 500 or more beds were limited in number when compared to those with 251 to 500 beds. Hence only 4 hospitals were selected with 500 or more beds. But as the strength of customer interface employees of these hospitals was high compared to that of the other two categories, only 30.8 percentage of the sample was taken from those hospitals with 500 or more beds.

### 5.1.3 Distribution of the Customer Interface Employees

The selected sample for the study was the customer interface employees in the hospitals of which the target group consisted of ‘nurses’

and another group of employees named ‘others’ which included other paramedical staff and front desk employees. The other paramedical staff included employees from pharmacy, laboratories, and radiology and physiotherapy departments. The front desk employees included those staff at reception, enquiry and billing/cash.

The proportion of ‘others’ that comprised of the selected paramedical staff and front desk employees was less than one third of the strength of nurses in each hospitals.

Table 5.3 represents the Sample distribution of nurses and others.

**Table 5.3: Sample Distribution of Nurses and Others**

<b>Employees</b>	<b>Frequency</b>	<b>Percent</b>
<b>Nurses</b>	788	77.33
<b>Others</b>	231	22.67
<b>Total</b>	1019	100

*Source: Survey data*

Out of the total selected sample of 1019 customer interface employees, 788 belonged to the group of nurses and 231 belonged to the group of ‘others’.

It was clear from the table that the proportion of ‘others’ when compared to ‘nurses’ was almost less than one third of the total sample.

#### **5.1.4 Sample Distribution and Bed Strength**

Table 5.4 shows the distribution of the sample of nurses and others with respect to number of beds.



**Table 5.4: Sample Distribution and Bed Strength**

Employees	Beds	Frequency	Percent
Nurses	100 to 250	144	18.3
	251 to 500	390	49.5
	>500	254	32.2
	<b>Total</b>	<b>788</b>	<b>100.0</b>
Others	100 to 250	49	21.2
	251 to 500	122	52.8
	>500	60	26.0
	<b>Total</b>	<b>231</b>	<b>100.0</b>

*Source: Survey data*

Out of 788 nurses, 18.3 % were selected from private allopathic hospitals with 100 to 250 beds. 49.5% of the nurses were from those hospitals with 251 to 500 beds. 32.2% nurses were from the hospitals with more than 500 beds.

With regard to ‘others’, majority of the sample, 52.8 percent was from hospitals with bed strength of 251 to 500. 26% of the ‘other’ customer interface employees were from hospitals with above 500 beds and 21.2 % from those with 100 to 250 beds.

## 5.2 Profile of the Customer Interface Employees

Profile of the customer interface employees explained their personnel characteristics that influenced the opinion and responses of the respondents.

The demographic variables like age, gender, marital status, education and work experience of the customer interface employees and their sample wise distribution were explained.

### 5.2.1 Age of the Customer Interface Employees

Age wise distribution of the customer interface employees is depicted in Table 5.5.

**Table 5.5: Age-wise Distribution of the Customer Interface Employees**

		AGE	
Employees	Age group	Frequency	Percent
Nurses	< 30 years	588	74.6
	31 to 50 years	181	23.0
	> 50 years	19	2.4
	<b>Total</b>	<b>788</b>	<b>100.0</b>
Others	< 30 years	123	53.2
	31 to 50 years	101	43.7
	> 50 years	7	3.0
	<b>Total</b>	<b>231</b>	<b>100.0</b>

*Source: Survey data*

74.6% of nurses and 53.2% of 'others' belonged to the age group of less than 30 years. 23% of the nurses and 43.7 % of 'others' were from the age group of 31to 50 years.2.4% nurses and 3% 'others belonged to the age group of more than 50 years.

### 5.2.2 Gender of the Customer Interface Employees

Table 5.6 represents the gender-wise distribution of the customer interface employees.

**Table 5.6: Gender wise Distribution of Customer Interface Employees**

GENDER			
Employees	Gender	Frequency	Percent
Nurses	Male	45	5.7
	Female	743	94.3
	<b>Total</b>	<b>788</b>	<b>100</b>
Others	Male	32	13.9
	Female	199	86.1
	<b>Total</b>	<b>231</b>	<b>100</b>

Source: Survey data

94.3% of the nurses and 86.1% of 'others' of the customer interface employees in the allopathic private hospitals of Kerala were female. 5.7% of nurses and 13.9% of others were male customer interface employees. So the proportion of male customer interface employees in comparison with the female customer interface employees was negligible. Hence the demographic variable gender was not taken for further analysis.

### 5.2.3 Marital Status of the Customer Interface Employees

The distribution of the customer interface employees on the basis of marital status is given in Table 5.7.

**Table 5.7: Marital Status of the Customer Interface Employees**

Marital Status			
Employees	Marital Status	Frequency	Percent
Nurses	Married	443	56.2
	Single	345	43.8
	<b>Total</b>	<b>788</b>	<b>100</b>
Others	Married	156	67.5
	Single	75	32.5
	<b>Total</b>	<b>231</b>	<b>100</b>

Source: Survey data

56.2% of nurses and 67.5 % of others which comprised majority of the customer interface employees were married and the remaining 43.8% of nurses and 32.5 % of others were single.

#### 5.2.4 Educational Profile of the Customer Interface Employees

The distribution of the customer interface employees on the basis of education is given in Table 5.8.

**Table 5.8: Educational Profile of the Customer Interface Employees**

Educational Qualification			
Employees	Education	Frequency	Percent
Nurses	Diploma	491	62.3
	Graduate	277	35.2
	Post graduate	20	2.5
	<b>Total</b>	<b>788</b>	<b>100.0</b>
Others	Diploma	114	49.4
	Graduate	50	21.6
	Post graduate	67	29.0
	<b>Total</b>	<b>231</b>	<b>100.0</b>

*Source: Survey data*

The educational qualification of the customer interface employees comprising of both nurses and others showed that only 2.5% of the nurses were post graduates. But among the 'other' customer interface employees, 29% was post graduates. 62.3% of the nurses and 49.4% of others were diploma holders. 35.2% of the nurses and 21.6% of others were graduates.

Therefore it was evident that majority of the customer interface employees comprising of nurses and others were diploma holders.

### 5.2.5 Experience of the Customer Interface Employees

Table 5.9 explains the work experience of the customer interface employees selected for the study.

**Table 5.9: Experience of the Customer Interface Employees**

Experience in Years			
Employees	Experience	Frequency	Percent
Nurses	< 5	508	64.5
	5 to 10	155	19.7
	10 to 20	99	12.6
	> 20	26	3.3
		<b>788</b>	<b>100.0</b>
Others	< 5	105	45.5
	5 to 10	62	26.8
	10 to 20	47	20.3
	> 20	17	7.4
		<b>231</b>	<b>100.0</b>

Source: Survey data

Among the nurses, 64.5% had less than 5 years experience. 19.7 % of them had 5 to 10 years and 12.6% had 10 to 20 years of experience. Only 3.3 % had more than 20 years of service.

Among 'others', 45.5% had less than 5 years of work experience. 26.8 % of them had 5 to 10 years experience, 20.3% had 10 to 20 years experience, and 7.4% had more than 20 years of work experience.

From Table 5.9, it was clear that major proportion of the customer interface employees were young employees with below 5 years work experience.

### 5.3 Comparative Analysis of Customer Interface Employees

Comparative analysis was done to verify whether there was significant difference between the two groups of nurses and others with respect to

the variables used for the study. Even though, the customer interface employees selected for the study belonged to the allopathic private hospitals, they were from multiple occupations. Hence, the researcher conducted a comparative study between ‘nurses’ and ‘others’ with respect to Positive Display Rules, Negative Display Rules, Deep acting strategy, Surface acting strategy, Expression of naturally felt emotions, Emotional dissonance, Stress and Emotional exhaustion. Though not hypothesized, independent samples t-test was carried for comparison and Table 5.10 demonstrates the same.

**Table 5.10: Comparative Analysis of Customer Interface Employees**

		Group Statistics				
	Employees	N	Mean	Std. Deviation	t value	Sig
PDR	Nurses	788	11.5444	2.35142	.659	.510
	Others	231	11.4286	2.34481		
NDR	Nurses	788	10.1574	3.38103	.193	.847
	Others	231	10.1082	3.47056		
DA	Nurses	788	8.6206	3.18062	-2.054	.040*
	Others	231	9.0952	2.75358		
SA	Nurses	788	7.0926	3.11292	-1.610	.108
	Others	231	7.4632	2.94695		
EFE	Nurses	788	9.2449	3.32633	1.458	.145
	Others	231	8.8745	3.62920		
STRESS	Nurses	788	64.2119	11.87630	-2.456	.014*
	Others	231	66.4069	12.17727		
ED	Nurses	788	18.6637	6.11348	.365	.715
	Others	231	18.4978	5.95627		
EE	Nurses	788	40.1865	12.10057	-.858	.391
	Others	231	40.9784	13.08615		

*PDR- Positive Display Rules, NDR- Negative Display Rules, DA- Deep Acting strategy, SA- Surface Acting strategy, EFE- Expression of Naturally felt emotions, ED- Emotional Dissonance, EE- Emotional Exhaustion*

*\* Significant  $p < 0.05$  (Source: Survey data)*

The results indicated that there was no significant difference between nurses and others with respect to Positive Display rules, Negative Display rules, Surface acting strategy, Expression of naturally felt emotions, Emotional dissonance and Emotional exhaustion. But it was found that there was significant difference with Deep Acting Strategy and Stress. Deep acting was more for others when compared to that of the nurses and this may be due to the emotionally complex nature of the job of the nurses and their difficulties in modifying their feelings to deep act. Stress of the nurses was found less when compared to others.

All other variables except Deep Acting and Stress showed no significant difference between the two groups of customer interface employees. Hence it was decided to continue further analysis combining the 'nurses' and 'others' together as 'customer interface employees'. Therefore, further analysis and hypotheses testing were done considering the respondents combined as a single group of customer interface employees.

#### **5.4 Analysis of the Relationship between Variables - Emotional Labour Strategies and Demographic Variables**

Rooted in the literature review, the researcher anticipated that there may be difference in the emotional labour strategies used by the customer interface employees based on the demographic factors like age, gender, marital status, education and experience and hence the following hypothesis was formulated.

**H18:** Emotional labour strategies vary across the demographic variables such as age, gender, marital status, education and work experience of the respondents.

When there are only two levels of one independent variable, then t-test is considered appropriate for analysis. The one-way Analysis of Variance (ANOVA) is used with one categorical independent variable and one continuous variable. The independent variable can consist of any number of groups or levels. So to determine whether there are significant differences between the means of three or more independent or unrelated groups, then the appropriate analysis is the work horse of experimental psychology research, the analysis of variance.

Hence the researcher used one way ANOVA and t-test to verify whether Emotional labour strategies significantly vary across the demographic variables like age, marital status, education and experience. Gender was excluded from further analysis based on the sample distribution of customer interface employees.

#### **5.4.1 Emotional Labour Strategies and Age of the Customer Interface Employees**

The relationship between Emotional labour (EL) strategies and the age of the customer interface employees was tested using one way ANOVA and the results are given in Table 5.11



**Table 5.11: One way ANOVA- Emotional Labour Strategies & Age**

	Age	N	Mean	Std. Deviation	F	P value	Means Plot
DA	<30	711	8.9705	3.02673	8.002	.000 p<0.05 Significant	
	30 to 50	282	8.1064	3.19854			
	>50	26	8.8462	2.93520			
	Total	1019	8.7282	3.09409			
SA	<30	711	7.2349	3.04653	1.317	.268 p>0.05 Not Significant	
	30 to 50	282	7.1135	3.09768			
	>50	26	6.2692	3.67214			
	Total	1019	7.1766	3.07857			
EFE	<30	711	9.4669	3.21856	12.174	.000 p<0.05 Significant	
	30 to 50	282	8.3262	3.69090			
	>50	26	9.8462	3.48359			
	Total	1019	9.1609	3.39906			

DA- Deep Acting strategy, SA- Surface Acting strategy, EFE- Expression of Naturally felt emotions

Source: Survey Data

One –way ANOVA was applied to test whether the mean scores of emotional labour strategies such as deep acting, surface acting and expression of naturally felt emotions significantly vary with the age of customer interface employees. The result showed that the mean score of the strategies - Deep acting strategy and Expression of naturally felt emotions significantly differ across the age group whereas surface acting strategy does not significantly differ with the age of the customer interface employees.

The results in Table 5.11 indicated that the mean score of deep acting strategy (F = 8.002; p = 0.000) and expression of naturally felt emotions (F = 12.174; p = 0.000) significantly differed with the age of employees,

while surface acting strategy ( $F = 1.317$   $p > 0.05$ ) did not significantly differ with the age of the employees. The means plot in the table gave a visual representation of the differences between the group means and their relationship with age of the employees which supplemented the information provided in the ANOVA table.

From the table it could be noted that employees who were below 30 years and above 50 years were more inclined to the use of Deep acting strategy and Expression of Naturally felt Emotions when compared to those between 30 to 50 years of age. The use of deep acting strategy was more for customer interface employees with age below 30 years (mean=8.97, std. dev. =3.02) and for employees with age above 50 years (mean=8.84, std. dev. =2.93). Similarly, customer interface employees who were above 50 years (mean=9.84, std. dev. =3.48) and below 30 years (mean=9.46, std. dev. =3.21) were performing Expression of naturally Felt Emotions more when compared to those between 30 to 50 years of age.

Dahling and Perez (2010) in their study, described that age of service employees influenced the emotional labor process and found that age was positively related to deep acting and expression of naturally felt emotions, and negatively related to surface acting.

#### **5.4.2 Emotional Labour Strategies and Marital Status of the Customer Interface Employees**

The relationship between Emotional labour strategies and the marital status of customer interface employees was tested using Independent Sample t-test, as there were only two levels for marital status and the results are given in Table 5.12.

**Table 5.12: Independent Sample 't' test - Emotional Labour Strategies & Marital Status**

	Marital Status	N	Mean	Std. Deviation	't' value	'p' Value	Sig.
DA	Married	599	8.4224	3.12080	-3.792	.000	p<0.05 Significant
	Single	420	9.1643	3.00583			
SA	Married	599	7.0985	3.09417	-.968	.333	p >0.05 Not Significant
	Single	420	7.2881	3.05641			
EFE	Married	599	8.8063	3.50812	-4.006	.000	p<0.05 Significant
	Single	420	9.6667	3.17333			

DA- Deep Acting strategy, SA- Surface Acting strategy, EFE- Expression of Naturally felt emotions  
Source: Survey data

The results indicated that the average score of Deep acting strategy and Expression of Naturally felt Emotions significantly differed with the marital status of the employees. But Surface acting strategy did not significantly differ between the married and single employees.

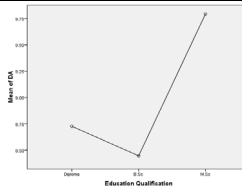
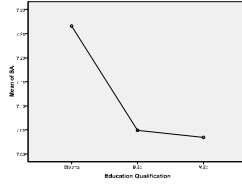
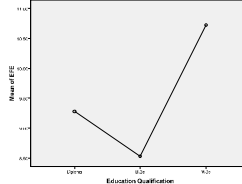
From the table it could be noted that single customer interface employees had higher score for Deep acting strategy (mean=9.16, std. dev. =3.00) than that of the married (mean=8.42, std. dev. =3.12) employees. For Expression of Naturally felt Emotions also, the scores were higher for single customer interface employees (mean=9.66, std. dev. =3.17) than that of the married (mean=8.80, std. dev. =3.50) employees.

In a study among nurses by Kaur and Luxmi (2014) it was observed that married nurses were using Surface acting strategy more when compared to unmarried nurses.

### 5.4.3 Emotional Labour Strategies and Education of the Customer Interface Employees

The relationship between Emotional labour strategies and the education profile of customer interface employees was tested with one way ANOVA and the results are shown in Table 5.13.

**Table 5.13: One way ANOVA- Emotional Labour strategies & Education**

	Education	N	Mean	Std. Deviation	F	Sig.	Means Plot
<b>DA</b>	Diploma	605	8.7273	2.99171	6.580	.001 p< 0.05 Significant	
	Graduate	327	8.4465	3.29194			
	Post graduate	87	9.7931	2.81664			
	Total	1019	8.7282	3.09409			
<b>SA</b>	Diploma	605	7.2661	2.99397	.629	.533 p>0.05 Not Significant	
	Graduate	327	7.0489	3.18702			
	Post graduate	87	7.0345	3.25451			
	Total	1019	7.1766	3.07857			
<b>EFE</b>	Diploma	605	9.2777	3.27274	15.645	.000 p< 0.05 Significant	
	Degree	327	8.5291	3.60873			
	Post graduate	87	10.7241	2.84356			
	Total	1019	9.1609	3.39906			

DA- Deep Acting strategy, SA- Surface Acting strategy, EFE- Expression of Naturally felt emotions

Source: Survey data

From the test results and the means plot in table 5.13 it was revealed that Deep acting strategy and Expression of naturally felt emotions showed significant difference with the educational qualification of employees although Surface acting strategy showed no significant difference with education.

Employees who were post graduates were using more of Deep Acting strategy and Expression of Naturally felt Emotions. In the case of Deep Acting, post graduates showed higher score (mean=9.79, std. dev. =2.81) followed by diploma holders (mean=8.72, std. dev. =2.99) and graduates (mean=8.44, std. dev. =3.29). Similarly, the use of Expression of Naturally felt Emotions was more for post graduates (mean=10.72, std. dev. =2.84)

followed by diploma holders (mean=9.27, std. dev. =3.27) and graduates (mean=8.52, std. dev. =3.60).

A study in the hotel industry by Satyanarayana and Shanker (2012) found that employees use different Emotional labour strategies with the difference in their educational qualification.

### 5.4.4 Emotional Labour Strategies and Experience of the Customer Interface Employees

The relationship between Emotional labour strategies and the work experience of customer interface employees was tested using one way ANOVA and the results are given in table 5.14.

**Table 5.14: One way ANOVA- Emotional Labour Strategies & Experience**

Experience In years	N	Mean	Std. Deviation	F	Sig.	Means Plot
<b>DA</b>	<5 years	613	9.0653	7.853	.000 p< 0.05 Significant	
	5 to 10	217	8.0276			
	10 to 20	146	8.2260			
	>20 years	43	9.1628			
	Total	1019	8.7282			
<b>SA</b>	<5 years	613	7.2219	1.029	.379 p>0.05 Not Significant	
	5 to 10	217	7.2811			
	10 to 20	146	7.0479			
	>20 years	43	6.4419			
	Total	1019	7.1766			
<b>EFE</b>	<5 years	613	9.6166	14.453	.000 p< 0.05 Significant	
	5 to 10	217	7.9263			
	10 to 20	146	8.9110			
	>20 years	43	9.7442			
	Total	1019	9.1609			

DA- Deep Acting strategy, SA- Surface Acting strategy, EFE- Expression of Naturally felt emotions

Source: Survey data

The test results explained that there was significant relationship for Deep Acting strategy and Expression of Naturally felt Emotions (F value for DA = 7.853, EFE = 14.453,  $p < .05$  for both) with work experience. It could be statistically concluded that Deep Acting strategy and Expression of Naturally felt Emotions varied across the work experience of the customer interface employees, although the Surface acting strategy showed no significant difference across the work experience of the employees.

It was clear from the results that use of Deep acting strategy was more for employees having more than 20 years (mean=9.16, std. dev. =2.65) and less than 5 years (mean=9.06, std. dev. =2.93) experience in comparison with others having 5 to10 and 10 to 20 years of work experience. Also it was evident that the strategy of Expression of Naturally felt Emotions was used more by employees having more than 20 years (mean=9.74, std. dev. =3.17) and less than 5 years (mean=9.61, std. dev. =3.12) experience in comparison with others.

Baruah and Patrick (2014) in a study among airline employees found significant difference in the use of Emotional labour strategies with the work experience of employees. The employees with less years of work tenure used Surface acting strategy more when compared to employees with more years of work experience.

To sum up, the findings of the analysis of hypothesis H18 revealed that Surface acting strategy did not show significant difference across any of the demographic variables while Deep acting strategy and Expression of naturally felt emotions significantly vary across age, marital status, education and experience of the customer interface employees.

Previous studies also supported the finding that demographic variables influence the use of Emotional labour strategies by the employees while interacting with the customers.

## **5.5 Chapter Summary**

This chapter explained the distribution of the sample based on districts, bed strength and occupations. Also the distribution of customer interface employees based on their personal profile was described. A comparative analysis between the two groups of customer interface employees was done to check whether these groups significantly differed with respect to different variables. The hypothesis that Emotional labour strategies vary across the demographic variables such as age, gender, marital status, education and work experience of the respondents was tested and explained.







*"You can't control other people, but you can control how you react to them. You can choose how you feel".*

- Anon

## Chapter **6**

### **HYPOTHESIS TESTING AND ANALYSIS OF CONCEPTUAL MODEL**

*Contents*

- 6.1 *Analysis of Data Distribution*
- 6.2 *Structural Equation Modeling*
- 6.3 *Confirmatory Factor Analysis*
- 6.4 *Analysis of Structural Model*
- 6.5 *Testing of Hypotheses*
- 6.6 *Summary of the Hypotheses Results*
- 6.7 *Integrated Model explaining Relationships*
- 6.8 *Chapter Summary*

In the present chapter, the researcher focuses on testing of hypotheses and validation of conceptual model. The chapter starts with explaining the analysis of the data distribution, confirmatory factor analysis and proceeds to the detailed data analysis. Analysis of the Structural model and testing of hypotheses were explained, followed by summary of the hypotheses results. This chapter was summarized after displaying the integrated model to explain relationships between variables.

## 6.1 Analysis of Data Distribution

In order to evaluate the appropriateness of statistical method to be used or to decide on the statistical analysis tools to be used it is essential to assess the data distribution. The researcher used descriptive statistics, box plot and normal Q-Q (quantile- quantile) plot to assess the distribution of the data. Descriptive statistics gives the details of the basic nature of the data, box plot helps in checking the outliers, and normal Q-Q plot to assess the normality.

Descriptive statistics are used to describe the basic features of the data in the study which provided simple summaries about the sample and the measures. The descriptive statistics output include the mean, minimum and maximum values and standard deviation of the variables used in the study.

The box plot is a standardized way of displaying the distribution of data based on the following: minimum, first quartile, median, third quartile, and maximum. Box plot gives a summary plot of the data set, graphically depicting the median, quartiles, and extreme values. Box plot is often considered as effective means for checking outliers in data sets. The box-and-whisker plot is an exploratory graphic, created by John W. Tukey (1970), and used to show the distribution of a dataset in a glance.

In order to graphically determine the normality, the output of a normal quantile-quantile (Q-Q) plot can be used (Park, 2008). If the data are normally distributed, the data points will be close to the diagonal line. If the data points stray from the line in an apparent non linear manner, data are not

normally distributed. The normality of data used for the study was assessed graphically by the normal Q-Q plot.

The assessment of the data distribution based on the descriptive statistics, box plot and the normal Q-Q plot was done by using the Statistical Package of Social Sciences (IBM SPSS) and was explained in the subsequent sections.

## **6.2 Structural Equation Modeling**

Structural equation modeling (SEM), a powerful multivariate statistical analysis technique was used to analyze the structural relationships between measured variables and latent constructs. This technique is the combination of factor analysis and multiple regression analysis. Structural equation modeling is also called casual modeling because it tests the proposed casual relationships. SEM usually invokes a measurement model which defines latent variables using one or more observed variables, and a structural model that imputes relationships between latent variables.

As the research objective is theory testing and confirmation, and the data is normally distributed, it is decided to select Covariance based SEM (CB-SEM) as the appropriate method for data analysis. The considerably large sample size also supported the decision.

Before modeling the inter-relationship of latent constructs in a structural model, it was needed to perform Confirmatory factor analysis for all involved latent constructs in the study. SEM using IBM AMOS was employed for hypothesis testing and validation of the measurement and structural model.

### 6.3 Confirmatory Factor Analysis

Confirmatory factor analysis (CFA) is a statistical technique used to confirm the factor structure of a set of observed variables. CFA helps the researcher to test the hypothesis that a relationship between observed variables and their underlying latent constructs exists. Confirmatory Factor Analysis (CFA) was used to understand the indicators that load on each factors and whether factors were correlated to each other. CFA evaluates a data set by confirming the underlying structure on the basis of theoretical background (Mueller, 1997). This further suggests simplification, modification, and or any required refinement in the measurement model for theory testing and examining the level of fit. Although model identification is the requirement of CFA, modification and standardized loadings (standardized regression weights) in AMOS output were the options to verify the dimensionality of the measurement or to verify the model fit.

The model fit refers to how well the proposed model explained the fitness on the basis of the correlation between variables in the data set. If all the major correlations inherent in the data set with respect to the variables are accounted for, then the fitness is established. If not, then there is substantial ‘discrepancy’ between the correlations proposed and observed which is leading to poor model fit. In order to determine the goodness of fit, there are specific measures to be calculated. The goodness of fit test measures the ‘distance’ between the data input and the dispersion and compare the distance with the acceptable threshold values. If the distance (called the test statistic) was less than the threshold value (the critical value), the fit was viewed as good. The following threshold values are calculated.

- **CMIN/ DF** - Minimum Value of the Discrepancy (CMIN) between the model and the data used the maximum likelihood estimation chi-square test to evaluate the fit of a model in Confirmatory factor analysis and modeling. CMIN/DF is the minimum discrepancy divided by its degrees of freedom or chi-square divided by its degrees of freedom. The ideal threshold value of CMIN/DF is less than 3, with accepted values between 3 and 5 (Hair, 2010).
- **CFI** - Comparative Fit Index (CFI) is a measure to assess the fit of a model in Confirmatory factor analysis and modeling .CFI compares the fit of a the hypothesized model to the fit of an independent model where the latent variables are assumed to be uncorrelated. CFI represents the ratio between the discrepancy of this target model to the discrepancy of the independence model where fit refers to the difference between the observed and predicted covariance matrices. Values that approach 1 or >0.95 indicate acceptable fit.
- **GFI** - Goodness of Fit Index (GFI) was one of the first two absolute fit indices that measured the percentage of variance and was an alternate option to chi-square test. It calculated the proportion of variance that was accounted for, by the estimated population covariance. This statistic ranges from 0 to 1 and values >0.95 indicate acceptable fit.
- **AGFI** - Adjusted Goodness of Fit Index (AGFI) was the other absolute fit indices with GFI that measured percentage of variance and was adjusted for number of parameters. Related to GFI was AGFI that adjusted the GFI based on the degrees of freedom. GFI tended to

increase as the sample size increased. As with GFI, AGFI also ranged between 0.0 and 1.0 and values  $>0.80$  indicate acceptable fit.

- **RMSEA-** Root Mean Squared Error of Approximation (RMSEA) is an absolute measure of fit was based on the non-centrality parameter. It was one of the indices based on residuals matrix that looked at the discrepancies between observed and predicted covariance. RMSEA measured the comparison between the Error of Approximation and the Error of Estimation. Error of Approximation is the lack of fit of proposed model to population data when parameters were optimally chosen. Error of Estimation is the lack of fit of proposed model with parameters chosen via fitting to the sample data to population data with optimally chosen parameters. The Error of Estimation unlike Error of Approximation was influenced by sample size. RMSEA also evaluate the fit of a model in confirmatory factor analysis and modeling, calculated as the square root of  $F0$  divided by degrees of freedom where  $F0$  is Non Centrality Parameter (NCP) divided by the number of degrees of freedom. This is similar to the CMIN/DF statistic.

RMSEA values of .05 or less are good fit,  $<.1$  to  $>.05$  are moderate, and 0.1 or greater are unacceptable.

These indices were used for testing the model fit of the measured model and the structural model.

Prior to testing the overall measurement model, Confirmatory factor analysis was done in order to check individually the unidimensionality of each construct. Hence, Confirmatory factor analysis (CFA) was done for

Emotional Display rules Scale and Emotional labour Strategy Scale to verify the factor structure.

### 6.3.1 Confirmatory Factor Analysis for Emotional Display Rules

Confirmatory Factor Analysis was done on Emotional Display rules scale with two dimensions - Positive display rules and Negative display rules. Positive display rules (PDR) consisted of four questions and Negative display rules (NDR) consisted of 3 questions. Table 6.1 shows the details of measurement items of Emotional display rules.

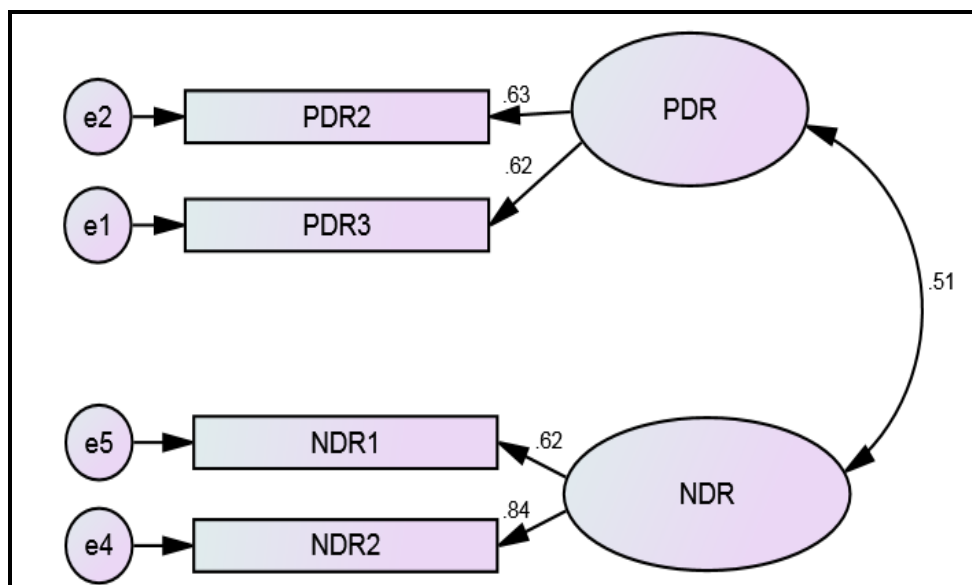
**Table 6.1: Measurement items of Emotional Display Rules**

Dimensions	Measurement items
Positive Display rules	<b>PDR 1</b> My workplace insists for cheerful service as part of my work
	<b>PDR 2</b> Part of my work is to make other people feel good
	<b>PDR 3</b> My workplace expects me to act enthusiastically in my interactions with others
	<b>PDR 4</b> My workplace expects me to express positive emotions to others as part of my work.
Negative display rules	<b>NDR 1</b> I am expected to suppress my bad moods to others at work
	<b>NDR 2</b> I am expected to hide feelings of anger at work
	<b>NDR 3</b> My workplace expects me to pretend that I am not upset at work

These items of Emotional display rules construct to measure Positive display rules and Negative display rules were subjected to Confirmatory factor analysis (CFA).

In CFA, measurement items with good measurement properties should exhibit factor loadings greater than 0.45 on their corresponding factors. The elimination of incompatible measurement item is done if the item shows a factor loading less than 0.45 (Comprey, 1973).

The Confirmatory factor analysis helped in understanding whether the hypothesized factor structure was providing a good fit to data. The model diagram extracted from CFA is shown in Figure 6.1



*PDR-Positive Display Rules, NDR-Negative display rules*

**Figure 6.1: Emotional Display Rules Model fit diagram- Extracted from CFA**

In order to check whether the test statistic is within accepted thresholds and the model shows good fit, the threshold values of measures were observed. The values obtained in CFA are listed in Table 6.2.



**Table 6.2: Threshold values of measures in CFA –Emotional Display Rules**

Measures	Threshold Values	Observed Values
CMIN/DF	<3 Ideal. The values are acceptable between 3 and 5	.122
CFI	>0.95	.992
GFI	>0.95	.998
AGFI	>0.80	.999
RMSEA	<0.05 good and 0.05 to 0.10 Moderate	.000

*CMIN - Minimum Value of the Discrepancy between the Model and the Data, CFI - Comparative Fit Index, GFI - Goodness of Fit Index, AGFI - Adjusted Goodness of Fit Index, RMSEA - Root Mean Squared Error of Approximation*

*Source: Survey Data*

The observed value of CMIN/DF was 0.122 which was less than the ideal threshold value of < 3. The observed value for CFI was 0.992, which was more than the ideal threshold value of > 0.95. The observed value of GFI was 0.998 which was more than the ideal threshold value of > 0.95. The observed value of AGFI was 0.999 which was more than the ideal threshold value of > 0.80. The observed value of RMSEA was 0.000 which was less than the ideal threshold value of < 0.05. All the observed values were within the limits of ideal threshold values and thus provided the best fit for the proposed extraction of variables. The fit indices suggested that there was adequate fit in the measurement model.

Out of the seven items, those items with statistically significant high factor loadings (>0.50) were only retained and the items that did not fit the measurement model due to low factor loadings were removed which is summarized in Table 6.3.

**Table 6.3: Measurement items of Emotional Display Rules after CFA**

Dimensions	Measurement items	Remark
Positive Display rules	<b>PDR 1</b> My workplace insists for cheerful service as part of my work	#
	<b>PDR 2</b> Part of my work is to make other people feel good	✓
	<b>PDR 3</b> My workplace expects me to act enthusiastically in my interactions with others	✓
	<b>PDR 4</b> My workplace expects me to express positive emotions to others as part of my work.	#
Negative display rules	<b>NDR 1</b> I am expected to suppress my bad moods to others at work	✓
	<b>NDR 2</b> I am expected to hide feelings of anger at work	✓
	<b>NDR 3</b> My workplace expects me to pretend that I am not upset at work	#

# Omitted due to low factor loadings  
✓ Items Retained

Items PDR 1 and PDR 4 were omitted due to the low factor loadings and items PDR 2 and PDR 3 were retained in the first factor - Positive display rules. Similarly items NDR1 and NDR 2 were retained in the second factor- Negative display rules, after omitting NDR 3 due to low factor loading. So after conducting CFA the factor structure for Emotional display rules was confirmed with two factors- Positive display rules (PDR) and Negative display rules (NDR) with two items each.

Construct validity of the measurement model of Emotional display rules was verified by means of convergent and discriminant validity.

### 6.3.2 Convergent Validity and Discriminant Validity

Convergent validity is assessed using Factor Loadings, and according to Hair et al. (2010) the Standardised Regression Weights obtained through the

AMOS should be 0.5 or higher. For ascertaining Discriminant Validity the Average Variance extracted (AVE) estimates are compared with the squared correlation between the constructs (Hair et al., 1998). If the variance extracted between the construct was higher than correlations square, discriminant validity was established.

The convergent and discriminant validity of Emotional display rules construct was verified and the details are shown in Table 6.4.

**Table 6.4: Validity of Emotional Display Rules Construct**

<b>Dimensions</b>	<b>Average Loading</b>	<b>Variance Extracted</b>	<b>Variance extracted across all the factors</b>	<b>Correlation Matrix Average</b>	<b>Squared Correlation</b>	<b>Condition for Discriminant Validity</b>
<b>Factor 1 PDR</b>	0.625	0.390	0.465	0.510	.260	Variance extracted across all the factors > Squared correlation 0.465>0.260
<b>Factor 2 NDR</b>	0.735	0.540				

The results in the table showed that all the average loadings were above 0.50, which indicated good convergent validity. The condition for Discriminant Validity was that variance extracted across all the factors should be greater than the squared correlation. In the first set of variables, Variance extracted across all the factors was greater than the Squared correlation (0.465>0.260).

The results reported good convergent and discriminant validity for the emotional display rules construct. Similarly, the model showed good fit and hence the two factor structure for emotional display rules was confirmed.

### 6.3.3 Descriptive Statistics of Emotional Display Rules

The Descriptive statistics of Emotional Display Rules Dimensions is given in Table 6.5 which describes the mean and standard deviation

**Table 6.5: Descriptive Statistics of Emotional Display Rules Dimensions**

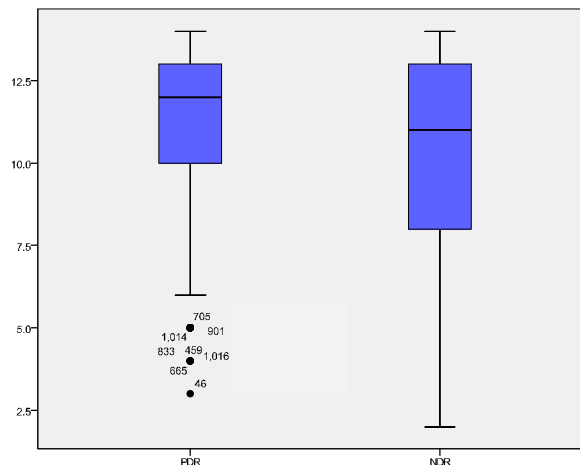
Display rules	N	Minimum	Maximum	Mean	Std. Deviation
PDR	1019	3.00	14.00	11.5182	2.34927
NDR	1019	2.00	14.00	10.1462	3.39987

*PDR-Positive Display rules, NDR- Negative Display rules*

*Source: Survey data*

The table provided details regarding the descriptive qualities of the data where N was 1019. The values of PDR ranged between 3 and 14 and NDR ranged between 2 and 14. From the table it was observed that the PDR dimension was more (mean value = 11.5182, standard deviation = 2.34927) than the NDR dimension (mean value=10.1462, std. dev. = 3.39987).

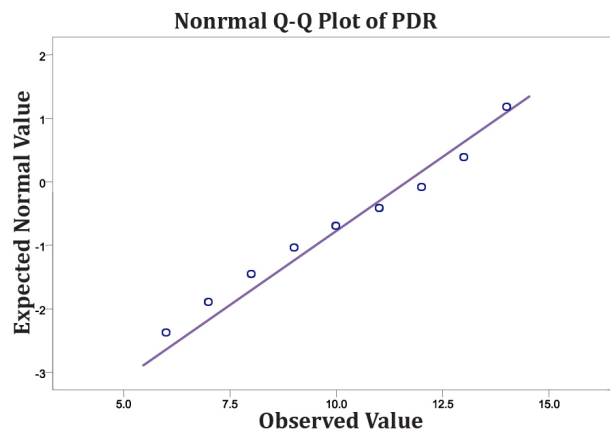
The box plot of emotional display rules is given in Figure 6.2



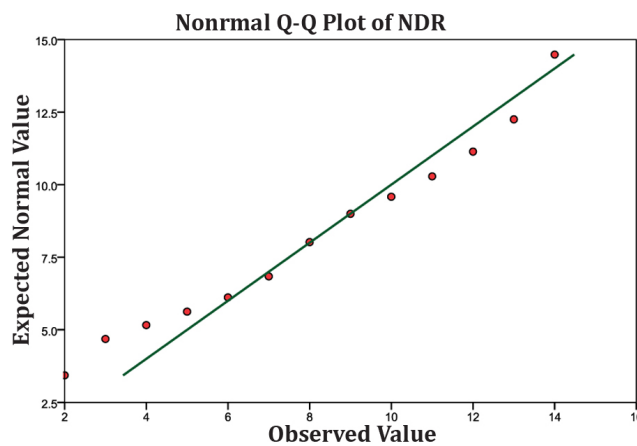
**Figure 6.2: Box Plots of Emotional Display Rules**

The box plot of emotional display rules showed that, there were no outliers in the data and so there were no extreme values to influence the mean.

The quantile-quantile (Q-Q) plot is a graph that helps to decide whether the data are normal or not. Figure 6.3 represents the Q-Q plot for Positive display rules and Negative display rules.



**Figure 6.3a: Positive Display Rules**



**Figure 6.3b: Negative Display Rules**

**Figure 6.3: Normal Q-Q plots of Emotional Display Rules**

It could be seen from Figure 6.3 that the data points were close to the diagonal line demonstrating normal distribution for positive display rules and negative display rules.

### 6.3.4 Factor Structure Confirmation Using CFA for Emotional Labour Strategy Scale

CFA was done to confirm the factor structure for Emotional labour strategy Scale with three factors - Deep acting (DA), Surface acting (SA) and Expression of naturally felt emotions (EFE) with four items, five items and 3 items respectively.

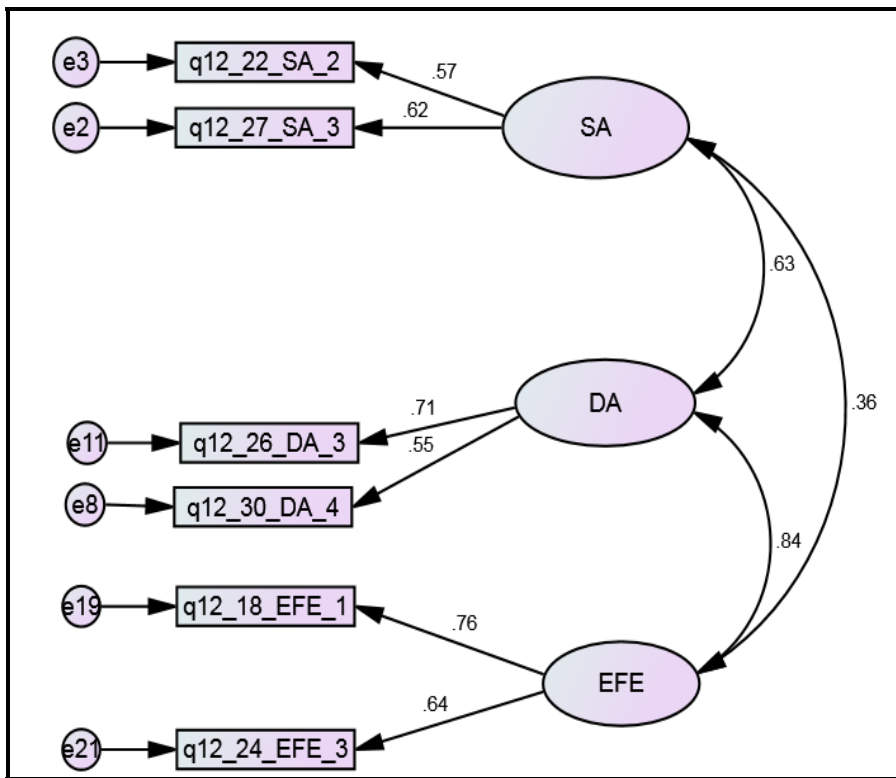
Table 6.6 represents the details of the measurement items of Emotional labour Strategy Scale.

**Table 6.6: Measurement items of Emotional labour Strategy**

Dimensions	Measurement items
Deep Acting Strategy	<b>DA 1</b> I try to develop appropriate feelings that I need to show to others at work
	<b>DA 2</b> I make an effort to actually feel the emotions that I need to display towards others at work
	<b>DA 3</b> I try to actually experience the emotions that I must show to others at work
	<b>DA 4</b> I work hard to feel the emotions that I need to show at work
Surface Acting Strategy	<b>SA 1</b> I act while interacting with others at work
	<b>SA 2</b> I put on a mask in order to display the emotions I need at work
	<b>SA 3</b> I just pretend to have the emotions I need to display
	<b>SA 4</b> I fake good mood while interacting with others at work
	<b>SA 5</b> I act to deal in an appropriate way with others
Expression of naturally felt emotions	<b>EFE 1</b> I express genuine emotions to others at work
	<b>EFE 2</b> I show the emotions that match with my spontaneous feelings to others at work
	<b>EFE 3</b> I show natural emotions to others at work

The items with statistically significant high factor loadings (>0.50) were taken and the items that did not fit the measurement model due to low factor loading were removed.

Examination of the loadings indicated that the standardized regression weights for all the factors in the model extracted were satisfactory. The model extracted from CFA is shown in Figure 6.4



**Figure 6.4: Emotional labour Strategies Model fit Diagram-extracted from CFA**

Three factors with two items each were obtained to explain Emotional labour Strategy and they are Deep acting, Surface acting and Expression of naturally felt emotions.

In order to determine the goodness of fit, specific measures were calculated. The metrics listed in Table 6.7 shows that the values observed were within the threshold limits.

**Table 6.7: Threshold values of measures in CFA –Emotional labour strategies**

Measures	Threshold Values	Observed Values
<b>CMIN/DF</b>	<3 Ideal. The values are acceptable between 3 and 5	2.83
<b>CFI</b>	>0.95	.990
<b>GFI</b>	>0.95	.965
<b>AGFI</b>	>0.80	.924
<b>RMSEA</b>	<0.05 good and 0.05 to 0.10 Moderate	.042

*CMIN - Minimum Value of the Discrepancy between the Model and the Data, CFI - Comparative Fit Index, GFI - Goodness of Fit Index, AGFI - Adjusted Goodness of Fit Index, RMSEA - Root Mean Squared Error of Approximation*

*Source: Survey Data*

The observed value of CMIN/DF was 2.83 which was less than the ideal threshold value of < 3. The observed value for CFI was 0.990, which was more than the ideal threshold value of > 0.95. The observed value of GFI was 0.965 which was more than the ideal threshold value of > 0.95. The observed value of AGFI was 0.924 which was more than the ideal threshold value of > 0.80. The observed value of RMSEA was 0.042 which was less than the ideal threshold value of < 0.05. All the observed values were within the limits of ideal threshold values and thus provided the best fit for the proposed extraction of variables.

The values from the Confirmatory Factor Analysis on Emotional labour strategy scale revealed that the model was acceptable as all the critical values fall within the acceptable ranges and was finalized to be included in the final model.



Out of the twelve items, those items with statistically significant high factor loadings (>0.50) were only retained and the items that did not fit the measurement model due to low factor loadings were removed which is summarized in Table 6.8

**Table 6.8: Measurement items of Emotional labour Strategy after CFA**

Dimensions	Measurement items	Remark
Deep Acting Strategy	DA 1 I try to develop appropriate feelings that I need to show to others at work	#
	DA 2 I make an effort to actually feel the emotions that I need to display towards others at work	#
	DA 3 I try to actually experience the emotions that I must show to others at work	✓
	DA 4 I work hard to feel the emotions that I need to show at work	✓
Surface Acting Strategy	SA 1 I act while interacting with others at work	#
	SA 2 I put on a mask in order to display the emotions I need at work	✓
	SA 3 I just pretend to have the emotions I need to display	✓
	SA 4 I fake good mood while interacting with others at work	#
	SA 5 I act to deal in an appropriate way with others	#
Expression of naturally felt emotions	EFE 1 I express genuine emotions to others at work	✓
	EFE 2 I show the emotions that match with my spontaneous feelings to others at work	#
	EFE 3 I show natural emotions to others at work	✓

# Omitted due to low factor loadings  
 ✓ Items Retained

So after conducting CFA, the factor structure identified for Emotional labour Strategy consisted of three factors- Deep Acting Strategy (DA) with items DA 3 and DA 4, Surface Acting strategy (SA) with items SA 2 and SA 3 and Expression of naturally Felt Emotions (EFE) with items EFE 1 and EFE 3. The remaining items were omitted due to the low factor loadings.

### 6.3.5 Convergent Validity and Discriminant Validity

The validity aspects of the construct measuring Emotional labour strategy dimensions are summarized in Table 6.9.

**Table 6.9: Validity of the Emotional labour Strategy Scale**

Dimensions	Average Loading	Variance Extracted	Variance extracted across all the factors	Correlation Matrix Average	Squared Correlation	Condition for Discriminant Validity
EL Factor 1 (SA)	0.59	0.3540	0.4136	0.609	0.370	Variance extracted across all the factors > Squared correlation 0.413 > 0.370
EL Factor 2 (DA)	0.63	0.3969				
EL Factor 3 (EFE)	0.70	0.4900				

Average loadings of all the three factors were above 0.50, which indicated good convergent validity. The condition for Discriminant Validity was that variance extracted across all the factors should be greater than the squared correlation. In the first set of variables, variance extracted across all the factors was greater than the Squared correlation ( $0.413 > 0.370$ ). The findings supported the validity of the constructs and indicated a good fit between the model and the collected data. Hence, the three factor structure of Emotional labour strategy was confirmed.

### 6.3.6 Descriptive Statistics of Emotional Labour Strategies

The descriptive statistics for the three Emotional labour strategies, Deep Acting, Surface Acting and Expression of naturally felt Emotions are shown in Table 6.10.

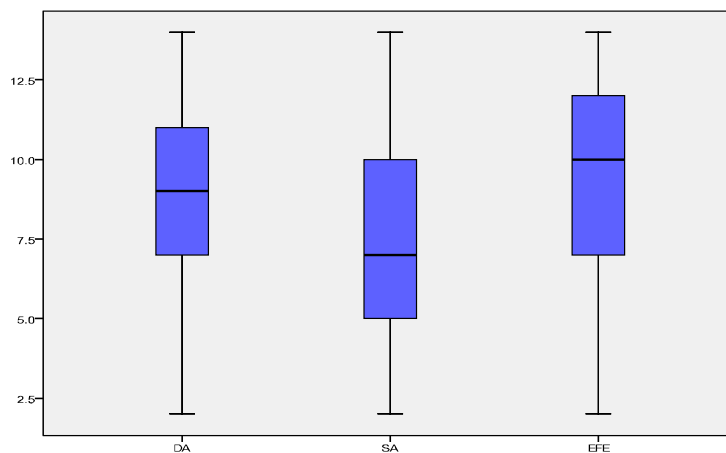
**Table 6.10: Descriptive Statistics of Emotional labour Strategies**

EL Strategies	N	Minimum	Maximum	Mean	Std. Deviation
DA	1019	2.00	14.00	8.7282	3.09409
SA	1019	2.00	14.00	7.1766	3.07857
EFE	1019	2.00	14.00	9.1609	3.39906

*DA-Deep Acting, SA- Surface Acting, EFE -Expression of Naturally felt Emotions*  
*Source: Survey data*

Based on the values of mean and standard deviation the Deep Acting strategy (mean value = 9.1609, std.dev. =3.39906) and Expression of naturally felt emotions (mean value = 8.7282, std.dev. =3.09409) were more than that of Surface Acting strategy (mean value = 7.1766, std.dev. =3.07857).

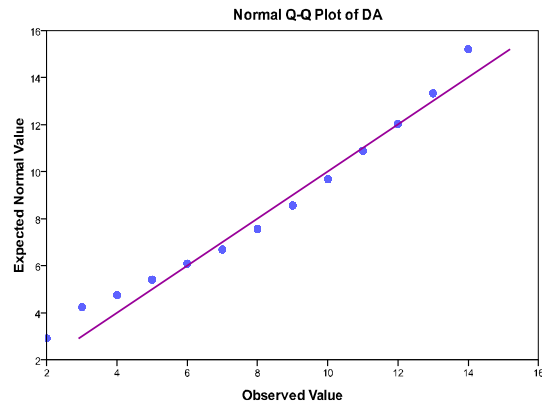
The box plot for the three Emotional labour strategies - Deep Acting, Surface Acting and Expression of Naturally felt emotions is given in Figure 6.5.



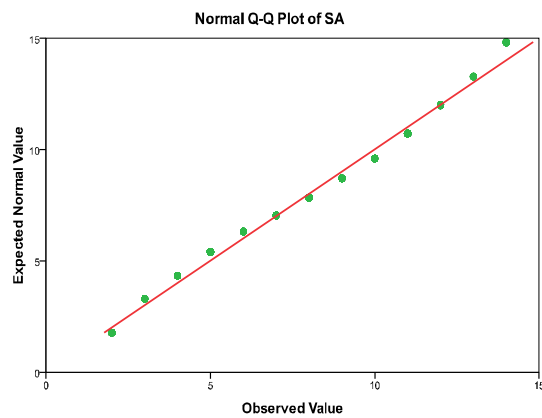
**Figure 6.5: Box plots of Emotional labour Strategies**

The box plots of the three Emotional labour strategies in the figure showed that there were no outliers in the data.

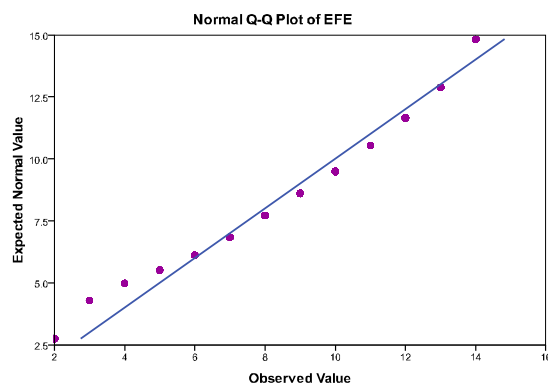
The Q-Q plots for Deep acting Strategy, Surface Acting Strategy and Expression of naturally felt emotions are shown in Figure 6.6.



**Figure 6.6a: Deep Acting Strategy**



**Figure 6.6b: Surface Acting Strategy**



**Figure 6.6c: Expression of Naturally felt emotions**

**Figure 6.6: Normal Q-Q plots of Emotional Labour Strategies**

It could be observed that the Q-Q plots for the three Emotional labour Strategies were close to the line showing a near to normal distribution.

### **6.3.7 Descriptive Statistics of Stress, Emotional Dissonance and Emotional Exhaustion**

Table 6.11 summarizes the descriptive statistics of the data for the variables emotional dissonance, stress and Emotional exhaustion variables.

**Table 6.11: Descriptive Statistics of Stress, Emotional Dissonance and Emotional Exhaustion**

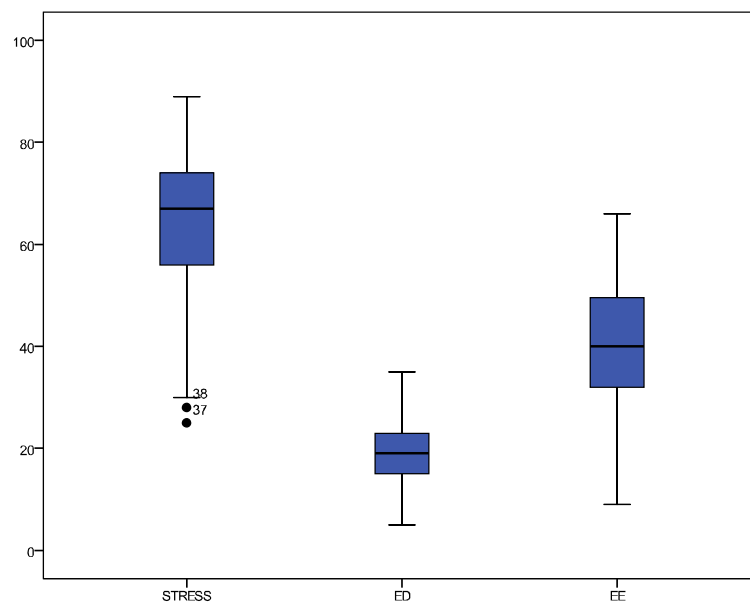
	<b>N</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Mean</b>	<b>Std. Deviation</b>
STRESS	1019	12.00	84.00	64.6506	12.12304
ED	1019	5.00	35.00	18.6261	6.07570
EE	1019	9.00	63.00	40.3641	12.32484

*ED – Emotional dissonance, EE – Emotional exhaustion*

*Source: Survey Data*

The mean value of stress ranged between 12 and 84. The mean and standard deviation values computed for Stress were 64.6506 and 12.12304. The mean value of Emotional dissonance ranged between 5 and 35. The mean and standard deviation values computed for emotional dissonance were 18.6261 and 6.07570. The mean value of Emotional exhaustion ranged between 9 and 63. The mean and standard deviation values computed for emotional dissonance were 40.3641 and 12.32484.

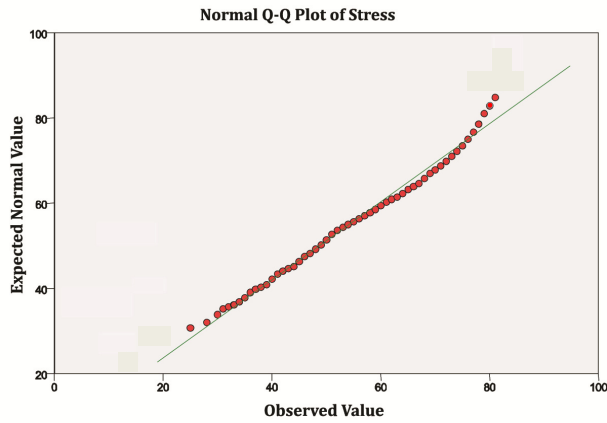
The box plots for the variables Stress, Emotional dissonance and Emotional exhaustion are shown in Figure 6.7.



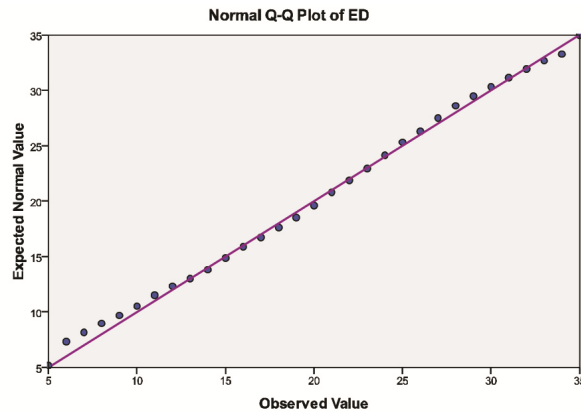
**Figure 6.7: Box Plots of Stress, Emotional Dissonance and Emotional Exhaustion**

The box plots of the Stress related outcome variables of Emotional labour - Stress, Emotional Dissonance and Emotional exhaustion showed that there were no outliers to influence the mean.

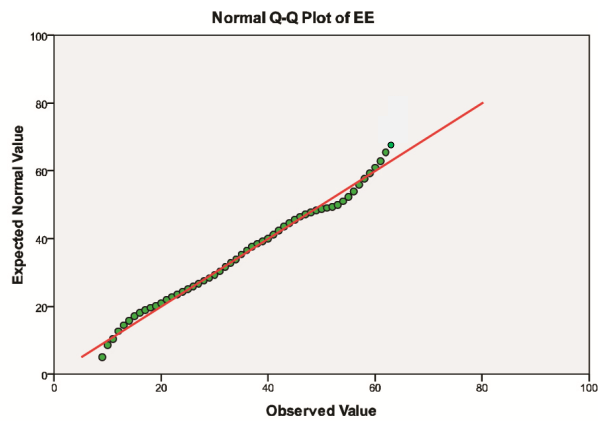
The Q-Q plots of Stress, Emotional Dissonance and Emotional exhaustion are shown in Figure 6.8.



**Figure 6.8a: Stress**



**Figure 6.8b: Emotional Dissonance**



**Figure 6.8c: Emotional Exhaustion**

**Figure 6.8: Normal Q-Q Plots of Stress, Emotional Dissonance and Emotional Exhaustion**

The normal Q-Q plots of Stress, Emotional dissonance and Emotional exhaustion described a near to normal distribution of the data. As the plots are near to the diagonal line the data showed a normal distribution.

### 6.3.8 Descriptive Statistics of Stress Management (SM)

The descriptive statistics of Stress management is explained in Table 6.12

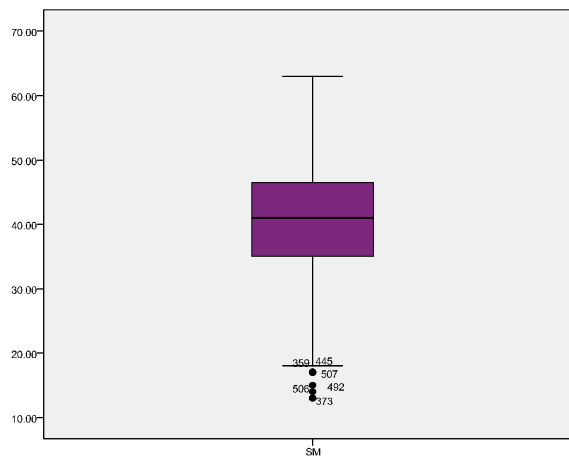
**Table 6.12: Descriptive statistics of Stress Management**

	N	Minimum	Maximum	Mean	Std. Deviation
SM	1019	13.00	63.00	40.6899	8.94131

*SM- Stress Management*

*Source: Survey Data*

The box plot of Stress management is shown in Figure 6.9.

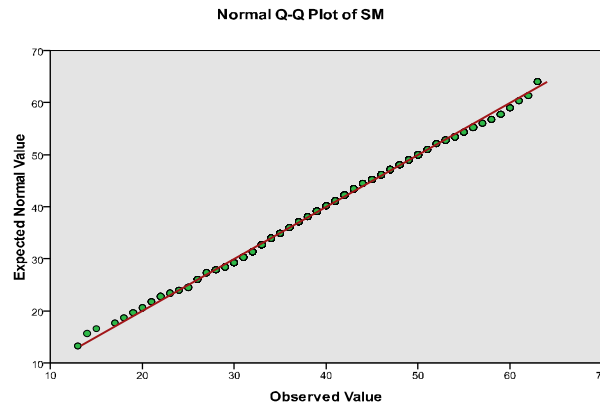


**Figure 6.9: Box plot of Stress Management**

The box plot of Stress management showed that there were no outliers in the data



The normal quantile- quantile plot of Stress Management is shown in Figure 6.10



**Figure 6.10: Normal Q-Q plot of Stress Management**

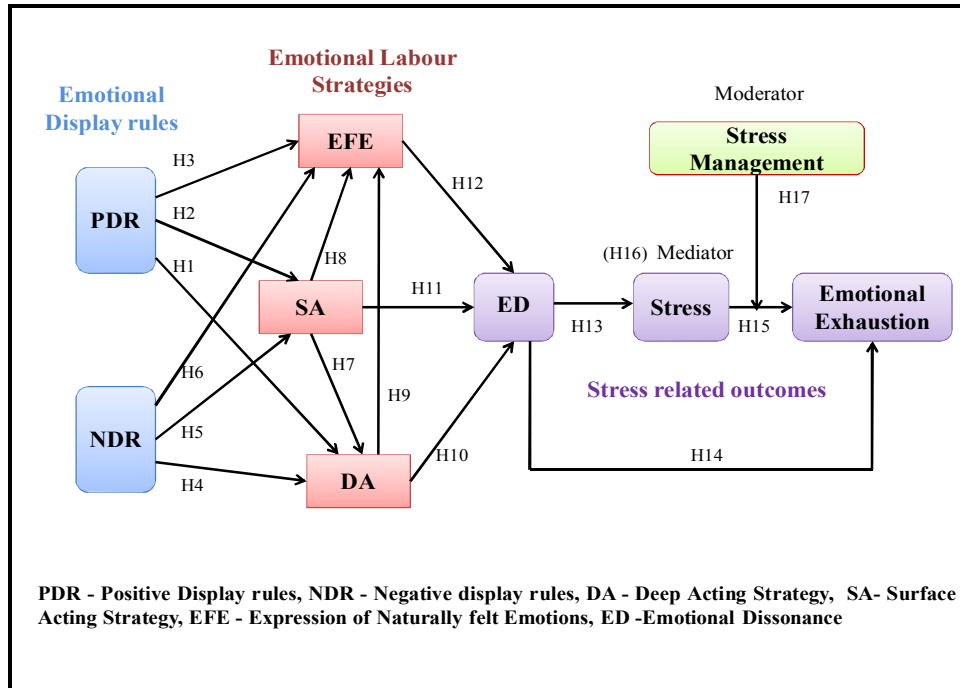
From the figure it could be observed that the data were close to the diagonal line that showed normal distribution.

The subsequent sections explain the analysis of the structural model and testing of hypotheses.

#### **6.4 Analysis of the Structural Model**

Before proceeding with the analysis of the structural model the conceptual model explained in Chapter 4 (Figure 4.5) is described.

Figure 6.11 illustrates the conceptual model with the hypothesized relationships between Emotional display rules, Emotional labour strategies and Stress related outcomes of Emotional labour. There were six constructs integrated in the model and their relationships are indicated by the seventeen hypotheses formulated.



**Figure 6.11 Conceptual Model**

Hypotheses H1 to H6 represents the relationship between Emotional display rules and Emotional labour strategies. Hypotheses H7 to H9 shows the relationship among the Emotional labour strategies. H10 to H12 represents the relationship between Emotional labour strategies and Emotional dissonance. Hypotheses H13 to H17 are about the relationships between Stress related outcomes of Emotional labour, of which H16 and H17 are tested separately as they correspond to the testing of mediation and moderation effects.

The fit of the structural model for the collected data was examined by means of Structural Equation Modeling (SEM) using IBM AMOS. The research framework was tested using SEM with maximum likelihood estimates of the model parameters.

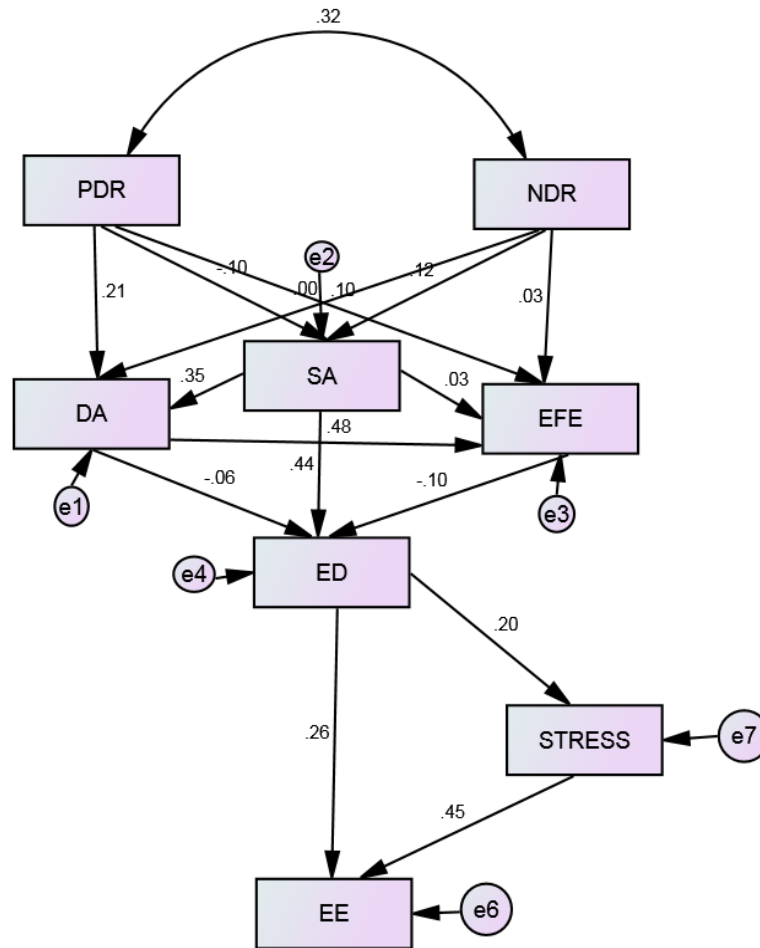


Figure 6.12: The Structural Model

### 6.4.1 The Goodness-of-Fit of the Model

The overall fit of the model was tested as explained in the Goodness-of-Fit test (Pallant, 2007). The Goodness-of-Fit test was measured comparing the test static with the threshold values. The test statistic which was the ‘distance’ between the data input and the dispersion and comparison between these distances with some threshold values were analyzed. If the test statistic

was less than the threshold value also called the critical value, the fit was viewed as good. The threshold value depended on the sample size and the significance level chosen. The fit indices usually considered for SEM analysis included the Comparative Fit Index (CFI), and the Root Mean Square Error of Approximation (RMSEA) (Hooper, Coughlan, & Mullen, 2008). The threshold values of Minimum Value of the Discrepancy between the Model and the Data (CMIN), Comparative Fit Index (CFI), Goodness-of-Fit Index (GFI), Adjusted Goodness-of-Fit Index (AGFI) and Root Mean Squared Error of Approximation (RMSEA) were calculated to ascertain whether the hypothesised model would fit the observed data.

The Goodness-of-Fit indices for the structural model were presented in Table 6.13.

**Table 6.13: Goodness-of-Fit indices for the Structural Equation Model**

Measures	Threshold Values	Observed Values
<b>CMIN/DF</b>	<3 Ideal. The values are acceptable between 3 and 5	8.695
<b>CFI</b>	>0.95	0.951
<b>GFI</b>	>0.95	0.976
<b>AGFI</b>	>0.80	0.927
<b>RMSEA</b>	<0.05 good and 0.05 to 0.10 Moderate	0.087

*CMIN - Minimum Value of the Discrepancy between the Model and the Data, CFI - Comparative Fit Index, GFI - Goodness of Fit Index, AGFI - Adjusted Goodness of Fit Index, RMSEA - Root Mean Squared Error of Approximation*

*Source: Survey Data*

The observed value of CMIN/DF was 8.695. The value was accepted to determine the good fit, as the value of <1 was acceptable. The ideal threshold values of CFI and GFI should be > 0.95. The observed values of

CFI and GFI were 0.951 and 0.976 respectively which were acceptable to determine the good fit. The observed AGFI value was 0.927 which was acceptable to determine the good fit as the ideal value should be  $>0.80$ . For RMSEA, the ideal threshold values were  $<0.05$  which showed good fit and 0.05 to 0.10 which showed moderate fit. The observed RMSEA value was 0.087 which showed that it falls in moderate range which was between 0.05 and 0.10. As the metrics obtained were within the threshold limits the model showed a good fit and the model fit was confirmed.

## **6.5 Testing of Hypotheses**

The causal relationship of each of the hypotheses and the relationship between the variables were tested and described.

### **6.5.1 Positive Display Rules and Emotional Labour Strategies**

The three hypotheses showing relationship between Positive display rules and Emotional labour strategies are as follows.

---

<b>Hypotheses</b>
-------------------

- |  |
|--|
| <b>H1:</b> There is relationship between Positive display rules (PDR) and Deep acting strategy (DA).                   |
| <b>H2:</b> There is relationship between Positive display rules (PDR) and Surface acting strategy (SA).                |
| <b>H3:</b> There is relationship between Positive display rules (PDR) and Expression of naturally felt emotions (EFE). |
- 

The results from the empirical data analysis on the basis of these hypotheses are summarized and shown in Table 6.14

**Table 6.14: Positive Display rules and Emotional Labour Strategies**

Relationship		Regression Coefficient	Std. Regression Coefficient	Sig.	Decision
Positive Display Rules	DA	0.271	0.206	p<0.05	Accepted
	SA	-0.137	-0.105	p<0.05	Accepted
	EFE	0.150	0.150	p<0.05	Accepted

*DA- Deep acting, SA- Surface acting, EFE – Expression of Naturally felt emotions*

**H1:** There is relationship between Positive display rules (PDR) and Deep acting strategy (DA).

The analysis showed that positive display rules had significant positive relationship with Deep acting. Previous studies also had found that positive display rules showed significant positive relationship with deep acting (Becker & Cropanzano 2011; Brotheridge & Grandey, 2002; Diefendorff et al., 2005). Becker and Cropanzano (2011) found that positive display rules engender deep acting.

**H2:** There is relationship between Positive display rules (PDR) and Surface acting strategy (SA).

Though previous studies showed both positive and not significant relationship between positive display rules and surface acting, the researcher found a significant negative relationship between positive display rules and surface acting.

**H3:** There is relationship between Positive display rules (PDR) and Expression of naturally felt emotions (EFE).

The analysis had found that Positive display rules and Expression of naturally felt emotions were positively related. Though earlier studies

examined the relationship of Positive display rules with Surface Acting strategy and Deep acting strategy, the relationship between positive display rules and Expression of naturally felt emotions was not found.

### 6.5.2 Negative Display Rules and Emotional Labour Strategies

The three hypotheses showing relationship between Negative display rules and Emotional labour strategies are as follows

Hypotheses
------------

- H4:** There is relationship between Negative display rules (NDR) and Deep acting strategy (DA).
- H5:** There is relationship between Negative display rules (NDR) and Surface acting strategy (SA).
- H6:** There is relationship between Negative display rules (NDR) and Expression of naturally felt emotions (EFE).

The results of the analysis of the hypotheses statements are summarized in Table 6.15.

**Table 6.15: Negative Display rules and Emotional Labour Strategies**

Relationship	Regression Coefficient	Std. Regression Coefficient	Sig.	Decision	
Negative Display Rules	DA	0.002	0.002	p>0.05	Rejected
	SA	0.111	0.123	p<0.05	Accepted
	EFE	0.028	0.028	p>0.05	Rejected

*DA- Deep acting, SA- Surface acting, EFE – Expression of Naturally felt emotions*  
 Source: Survey data

**H4:** There is relationship between Negative display rules (NDR) and Deep acting strategy (DA).

Negative display rules (NDR) showed no significant relationship with deep acting. This was consistent with the findings of Diefendorff et al. (2005) which described that negative display rules were not significantly related to deep acting.

**H5:** There is relationship between Negative display rules (NDR) and Surface acting strategy (SA).

Negative display rules (NDR) showed significant positive relationship with Surface acting strategy. According to Becker and Cropanzano (2011), negative display rules create surface acting. Brotheridge and Grandey (2002) in their study on service and non service jobs and Diefendorff et al. (2005) in their study among students doing people work across various occupations found that Negative display rules were positively related to Surface acting strategy.

**H6:** There is relationship between Negative display rules (NDR) and Expression of naturally felt emotions (EFE).

The analysis revealed that there was no significant relationship between negative display rules and expression of naturally felt emotions. This was contrary to the findings of Diefendoff et al. (2005) that “Although not hypothesized, negative display rules were a significant predictor of the expression of naturally felt Emotions” (p.351).

Analysis of the hypotheses H1 to H6 stating the relationship between emotional display rules and Emotional labour strategies revealed that Positive display rule was a positive predictor of Deep acting strategy and



Expression of naturally felt emotions but was a negative predictor of Surface acting strategy. Negative display rules were a positive predictor of Surface acting strategy, although they were not related to Deep acting strategy and Expression of naturally felt emotions.

### 6.5.3 Relationship Among Emotional Labour Strategies

The three hypotheses about the relationship between Emotional labour strategies are:

<b>Hypotheses</b>	
<b>H7:</b>	There is relationship between Surface acting strategy (SA) and Deep acting strategy (DA).
<b>H8:</b>	There is relationship between Surface acting strategy (SA) and Expression of naturally felt emotions (EFE).
<b>H9:</b>	There is relationship between Deep acting strategy (DA) and Expression of naturally felt emotions (EFE).

Table 6.16 shows the analysis of the hypotheses about the inter relationship among Emotional labour Strategies.

**Table 6.16: Relationship among Emotional Labour strategies**

Relationship		Regression Coefficient	Std. Regression Coefficient	Sig.	Decision
SA	DA	0.352	0.351	P<0.05	Accepted
SA	EFE	0.038	0.035	P>0.05	Rejected
DA	EFE	0.529	0.482	p<0.05	Accepted

*DA- Deep acting, SA- Surface acting, EFE – Expression of Naturally felt emotions*

*Source: Survey data*

**H7:** There is relationship between Surface acting strategy (SA) and Deep acting strategy (DA).

From table 6.16, it was evident that Surface acting was positively related to Deep acting. It was often presumed that surface acting and deep acting were mutually exclusive. Recent studies and meta-analytic results revealed a positive relationship among the strategies (Hülshager & Schewe, 2011), suggesting that employees may use both the strategies during their customer interface (Beal & Trougakos, 2013).

**H8:** There is relationship between Surface acting strategy (SA) and Expression of naturally felt emotions (EFE).

Surface acting (SA) showed no significant relationship to Expression of naturally felt emotions (EFE).

**H9:** There is relationship between Deep acting strategy (DA) and Expression of naturally felt emotions (EFE).

From the analysis it was evident that Deep acting also showed significant positive relationship with Expression of naturally felt emotions showing the complementary nature of Deep acting and Expression of naturally felt emotions.

The analysis of the hypotheses H7 to H9 showed results consistent with the study of Gabriel et al. (2015) in their latent profile analysis that there was positive correlation among regulation strategies which confirmed that the strategies could co - exist within individuals at comparable levels and could be used in tandem.

### 6.5.4 Emotional Labour Strategies and Emotional Dissonance

The three hypotheses about the relationship between Emotional labour strategies and Emotional dissonance are as follows.

#### Hypotheses

**H10:** Deep Acting (DA) strategy is negatively related to Emotional dissonance (ED).

**H11:** Surface acting (SA) strategy is positively related to Emotional dissonance.

**H12:** Expression of naturally felt emotions (EFE) is negatively related to Emotional dissonance (ED).

The results of the analysis of the three hypotheses are demonstrated in Table 6.17.

**Table 6.17: Emotional Labour Strategies and Emotional dissonance**

Relationship		Regression Coefficient	Std. Regression Coefficient	Sig.	Decision
DA	Emotional dissonance	-0.114	-0.058	p<0.05	Accepted
SA		0.863	0.437	p<0.05	Accepted
EFE		-0.176	-0.099	P>0.05	Rejected

*DA- Deep acting, SA- Surface acting, EFE – Expression of Naturally felt emotions*

*Source: Survey data*

**H10:** Deep acting (DA) strategy is negatively related to Emotional dissonance (ED)

The hypothesis that Deep acting was negatively related to Emotional dissonance was accepted. Deep acting showed negative relationship with

Emotional dissonance which was similar to the argument of Grandey (2003) that Deep acting might minimize Emotional dissonance.

**H11:** Surface acting (SA) strategy is positively related to Emotional dissonance (ED)

Surface acting showed positive relationship with Emotional dissonance. Earlier empirical research explained that employees who engaged in surface acting consequently experience Emotional dissonance (Abraham, 1998; Morris & Feldman, 1997).

**H12:** Expression of naturally felt emotions (EFE) is negatively related to Emotional dissonance

Expression of naturally felt emotions (EFE) showed no significant relationship to Emotional dissonance.

Analysis of the hypotheses H10 to H12 revealed that the more the employees adopted surface acting, the more the Emotional dissonance they experienced. On the other hand, the more the employees adopted deep acting, the less the Emotional dissonance they experienced. The relationship between Expression of naturally felt emotions (EFE) and Emotional dissonance (ED) was found not significant.

### 6.5.5 Emotional Dissonance and Stress

The relation between Emotional dissonance and Stress is hypothesized as follows:

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Hypothesis
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<b>H13:</b> Emotional dissonance (ED) is positively related to Stress
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The analysis of the hypothesis is summarized in Table 6.18.

**Table 6.18: Emotional Dissonance and Stress**

Relationship		Regression Coefficient	Std. Regression Coefficient	Sig.	Decision
ED	Stress	0.389	0.198	p<0.05	Accepted

*ED- Emotional dissonance*

Table 6.16 showed that Emotional dissonance is positively related to stress. It was proved from previous studies that Emotional dissonance was an antecedent of stress. Consistent to the finding of Lewig and Dollard (2003), this study also found that Emotional dissonance resulted in greater job stress.

### 6.5.6 Emotional Dissonance and Emotional Exhaustion

The relationship between Emotional dissonance and Emotional Exhaustion is hypothesized as follows.

#### **Hypothesis**

**H14:** Emotional dissonance (ED) is positively related to Emotional Exhaustion (EE)

The analysis of the relationship between Emotional dissonance and Emotional Exhaustion is demonstrated in Table 6.19

**Table 6.19: Emotional Dissonance and Emotional Exhaustion**

Relationship		Regression Coefficient	Std. Regression Coefficient	Sig.	Decision
ED	EE	0.535	0.264	p<0.05	Accepted

*ED- Emotional dissonance, EE- Emotional Exhaustion*  
*Source: Survey data*

Consistent with the findings that Emotional dissonance and Emotional exhaustion were positively related (Abraham, 1998; Morris & Feldman, 1997), the analysis of the hypothesis in this study also showed significant positive relationship between Emotional dissonance and Emotional exhaustion. Empirical studies among various service workers supported the argument that higher Emotional dissonance would lead to intense Emotional exhaustion (Cheung and Tang, 2007; Heuven & Bakker, 2003; Lewig & Dollard, 2003).

### 6.5.7 Stress and Emotional Exhaustion

The hypothesis explaining the relation between Stress and Emotional Exhaustion is as follows:

#### Hypothesis

**H15:** Stress is positively related to Emotional Exhaustion (EE)

Table 6.20 depicts the analysis of hypothesized relation between Stress and Emotional exhaustion.

**Table 6.20: Stress and Emotional Exhaustion**

Relationship		Regression Coefficient	Std. Regression Coefficient	Sig.	Decision
Stress	EE	0.462	0.449	p<0.05	Accepted

*EE- Emotional Exhaustion*

*Source: Survey data*

The researcher found that there was significant positive relationship between Stress and Emotional exhaustion. Emotional exhaustion, a key component of burnout (Maslach, 1982) was considered as a specific stress-related reaction. According to Wright and Cropanzano (1998) Emotional exhaustion is a chronic state of physical and emotional depletion that resulted from excessive job and/or personal demands and continuous stress. Consistent to the previous findings, it could be confirmed that emotional exhaustion, the prime component of burnout was caused from prolonged stress.

#### **6.5.8 Establishing the Existence of Mediating Role of Stress**

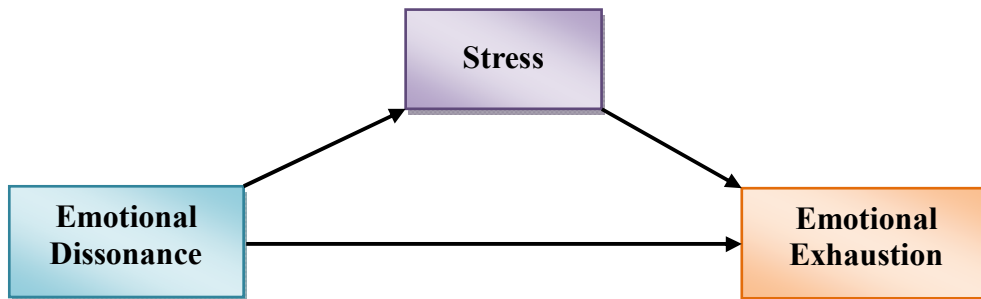
A mediation model helps to identify the mechanism that explicates an observed relationship between an independent variable and a dependent variable via the inclusion of a third intervening variable, known as the mediator variable. This mediator variable acts as a dependent variable with respect to the independent variable and as an independent variable with respect to the dependent variable. The mediating relationship happens when the intervening mediator variable plays a vital role in the relationship between the other two variables.

The hypothesis framed to test the mediation effect of Stress is as follows:

<b>Hypothesis</b>
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<b>H16:</b> Stress mediates the relationship between Emotional dissonance (ED) and Emotional exhaustion (EE).
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The diagram showing the mediation of Stress the relationship between Emotional dissonance and Emotional exhaustion is depicted in Figure 6.13.



**Figure 6.13: Diagram showing Mediation of Stress**

Baron and Kenny's (1986) technique was used for testing the predicted mediation of stress on Emotional dissonance–Emotional exhaustion relationship. According to this method, mediation is supported if the following conditions are satisfied.

- 1) Independent variable - Emotional dissonance relates to the dependent variable -Emotional exhaustion
- 2) Independent variable relates to the mediating variable – Stress
- 3) Mediating variable relates to dependent variable
- 4) Relationship of the independent variable with dependent variable is significantly reduced in partial mediation or remains no longer significant in full mediation, when controlled for mediator. All of these correlations should be significant.

Partial correlation was done to check whether mediation is supported based on the above conditions. The Partial Correlation results are depicted in Table 6.21.



**Table 6.21: Partial Correlation Results**

Control Variables		Emotional Exhaustion (EE)	Stress
-none-	Emotional Dissonance (ED)	Correlation .352**	.198 **
	Stress	Correlation .501**	1.000

*\*\*Correlation is significant at the 0.01 level (2-tailed)*  
*Source: Survey data*

The results showed the correlation between (i) Emotional Dissonance to Emotional Exhaustion, ( $r = 0.352$ ) (ii) Emotional Dissonance to Stress ( $r = 0.198$ ) and (iii) Stress to Emotional Exhaustion ( $r = 0.501$ ) All were found significant. So the first three conditions were satisfied.

In order to trace the mediation effect, Stress was taken as the control variable and partial correlation was attempted. Table 6.22 described the correlation between Emotional dissonance and Emotional exhaustion when controlled for the mediating variable-Stress.

**Table 6.22: Partial Correlation when controlled for Mediating variable**

Control Variables	Emotional Exhaustion (EE)
STRESS Emotional Dissonance (ED)	Correlation .299**

*\*\*Correlation is significant at the 0.01 level (2-tailed)*  
*Source: Survey data*

Table 6.22 showed that when Stress was taken as the control variable, correlation co-efficient of Emotional dissonance to Emotional exhaustion was found to be decreasing from 0.392 to 0.299, satisfying the fourth condition for mediation. Correlation again was found significant.

Additionally, Sobel test (Sobel, 1982) was conducted for further examination of the evidence of mediation effect of Stress on the Emotional dissonance and Emotional exhaustion along with Aroian test and Goodman test (Aroian, 1944, 1947; Goodman, 1960) which was explained in Table 6.23.

**Table 6.23: Mediation effect of Stress**

	<b>Input</b>	<b>Model</b>	<b>Test statistic</b>	<b>Std. Error</b>	<b>p-value</b>
<b>A</b>	0.389	<b>Sobel</b>	5.97555347	0.03007554	p<0.05
<b>B</b>	0.462	<b>Aroian</b>	5.96661356	0.0301206	p<0.05
<b>S<sub>a</sub></b>	0.061	<b>Goodman</b>	5.98453368	0.03003041	p<0.05
<b>S<sub>b</sub></b>	0.027				

*Source: Survey data*

‘a’ is the unstandardized regression co-efficient for the association between Independent variable - Emotional dissonance and the mediating variable - Stress. S<sub>a</sub> is the Standard Error of a.

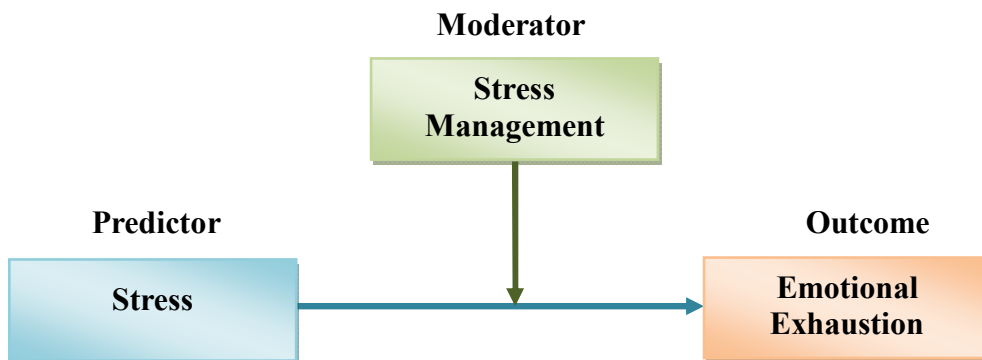
‘b’ is the unstandardized regression co-efficient for the association between the mediating variable -Stress and the dependent variable -Emotional exhaustion. S<sub>b</sub> is the Standard Error of b.

All the models to prove the mediation effect was found significant (Sobel = 5.975, Aroian = 5.966, Goodman = 5.984 p<0.05). It could be concluded that Stress partially mediated the relationship between Emotional dissonance and Emotional exhaustion. So it was proved that stress mediated the relationship between Emotional dissonance and emotional exhaustion.

### 6.5.9 Moderation of Stress Management

The most important theoretical underpinnings of moderation could be found in the studies of Baron and Kenny (1986) and Venkatraman (1989). A moderator was a qualitative or quantitative variable that affected the direction and/or strength of a relationship between an independent and dependent variable. Moderation could be explained as the alteration of the effect of a variable on an outcome.

Figure 6.14 represents the moderation in which stress management is the moderator, stress is the predictor variable and emotional exhaustion is the outcome variable.



**Figure 6.14: Diagram showing Moderation of Stress Management**

The purpose was to test whether stress management moderated the effect of stress on emotional exhaustion and hence the following hypothesis was formulated.

#### **Hypothesis**

**H17:** Stress management (SM) moderates the effect of stress on emotional exhaustion (EE)

The researcher examined the moderating effect using ‘two way moderation interaction effect’ (Aiken & West, 1991; Dawson, 2013; Dawson & Richter, 2006) and included the following steps:-

- (1) Standardizing the variables by generating the Z score for Independent variable - Stress, moderating variable - Stress Management and Dependent variable -Emotional Exhaustion.
- (2) Generating the interaction effects
- (3) Regressing to find the unstandardized coefficients for Dependent variable, Independent variable and the Moderator
- (4) Calculating and plotting the interaction

It is recommended that the independent variable and moderator are standardized before calculation of the interaction term (Dawson, 2013). Regression analysis was attempted for the independent variable - Stress, moderator variable - Stress management and the interaction term - Stress x Stress management and Table 6.24 depicts the results.

**Table 6.24: Co-efficients of the Variables and Interaction effect**

Model	Unstandardized Coefficients		Sig.
	B	Std. Error	
1 (Constant)	-.008	.027	.048
Zscore: STRESS	.500	.027	.000
Zscore: Stress Management	-.071	.027	.009
Interaction_Stress*SM	-.068	.025	.007

a. Dependent Variable: Z score: Emotional Exhaustion

Source: Survey data

From the results it is found that values are significant for Stress ( $\beta = .500, p < .05$ ), Stress management ( $\beta = -.071, p < .05$ ) and the interaction term. The product or interaction term should be significant for calculating the interaction effect. The interaction of Stress and Stress management was significant ( $\beta = -.068, p < .05$ ).

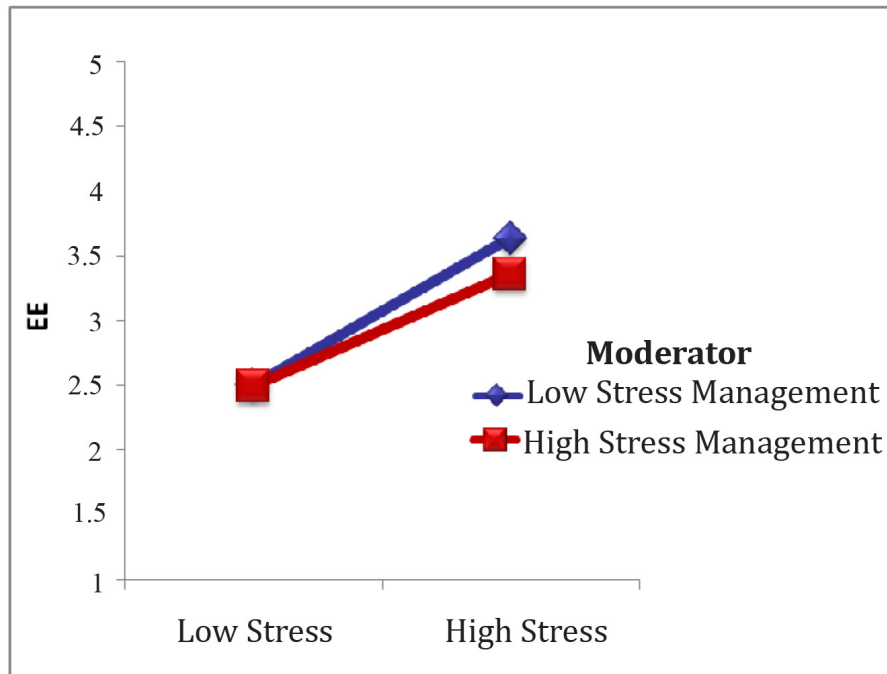
The interaction effect of Stress and Stress management is calculated with low and high levels of Stress and Stress management. Table 6.25 shows the calculation of the Interaction effect of Stress and Stress Management.

**Table 6.25: Calculation of the Interaction effect**

	Low Stress	High Stress	The Moderation effect
<b>Low Stress Management</b>	2.503	3.639	Moderator dampens the positive relationship between STRESS and EE
<b>High Stress Management</b>	2.497	3.361	

It can be noticed that the effect of Stress differed depending on the level of the moderating variable - Stress management. With high Stress management, the effect of Stress on Emotional exhaustion is low. When there is low Stress management, the effect of Stress on Emotional exhaustion is low.

A two way interaction model was also plotted by using the procedures of Aiken and West (1991) and Dawson and Richter (2006) to show the two way moderating effect. The values plotted represented high and low levels of Stress Management in terms of Stress and Emotional Exhaustion (EE). Figure 6.15 represents the Moderation interaction effect plot.



**Figure 6.15: Moderation Interaction Effect Plot**

As shown in Figure 6.15, the positive association between Stress and Emotional Exhaustion was less when there was high Stress management. The positive relationship between Stress and Emotional Exhaustion was high when there was low Stress management. So it was evident that, Stress management was a significant moderator in the relationship between Stress and Emotional Exhaustion (EE).

## 6.6 Summary of the Hypotheses Results

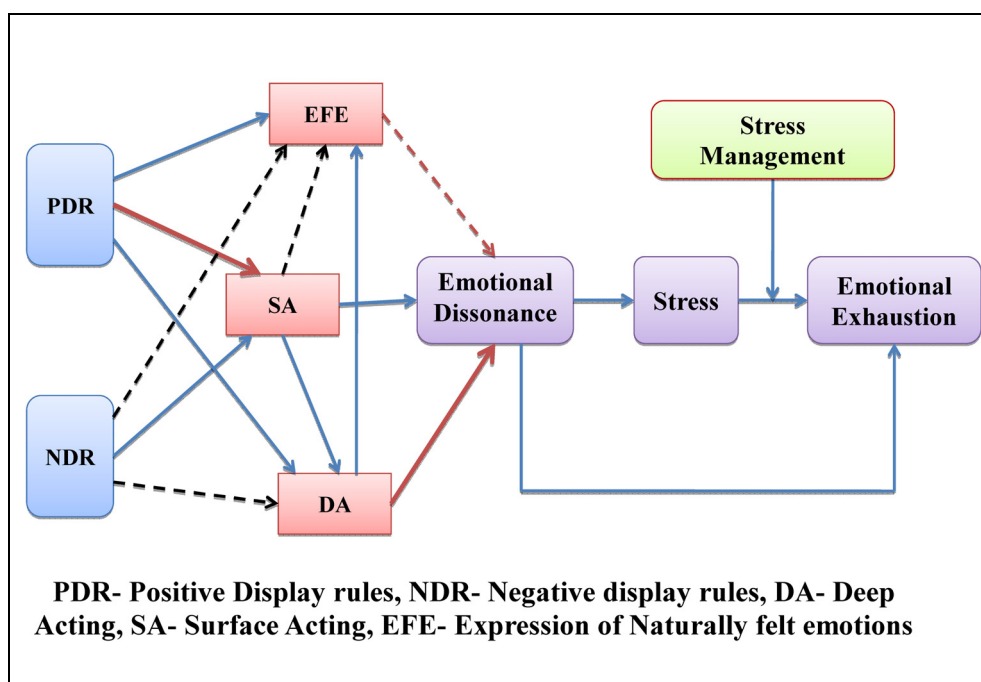
The table 6.26 shows the results of **H1** to **H17** hypotheses tested from the model explaining the relationship between the variables. The results of the hypothesis (**H18**) were explained in detail in the previous chapter.

**Table 6.26: Summary of the Hypotheses Results**

	<b>Hypothesis Statements</b>	<b>Results</b>
<b>H1</b>	There is relationship between Positive display rules (PDR) and Deep acting strategy (DA).	Accepted
<b>H2</b>	There is relationship between Positive display rules (PDR) and Surface acting strategy (SA).	Accepted
<b>H3</b>	There is relationship between Positive display rules (PDR) and Expression of naturally felt emotions (EFE).	Accepted
<b>H4</b>	There is relationship between Negative display rules (NDR) and Deep acting strategy (DA).	Rejected
<b>H5</b>	There is relationship between Negative display rules (NDR) and Surface acting strategy (SA).	Accepted
<b>H6</b>	There is relationship between Negative display rules (NDR) and Expression of naturally felt emotions (EFE).	Rejected
<b>H7</b>	There is relationship between Surface acting strategy (SA) and Deep acting strategy (DA).	Accepted
<b>H8</b>	There is relationship between Surface acting strategy (SA) and Expression of naturally felt emotions (EFE).	Rejected
<b>H9</b>	There is relationship between Deep acting strategy (DA) and Expression of naturally felt emotions (EFE).	Accepted
<b>H10</b>	Deep acting strategy (DA) is negatively related to Emotional dissonance (ED)	Accepted
<b>H11</b>	Surface acting strategy (SA) is positively related to Emotional dissonance (ED)	Accepted
<b>H12</b>	Expression of naturally felt emotions(EFE) is negatively related to Emotional dissonance (ED)	Rejected
<b>H13</b>	Emotional dissonance (ED)is positively related to Stress	Accepted
<b>H14</b>	Emotional dissonance(ED) is positively related to Emotional Exhaustion (EE)	Accepted
<b>H15</b>	Stress is positively related to Emotional Exhaustion (EE)	Accepted
<b>H16</b>	Stress mediates the relationship between Emotional dissonance (ED) and emotional exhaustion(EE)	Accepted
<b>H17</b>	Stress management (SM) moderates the effect of stress on emotional exhaustion (EE)	Accepted

### 6.7 Integrated Model Explaining the Relationships between Variables

The model in figure 6.16 depicts the relationships between variables except the mediation effect of stress and the relationship with the demographic variables.



\*\* dotted lines show the insignificant relationships

**Figure 6.16: Integrated Model depicting the Relationships**

In the figure, blue solid lines demonstrated the significant positive relationship and the red solid lines showed the significant negative relationship. All the dotted lines illustrated the not significant relationship.



## **6.8 Chapter Summary**

This chapter dealt with testing of the hypothesized relationships between variables and analyses of the model. Confirmatory factor analysis was done in order to confirm the measurement models and assessing the convergent and discriminant validity. SPSS was used for analyzing the data distribution by checking the outliers, testing the normality and verifying the output of descriptive statistics. SEM using AMOS was used for testing hypotheses and validating the structural model. The causal relationship between the variables used for the study in the model was evaluated testing the overall fit of the model centered on the goodness-of-fit test. Mediation effect and moderation effect of the variables were also examined and explained. Finally the results of each hypothesis were summarized and illustrated in the model.

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*"The problem is not with emotionality but with appropriateness of emotions and its expressions".*

- Aristotle

## Chapter 7

### FINDINGS, IMPLICATIONS AND CONCLUSION

<i>Contents</i>	7.1 <i>Overview of the Thesis</i>
	7.2 <i>Findings and Discussion</i>
	7.3 <i>Theoretical Implications</i>
	7.4 <i>Practical Implications</i>
	7.5 <i>Scope for Future Research</i>
	7.6 <i>Conclusion</i>

This final chapter of the thesis presents an overview of the thesis, findings and discussion. The chapter also discusses the theoretical and practical implications. Further, it deals with the scope for future research and ends with conclusion.

#### 7.1 Overview of the Thesis

The major objective of the study was to explore and explain Emotional display rules and Emotional labour strategies as antecedents of Stress related outcomes among the customer interface employees in selected allopathic private hospitals in Kerala. The study was based on primary data

collected through questionnaire survey from the selected customer interface employees. The conceptual model for empirical testing was developed based on literature review of relevant theoretical contributions. Data was collected from 1019 customer interface employees including nurses, other paramedical staff and front desk employees of the selected allopathic private hospitals in Kerala. Analysis of the data was carried out by employing appropriate statistical methods for drawing meaningful results and interpretation.

This chapter provides the summary of findings based on data analysis and their interpretation followed by describing theoretical and practical implications and highlighting the scope for future research.

## **7.2 Findings and Discussion**

The summary of findings and discussion based on the objectives and corresponding hypotheses are explained below.

### **7.2.1 Relationship between Emotional Display rules and Emotional Labour Strategies**

The first objective was to study the relationship between Emotional display rules and Emotional labour Strategies. The findings and discussion of the six tested hypotheses based on this objective are as follows.

- The hypothesis that there is relationship between Positive display rules and Deep acting strategy is accepted. Positive display rules are positively related to Deep acting strategy.
- The hypothesis that there is relationship between Positive display rules and Surface acting strategy is accepted. It is a negative predictor of Surface acting strategy.

- The hypothesis that there is relationship between Positive display rules and Expression of naturally felt emotions is accepted. Positive display rules are positively related to Expression of naturally felt emotions
- The hypothesis that there is relationship between Negative display rules and Deep acting strategy is not accepted. Negative display rules showed no significant relation to Deep acting strategy.
- The hypothesis that there is relationship between Negative display rules and Surface acting strategy is accepted. Negative display rules are positively related to Surface acting strategy.
- The hypothesis that there is relationship between Negative display rules and Expression of naturally felt emotions is rejected. Negative display rules are not related to Expression of naturally felt emotions.

Based on the results, it was found that Positive display rules always encouraged the customer interface employees to deep act and come out with positive emotions. Hence, Positive display rules could be considered as a significant predictor of Deep acting strategy. The guidelines to express positive emotions through Positive display rules may create a feeling in the mind of the employees to reduce faking of emotion thereby not to surface act and come out with a positive genuine expression.

Expression of naturally felt emotions is a strategy where employees express genuinely felt emotions that are appropriate for the interactions. If the felt emotions of employees aligned with display rules, then they may use

the strategy of Expression of naturally felt emotions during customer interactions. The guidelines to display appropriate emotions by means of Positive display rules may generate the same required feelings spontaneously in the mind of the employees. For example, the guidelines like ‘be empathetic’ or ‘be cheerful’ at the encounter can increase the possibility for the customer interface employees to spontaneously feel and experience the same emotions required.

When the display rule is demanding to hide negative emotions through Negative display rules, Surface acting occurs more often as suggested by Brotheridge and Grandey (2002). While employees perceive the need of suppressing negative emotions through Negative display rules during interactions, they focus to hide the negative emotions through faking rather than attempting to experience or express required emotions. So prescribing rules by the organization to tell ‘what not to express’ to the customer interface employees will result in faking the desirable emotions (Diefendorff et al., 2005).

This suggests that when the employees perceive the need of displaying positive emotions through Positive display rules in interactions, the customer interface employees focus to express and experience positive emotions through strategies like Deep acting and Expression of felt emotions rather than faking or masking emotions through the strategy of Surface acting. Therefore, it is evident that by means of conveying organizational norms to show positive emotions provide more clarification for the employees to use the strategies of Deep acting and Expression of naturally felt emotions more often and to reduce the use of Surface acting strategy. Positive display rules drive Deep acting strategy and Expression of

naturally felt emotions and Negative display rules drive Surface acting strategy.

From the analysis it is revealed that Positive display rule is a positive predictor of Deep acting strategy and Expression of naturally felt emotions, but is a negative predictor of Surface acting strategy. Whereas, Negative display rule is a positive predictor of Surface acting strategy, but not related to Deep acting strategy and Expression of naturally felt emotions. So it is proved that Deep acting strategy and expression of genuine feelings are driven by Positive display rules and Surface acting strategy is driven by Negative display rules.

### **7.2.2 Relationship among Emotional Labour Strategies**

The second objective was to examine the relationship among the Emotional labour Strategies. The findings and discussion based on of the three tested hypotheses are given below.

- The hypothesis that there is relationship between Deep acting strategy and Surface acting strategy is accepted. There exists a positive relationship between the two strategies.
- The hypothesis that there is relationship between Surface acting strategy and Expression of naturally felt emotions is rejected. Surface acting strategy is not related to Expression of naturally felt emotions.
- The hypothesis that there is relationship between Deep acting strategy and Expression of naturally felt emotions is accepted. There is a positive relationship between the two strategies.

There existed a positive relationship among the Emotional labour strategies. Surface acting strategy was positively related to Deep acting strategy. Deep acting strategy was positively related to Expression of naturally felt emotions. But the relationship between Surface acting and Expression of naturally felt emotions was not significant. The results showed the complementary nature of Surface acting strategy and Deep acting strategy as well as that of Deep acting strategy and Expression of naturally felt emotions which implied that these strategies may occur simultaneously during the interactions of customer interface employees. In other words, customer interface employees may use strategies interchangeably to reappraise the situation while interacting with customers. This may be because an employee in a service recovery phase may switch from Surface acting strategy to Deep acting strategy, as suggested by Gabriel (2013).

Consistent with the view, as described by Gabriel et al. (2015) in their latent profile analysis, the regulation strategies were positively related which confirmed that the Emotional labour strategies can be used simultaneously and interchangeably. The results, therefore, suggests that Surface acting strategy and Deep acting strategy may be more complimentary of each other than being as opposing constructs. Similarly Deep acting strategy and Expression of naturally felt emotions can occur simultaneously.

### **7.2.3 Relationship between Emotional Labour Strategies and Emotional Dissonance**

The third objective was to understand the relationship between the three Emotional labour Strategies and Emotional dissonance. The findings and discussion of the three tested hypotheses based on this objective are as follows.



- The hypothesis that Deep acting strategy is negatively related to Emotional dissonance is accepted.
- The hypothesis that Surface acting strategy is positively related to Emotional dissonance is accepted.
- The hypothesis that Expression of naturally felt emotions is negatively related to Emotional dissonance is rejected.

Deep acting showed negative relationship with Emotional dissonance. Expression of naturally felt emotions showed no significant relationship with Emotional dissonance. But Surface acting strategy showed positive relationship with Emotional dissonance. It can therefore, be inferred that employees who engaged in Surface acting consequently experienced Emotional dissonance. When the employees used Surface acting strategy more, they experienced more Emotional dissonance. On the other hand, when employees adopted Deep acting more, they experienced less or no Emotional dissonance.

This is because Deep acting involves alteration of inner feelings thereby increasing authentic feelings of employees and thus decreases their Emotional dissonance. From the results, it can be concluded that Deep acting strategy may be used to deal with the stressor - Emotional dissonance, as Deep acting strategy reduces Emotional dissonance.

But when employees surface act, their felt emotions are faked or masked and results in Emotional dissonance due to the discrepancy between displayed and felt emotions. The conflict in the mind of the customer interface employees that occurred due to the disparity between felt and expressed emotions results in Emotional dissonance.

During interaction, when an employee expresses genuine feelings, there is no discrepancy or conflict between their felt and expressed emotions. Hence, when a customer interface employee uses more genuine feelings and expressions, there are no chances to have Emotional dissonance.

#### **7.2.4 Relationship between Emotional Dissonance and Stress**

The fourth objective was to know about the relationship between Emotional dissonance and Stress. The findings and discussion of the tested hypothesis based on this objective are as follows.

- The hypothesis that Emotional dissonance is positively related to Stress is accepted.

When the employees experience Emotional dissonance as a result of Surface acting, it leads to Stress. Consistent to previous studies, it is proved that Emotional dissonance is an antecedent of Stress. Emotional dissonance occurs when there is discrepancy between felt and displayed emotions. This discrepancy which is considered as role conflict that occurs within the individual between expressed and experienced emotions. Empirical evidence supports the notion that discrepancy between authentic and displayed emotions as part of the job has detrimental effects on health and well-being of customer interface employees. This will definitely end up in Stress due to the conflict and confusion. Based on the cognitive dissonance theory, Emotional dissonance is a state of discomfort, which will lead to stress.

Consistent with the findings of the earlier studies, the customer interface employees experience Stress due to Emotional dissonance resulting from Surface acting.

### **7.2.5 Relationship between Emotional Dissonance and Emotional Exhaustion**

The fifth objective was to understand the relationship between Emotional dissonance and Emotional exhaustion. The findings and discussion of the tested hypothesis based on this objective is as follows.

- The hypothesis that Emotional dissonance is positively related to Emotional exhaustion is accepted.

Emotional dissonance showed strong positive correlation with Emotional exhaustion. As a result of the emotionally charged interactions with patients and other customers, the customer interface employees experience discrepancy between felt and displayed emotions which, in turn, leads to Emotional exhaustion. Emotional dissonance always exacerbates Emotional exhaustion as the job and work setting in hospital itself is emotionally taxing. This study among the customer interface employees in hospitals also supported the fact that Emotional dissonance results in Emotional exhaustion.

Based on the role conflict theory, it is presumed that there is a positive correlation between Emotional dissonance and Emotional exhaustion, because Emotional dissonance is a state of role conflict (Raphaeli & Sutton, 1987) between displayed emotions and felt emotions.

The increase in Emotional dissonance will lead to increase in Emotional exhaustion. Emotional exhaustion is a state of depleted energy. Based on the Conservation of Resources theory, Emotional dissonance depletes employees' scarce resources and thus results in Emotional exhaustion, where the individuals feel that they are drained and are at the end of energy.

### **7.2.6 Relationship between Stress and Emotional Exhaustion**

The sixth objective was to identify the relationship between Stress and Emotional exhaustion and to identify the mediating relationship of stress on Emotional dissonance and Emotional exhaustion. The findings and discussion of the two tested hypotheses based on this objective are as follows.

- The hypothesis that Stress is positively related to Emotional exhaustion is accepted.
- The hypothesis that Stress mediates the relationship between Emotional dissonance and Emotional exhaustion is accepted.

Emotional exhaustion is a psychologically and emotionally drained state that occurs when individuals exceed their capacity for emotional stress. The results confirmed that there was significant positive relationship between Stress and Emotional exhaustion. Work stress and Emotional exhaustion are strongly related. The study substantiates that there is a significant positive relationship between Stress and Emotional exhaustion. Burnout is a state of emotional, mental, and physical exhaustion, caused by excessive and prolonged stress. It can therefore be confirmed that Emotional exhaustion, the prime component of burnout is also caused from prolonged Stress. Exhaustion is the final level of Stress where the individuals feel they are drained and are at the end of energy.

Stress was found to partially mediate the relationship between Emotional dissonance and Emotional exhaustion. The findings of this study are in line with the earlier studies explaining that Emotional dissonance is a stressor causing Stress which in turn cause Emotional exhaustion. This

research confirmed the mediating role of Stress in the relationship between Emotional dissonance and Emotional exhaustion.

### **7.2.7 Strategies to Manage Stress**

The seventh objective was to study the strategies to manage Stress. Stress management as a moderator was tested. The findings and discussion of the tested hypothesis based on this objective is explained.

- The hypothesis that Stress management moderates the effect of Stress on Emotional exhaustion is accepted. Stress management reduced the effect of Stress on Emotional exhaustion.

Stress management acted as a moderator in the relation between Stress and Emotional exhaustion. The results substantiated the assumption that Stress management moderates the effect of Stress on Emotional exhaustion thereby reducing the effect of Stress on Emotional exhaustion. Results implied that through the use of coping strategies which act as Stress management interventions, the customer interface employees can manage Stress and decrease Emotional exhaustion. It is found that when Stress management is high, the effect of Stress on Emotional exhaustion is less. So Stress management intervenes as a moderator and reduces the effect of Stress on the outcome variable - Emotional exhaustion.

### **7.2.8 Relationship between Emotional Labour Strategies and Demographic Variables**

The eighth objective was to ascertain whether Emotional labour strategies vary across the demographic variables such as age, gender, marital status, education and work experience of the respondents

- It is hypothesized that Emotional labour strategies vary across the demographic variables such as age, gender, marital status, education and work experience of the respondents.

Among the Emotional labour strategies, Surface acting did not significantly differ across any of the demographic variables, while Deep acting and Expression of naturally felt emotions did significantly vary across age, marital status, education and experience of the customer interface employees.

It can be inferred from the findings that the demographic variables influence the Emotional labour strategies of Deep acting and Expression of naturally felt emotions. The results indicated that those who were highly educated and older with more than 20 years experience were more inclined to the use of Deep acting strategy and Expression of naturally felt emotions. The employees who were young, single and with less than 5 years experience used Deep acting strategy and Expression of naturally felt emotions more in comparison with married and middle aged employees with moderate experience between 5 and 20 years. Results indicated that married and middle aged employees with an intermediate work experience between 5 and 20 years are less inclined in utilizing the Deep acting strategy and Expression of naturally felt emotions at work. This may be because of the additional responsibilities in the married life of the customer interface employees that avert them from expressing more positive and genuine emotions

It is probable that with increase in education and experience, individuals learn how to intelligently manage the emotions and thereby

adapt and adhere to the strategy desirable for the caring encounter. Previous studies (Dahling & Perez, 2010) also have showed that with increasing age, employees frequently utilized the emotional labor strategies of Deep acting and Expression of naturally felt emotions. The influence of demographic variables on Emotional labour strategies was recognized and described in earlier studies (Baruah & Patrick, 2014; Kaur & Luxmi, 2014; Satyanarayana & Shanker, 2012).

The crux of this research purports the role of Emotional display rules and Emotional labour strategies as antecedents to stress related outcomes. Results of the research confirm that Emotional display rules influence the Emotional labour strategies and describe how they impact on Stress and related outcomes like Emotional dissonance and Emotional exhaustion. The findings indicate that Negative display rules predict Surface acting strategy which is a precursor to the Stress related outcomes - Emotional dissonance, Stress and Emotional exhaustion. Hence, the role of Emotional display rules and Emotional labour strategies as antecedents to Stress and related outcomes is confirmed.

By investigating this antecedent role, researcher was able to identify the precautionary mechanism for the employees and organization to reduce and/or prevent the ill-effects of Stress related outcomes. The use of Deep acting strategy and Expression of naturally felt emotions by the customer interface employees can be increased by prescribing Positive display rules, thus avoiding the negative Stress related outcomes and its insidious effects. The researcher explored the intervention of Stress management as a moderator to mitigate the effect of detrimental

stress related outcomes of Emotional labour by positioning Stress as a mediator.

### **7.3 Theoretical Implications**

Emotions at work are often ignored and they are the under-examined aspects of organizational life. Recently research has, embarked on taking necessary steps in establishing a body of literature that reflects the importance of emotional management at work. The study has added theoretical contribution to this expanding area of inquiry by examining Emotional display rules and Emotional labour strategies as antecedents to Stress related outcomes.

The results of current research justified the function of Emotional display rules as job based antecedents of Emotional labour. These findings further proved that organizational prescriptions about expression of emotions could influence whether individuals ‘act in good faith’ or ‘act in bad faith.’

Another major contribution of this research is the finding that Emotional labour strategies can be complementary in nature so that they occur simultaneously. There are studies that considered Surface acting and Deep acting as antipodes and did not concentrate much to test the relation among Emotional labour strategies. Inspired by some of the recent studies in the field, the researcher hypothesized the interrelation of the Emotional labour strategies and found that customer interface employees utilize Surface acting and Deep acting simultaneously within the same service interaction.



The findings of the present study underscore the relevance of including Emotional dissonance in future studies in the relationship between emotional demands and job stress in the customer interface services. Future research may also be focused on considering Emotional dissonance as an outcome of Emotional labour strategies, especially Surface acting strategy.

Identification of the mediation role of Stress between Emotional dissonance and Emotional exhaustion is a contributory input to the extant literature. Sandwiching stress between Emotional dissonance and Emotional exhaustion will help in opening a new platform for developing strategies to mitigate the effect of Emotional exhaustion.

Previously individual factors, job autonomy, social support and emotional intelligence are extensively studied as moderators on Emotional labour. However, Stress management as a moderator in the relationship between Emotional dissonance and Emotional exhaustion is another recognizable contribution in the area of Emotional labour.

#### **7.4 Practical Implications**

The findings of this research on Emotional labour provide several implications for the attention of health care organizations to generate appropriate interventions to decrease the impact of negative aspects of service interactions and to reduce the related personal and organizational costs. As the results clearly indicate that Emotional dissonance coincides with stress and causes Emotional exhaustion, it is critical for management to consider ways to reduce Emotional dissonance. The empirical proof that Surface acting leads to Emotional dissonance, whereas Deep acting and Expression of naturally felt emotions reduce Emotional dissonance,

employers can look into the possibilities of ensuring health care employees to practice Deep acting strategy more than Surface acting strategy.

Health care organizations may train their employees for transition from Surface acting strategy to Deep acting strategy during service encounters as part of their training and continuous professional development. Proper instruction on Emotional labour skills should be extended to customer interface employees in the hospitals to gain practical patient centered learning experience to make the service encounters effective.

Emotional labour should be acknowledged and built into the job descriptions and compensation systems to make the work more humane and caring. From the findings it is confirmed that Emotional display rules predict the performance of Emotional labour strategies. As Positive display rules is linked to Deep acting strategy, organizations should focus to give Positive display rule guidelines rather than Negative display rules and encourage them to adhere to the specifications of Positive display rules through proper rewards and timely appraisal. Positive display rules, if included in the job descriptions as organization norm will enhance the use of Deep acting strategy which in turn will contribute to employee well being. The researcher aver that employers can help their customer interface employees combat the stress related outcomes of emotional labor by motivating them to reduce Surface acting through Positive display rules.

The findings showed the influence of demographic variables on the Emotional labour strategies. Results of this research may help organizations

to recruit, train and retain the right candidates looking at the employee demographics. It is better to hire employees with a positive and pleasing attitude and whose expressions go in par with the display norms rather than persuading employees to conform to display rules. By providing rewards and recognition for the needed emotional performance by the customer interface employees would definitely foster a quality service delivery.

It is found that long work experience made it effortless to deep act as those employees who are in the job for years can internalize the feelings easily which reduces the chance to surface act, and thereby leading to positive outcomes. So retaining the aged and experienced employees and reducing their turnover intentions through timely appraisal and recognition will help reaping benefits accruable from it.

Researcher during the course of the study come across various anger management related trainings prevalent in hospitals which also highlight the need of empathetic responses and positive expressions to customers during the interactions especially in a hospital setting.

Therefore, recruiting the right attitude as well as endorsing employees with proper training and development programmes and providing effective mentor ship is essential for the success of health care encounters.

Peer support, stress management programmes, changes in schedules, rotation schemes etc should be considered to reduce the effect of negative consequences in the caring encounters. The researcher with this view had verified the role of stress management in coping with stress which otherwise would result in Emotional exhaustion. From the research it has been

confirmed that stress management strategies moderate the effect of stress on exhaustion. So stress management interventions should be applied in hospitals to reduce the stress and stress related outcomes among customer interface employees.

There is a critical need to extend interventions to address the stress and related problems of Emotional labour that have significant implications for health care organizations. The framework of emotional labor and acting strategies provides a channel through which customer interface employees can learn skills that activate the use of Deep acting and Expression of naturally felt emotions and minimize the use of Surface acting in the caring encounters.

Emotional labour still remains implicitly within many of the health care organizations. Steps are to be taken to recognize and educate Emotional labour explicitly in order to reduce the negative impact of it on customer interface employees. This may also provide valuable insights for managers to the effective reduction of the negative consequences of emotional labor on individual and organizational well-being.

Emotional Labor, if nurtured effectively, may enhance the morale and performance of customer interface employees which in turn will augment the service quality and goodwill of the service organization. Ensuring professional, emotional and social support in the workplace as part of stress management is required to support the customer interface employees experiencing the emotional impacts of care.

## **7.5 Scope for Future Research**

In addition to Emotional display rules, personality factors, situational factors and organizational factors may be taken into account in future research for a comprehensive understanding of Emotional labor. Only a longitudinal study can provide a detailed explanation on the use of Emotional labour strategies in tandem. This may give more opportunities for researchers to explore the complementary nature of Emotional labour strategies. Emotional dissonance as a problem of regulation or as a consequence of Emotional labour should be addressed in future studies to achieve more theoretical elucidation.

By positioning stress as a mediator, give further scope of considering stress intervention measures in future studies that focuses on stress prevention as well as mitigating the effect of Stress on Emotional exhaustion. It is worth identifying other potential ways to reduce distress and Emotional exhaustion caused by Emotional dissonance which may give directions for future research.

Further, though the respondents for this study are from the same service sector, they belong to multiple service occupations. Although it can be viewed as strength, future work may consider testing profiles within a single service occupation to rule out the difference of opinion due to occupational differences. In spite of many roadblocks this research among the customer interface employees provides new direction for the scholars to follow thereby extending the social psychology literature.

There are many questions still to be answered for researchers related to workplace emotion. The study of Emotional labor continues to expand in

accord with the recognition that not only do emotions exist in the workplace, but they greatly impact the workplace and the customer interface employees. A number of challenges await those conducting research in this domain, some of which are theoretical while others are measurement related. Despite these challenges, the potential for a significant contribution to organizational behavior research appears to be unlimited.

## **7.6 Conclusion**

Organizations make every effort to attain competitive advantage by developing service image. Providing efficient and quality service to the customers is mandatory for the survival of service organizations. Employers are putting extra efforts to equip their employees with effective training to deliver excellent and pleasing service to the customer. Service organizations should take proper care to manage emotions in the customer- employee interface to ensure positive organizational outcomes, such as quality service, increased customer satisfaction, customer retention and loyalty.

Although the results are embedded in evidence arrived from health care employees in particular, the findings are relevant to other human service workers also. In recent years, profound changes have taken place in health care. In addition to the developments in medical technology and job complexity, patient demands and expectations have increased. There is increasing awareness that healthcare employees are facing different and even more stressors compared to other kinds of workers. It is a real challenge for the customer interface employees as well as the employers of health care sector to muddle through the ever changing needs and to manage survival during this crucial organizational transformation scenario.

Emotional labour, if continued to be devalued in health care services, its repercussions on both the external and internal customers and the organization as a whole would be devastating. This research on Emotional labour is helpful for allopathic private health care organizations to ameliorate the Emotional display rules to better manage the Emotional labour strategies and to reduce the related personal and organizational costs. Moreover this research work would undeniably facilitate in carving out new roads and drive Emotional labour to the fore.

*“The more the heart is managed, the more we  
value the unmanaged heart”*

(Hochschild, 1983, p. 192)

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## Appendices

### Appendix -1

#### Questionnaire for Nurses

I, Reena Alias, is a research scholar of the Cochin University of Science and Technology doing research in Emotional Labour. I humbly request you to spare your precious time to fill this questionnaire.

It attempts to collect information regarding Emotional Labour of **nursing personnel** in allopathic private hospitals. Your sincere co-operation is highly appreciated. It is assured that the information you give will only be used for research purposes and would be kept strictly confidential.

#### PERSONAL PROFILE

1. Name: .....
2. Age: .....
3. Gender :    Male         Female
4. Marital status:  
a) Married         b) Single         c) Other
5. Education Qualification:        a) Diploma   
b) Graduate         c) Post graduate
6. Designation: .....
7. Department : ..... (eg: Neurology)
8. Place of work:    a) OP                b) IP                c) Theatre   
d) Ward                e) Other
9. Experience: .....years.....months
10. Name of the Organisation/Hospital :  
.....
11. Type of the Organisation/ hospital  
a) Corporate.                b) Christian missionary managed   
c) Private trusts         d) Societies (NSS/SNDP etc)   
e) Other .....

12. No. of beds in the organisation/hospital : .....

<b>Please circle only one number that you choose as your answer out of the given 7 choices</b>		<b>Never</b>	<b>Rarely</b>	<b>Occasionally</b>	<b>Sometimes</b>	<b>Frequently</b>	<b>Usually</b>	<b>Always</b>
1	My workplace insists for cheerful service as part of my work	1	2	3	4	5	6	7
2	Part of my work is to make other people feel good	1	2	3	4	5	6	7
3	My workplace expects me to act enthusiastically in my interactions with others	1	2	3	4	5	6	7
4	My workplace expects me to express positive emotions to others as part of my work.	1	2	3	4	5	6	7
5	I am expected to suppress my bad moods to others at work	1	2	3	4	5	6	7
6	I am expected to hide feelings of anger at work	1	2	3	4	5	6	7
7	My workplace expects me to pretend that I am not upset at work	1	2	3	4	5	6	7
8	I act while interacting with others at work	1	2	3	4	5	6	7
9	I try to develop appropriate feelings that I need to show to others at work	1	2	3	4	5	6	7
10	I express genuine emotions to others at work	1	2	3	4	5	6	7
11	I make an effort to actually feel the emotions that I need to display towards others at work	1	2	3	4	5	6	7
12	I show the emotions that match with my spontaneous feelings to others at work	1	2	3	4	5	6	7
13	I put on a mask in order to display the emotions I need at work	1	2	3	4	5	6	7
14	I show natural emotions to others at work	1	2	3	4	5	6	7
15	I try to actually experience the emotions that I must show to others at work	1	2	3	4	5	6	7
16	I just pretend to have the emotions I need to display	1	2	3	4	5	6	7
17	I work hard to feel the emotions that I need to show at work	1	2	3	4	5	6	7

18	I fake good mood while interacting with others at work	1	2	3	4	5	6	7
19	I act to deal in an appropriate way with others	1	2	3	4	5	6	7
20	I feel emotionally drained at work	1	2	3	4	5	6	7
21	I feel exhausted at the end of the workday	1	2	3	4	5	6	7
22	I feel fatigued when I get up in the morning and have to face another day at work	1	2	3	4	5	6	7
23	I feel that working with people all day is really tough.	1	2	3	4	5	6	7
24	I feel burned out at work	1	2	3	4	5	6	7
25	I feel frustrated at work	1	2	3	4	5	6	7
26	I feel I work too hard	1	2	3	4	5	6	7
27	I feel working with people directly puts too much stress on me	1	2	3	4	5	6	7
28	I feel I am at the end of my energy to do the work	1	2	3	4	5	6	7
29	I show feelings to others that are different from what I feel inside	1	2	3	4	5	6	7
30	I have to cover up my true feelings while dealing with others at work	1	2	3	4	5	6	7
31	I fake the emotions I show while dealing with others at work	1	2	3	4	5	6	7
32	I spend most of my work day hiding my true emotions	1	2	3	4	5	6	7
33	I spend most of my work day faking positive emotions	1	2	3	4	5	6	7
34	I feel I am able to concentrate on what I am doing at work	1	2	3	4	5	6	7
35	I feel I recently lost much sleep over worry	1	2	3	4	5	6	7
36	I feel I am playing useful role at work	1	2	3	4	5	6	7
37	I feel I am capable of making decisions at work	1	2	3	4	5	6	7
38	I feel I am constantly stressed at work	1	2	3	4	5	6	7

39	I feel I could not overcome my difficulties at work	1	2	3	4	5	6	7
40	I feel I am able to enjoy my normal day-to-day activities at work	1	2	3	4	5	6	7
41	I feel I am able to face my problems at work	1	2	3	4	5	6	7
42	I feel I am depressed at work	1	2	3	4	5	6	7
43	I feel I am losing self confidence at work	1	2	3	4	5	6	7
44	I feel I am a worthless person at work	1	2	3	4	5	6	7
45	I feel I am reasonably happy despite my problems at work	1	2	3	4	5	6	7
46	I resort to hobbies to manage stress at work	1	2	3	4	5	6	7
47	I try to objectively deal with the situation in an unemotional way to manage stress	1	2	3	4	5	6	7
48	I resort to time management to manage stress at work	1	2	3	4	5	6	7
49	I increase outside activities to manage stress at work	1	2	3	4	5	6	7
50	I concentrate on specific problems to manage stress at work	1	2	3	4	5	6	7
51	I set priorities and deal with problems accordingly to manage stress at work	1	2	3	4	5	6	7
52	I try to stand aside and think through the situation to manage stress at work	1	2	3	4	5	6	7
53	I seek as much social support as possible to manage stress at work	1	2	3	4	5	6	7
54	I resort to prayer to manage my stress at work	1	2	3	4	5	6	7
55	The Stress Management programmes I attend in my Organisation/hospital help me to understand the ways to manage my stress	1	2	3	4	5	6	7

**Thank you for your kind co-operation**

## Appendix -2

### Questionnaire for Other Customer Interface employees

I, Reena Alias, is a research scholar of the Cochin University of Science and Technology doing research in Emotional Labour. I humbly request you to spare your precious time to fill this questionnaire.

It attempts to collect information regarding Emotional Labour of **customer interface employees (pharmacy/lab/x-ray/reception etc...)** in allopathic private hospitals. Your sincere co-operation is highly appreciated. It is assured that the information you give will only be used for research purposes and would be kept strictly confidential.

#### PERSONAL PROFILE

1. Name: .....
2. Age: .....
3. Gender :            Male             Female
4. Marital status:
  - a) Married
  - b) Single
  - c) Other
5. Education Qualification:
  - a) Diploma
  - b) Graduate
  - c) Post graduate
6. Designation: .....
7. Department : ..... (eg: Pharmacy)
8. Place of work: .....
9. Experience: .....years.....months
10. Name of the Organisation/Hospital :  
.....
11. Type of the Organisation/ hospital
  - a) Corporate.
  - b) Christian missionary managed
  - c) Private trusts
  - d) Societies (NSS/SNDP etc)
  - e) Other .....

12. No. of beds in the organisation/hospital : .....

Please circle only one number that you choose as your answer out of the given 7 choices		Never	Rarely	Occasionally	Sometimes	Frequently	Usually	Always
1	My workplace insists for cheerful service as part of my work	1	2	3	4	5	6	7
2	Part of my work is to make other people feel good	1	2	3	4	5	6	7
3	My workplace expects me to act enthusiastically in my interactions with others	1	2	3	4	5	6	7
4	My workplace expects me to express positive emotions to others as part of my work.	1	2	3	4	5	6	7
5	I am expected to suppress my bad moods to others at work	1	2	3	4	5	6	7
6	I am expected to hide feelings of anger at work	1	2	3	4	5	6	7
7	My workplace expects me to pretend that I am not upset at work	1	2	3	4	5	6	7
8	I act while interacting with others at work	1	2	3	4	5	6	7
9	I try to develop appropriate feelings that I need to show to others at work	1	2	3	4	5	6	7
10	I express genuine emotions to others at work	1	2	3	4	5	6	7
11	I make an effort to actually feel the emotions that I need to display towards others at work	1	2	3	4	5	6	7
12	I show the emotions that match with my spontaneous feelings to others at work	1	2	3	4	5	6	7
13	I put on a mask in order to display the emotions I need at work	1	2	3	4	5	6	7
14	I show natural emotions to others at work	1	2	3	4	5	6	7
15	I try to actually experience the emotions that I must show to others at work	1	2	3	4	5	6	7
16	I just pretend to have the emotions I need to display	1	2	3	4	5	6	7
17	I work hard to feel the emotions that I need to show at work	1	2	3	4	5	6	7
18	I fake good mood while interacting with others at work	1	2	3	4	5	6	7

19	I act to deal in an appropriate way with others	1	2	3	4	5	6	7
20	I feel emotionally drained at work	1	2	3	4	5	6	7
21	I feel exhausted at the end of the workday	1	2	3	4	5	6	7
22	I feel fatigued when I get up in the morning and have to face another day at work	1	2	3	4	5	6	7
23	I feel that working with people all day is really tough.	1	2	3	4	5	6	7
24	I feel burned out at work	1	2	3	4	5	6	7
25	I feel frustrated at work	1	2	3	4	5	6	7
26	I feel I work too hard	1	2	3	4	5	6	7
27	I feel working with people directly puts too much stress on me	1	2	3	4	5	6	7
28	I feel I am at the end of my energy to do the work	1	2	3	4	5	6	7
29	I show feelings to others that are different from what I feel inside	1	2	3	4	5	6	7
30	I have to cover up my true feelings while dealing with others at work	1	2	3	4	5	6	7
31	I fake the emotions I show while dealing with others at work	1	2	3	4	5	6	7
32	I spend most of my work day hiding my true emotions	1	2	3	4	5	6	7
33	I spend most of my work day faking positive emotions	1	2	3	4	5	6	7
34	I feel I am able to concentrate on what I am doing at work	1	2	3	4	5	6	7
35	I feel I recently lost much sleep over worry	1	2	3	4	5	6	7
36	I feel I am playing useful role at work	1	2	3	4	5	6	7
37	I feel I am capable of making decisions at work	1	2	3	4	5	6	7
38	I feel I am constantly stressed at work	1	2	3	4	5	6	7
39	I feel I could not overcome my difficulties at work	1	2	3	4	5	6	7
40	I feel I am able to enjoy my normal day-to-day activities at work	1	2	3	4	5	6	7
41	I feel I am able to face my problems at work	1	2	3	4	5	6	7

42	I feel I am depressed at work	1	2	3	4	5	6	7
43	I feel I am losing self confidence at work	1	2	3	4	5	6	7
44	I feel I am a worthless person at work	1	2	3	4	5	6	7
45	I feel I am reasonably happy despite my problems at work	1	2	3	4	5	6	7
46	I resort to hobbies to manage stress at work	1	2	3	4	5	6	7
47	I try to objectively deal with the situation in an unemotional way to manage stress	1	2	3	4	5	6	7
48	I resort to time management to manage stress at work	1	2	3	4	5	6	7
49	I increase outside activities to manage stress at work	1	2	3	4	5	6	7
50	I concentrate on specific problems to manage stress at work	1	2	3	4	5	6	7
51	I set priorities and deal with problems accordingly to manage stress at work	1	2	3	4	5	6	7
52	I try to stand aside and think through the situation to manage stress at work	1	2	3	4	5	6	7
53	I seek as much social support as possible to manage stress at work	1	2	3	4	5	6	7
54	I resort to prayer to manage my stress at work	1	2	3	4	5	6	7
55	The Stress Management programmes I attend in my Organisation/hospital help me to understand the ways to manage my stress	1	2	3	4	5	6	7

**Thank you for your kind co-operation**



### Appendix 3

#### District-wise Classification of Medical Institutions According to Bed Strength

Sl. No	DISTRICT	Hospitals with more than 100 beds
1	Thiruvananthapuram	16
2	Kollam	8
3	Pathanamthitta	11
4	Alappuzha	4
5	Kottayam	12
6	Idukki	17
7	Ernakulam	23
8	Thrissur	19
9	Palakkad	6
10	Malappuram	4
11	Kozhikode	6
12	Wayanad	5
13	Kannur	12
14	Kasargode	5
<b>KERALA (total no. of beds)</b>		<b>147</b>

Source: Report on Medical Institutions in Kerala — 2004, State Planning Board, Kerala.

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## ||| List of Publications |||

### **Journal Publications**

- 1) The Mediating Role of Stress on the Relationship between Emotional Dissonance and Emotional Exhaustion, Research Journal's Journal of Management, Vol. 4, No. 9, November 2016, ISSN 2347-8217.
- 2) Exploring the Relationship between Demographic Variables and Emotional Labour Strategies in Health Care, International journal in Management and Social Science, Vol.05, Issue-02, February, 2017, ISSN: 2321-1784.

### **Conference Proceedings**

- 1) Enormity of emotional labour and its significance in the modern service economy. International Conference on Technology and Business Management. March 2013, 164-170.
- 2) Managing hearts intelligently: The ethical implications of emotional labour, AIMS International Conference on Value Based Management. August 2010, 725-731.

### **Conference papers presented, based on the research work**

- 1) "Managing the Heart: Need of Emotional Labour Skills", paper presented in the National Seminar on Strategic Restructuring of Management Education organized by SNGIST on Nov 2012.
- 2) "Managing Emotional Labour : Need of the Hour", paper presented in the National Conference on Emerging International Business Order organized by School of Management Studies, CUSAT on March 2012.
- 3) "The Ethics of Emotional Labour: Consequences and After Effects", paper presented in the National Seminar held at Girideepam Institute of Advanced Learning, Kottayam on January, 2008

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