



**Faculty of Business  
Administration**

**Thesis Book**  
for

**Kornélia Rozália Lazányi**

**Factors Affecting Emotional Labour**

**Emotional Labour in Oncology**

Doctoral Thesis

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**Ph.D**

Associate Professor, vice head of department

Budapest, 2009

**Institute of Management  
Department of Organizational Behaviour**

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# **Overview of Literature on Emotional Labour**

## Emotions

Emotions are the basis of our social life. They function as filters of perception, affecting our conscious decisions and, sometimes, even making decisions for us on their own. However, we often find ourselves in situations in which our spontaneous emotions, or expression thereof, (would) bring about negative consequences. The range of acceptable emotions varies with culture, gender, and age. In a lot of areas of life, display of inadequate emotions leads to adaptation troubles.

Organizations expect their employees to moderate their emotions, especially the strong negative ones, or 'leave them home'. Any of an employee's emotional displays is rather regarded as a public performance under his/her employer's control than a private matter of his/hers. It particularly applies to organizations in the service provision sector where daily routine involves a series of interactions with other people. Whatever happens, happens publicly, and is part of a social context created by employee and customer jointly.

Most professions are linked with implicit or explicit norms applicable to emotional expressions. Organizations develop directives, and disseminate myths and stories, with a view to putting their employees on the right track, or compelling them, to produce desirable emotional displays. The reason is that adequate emotional displays by employees will result in efficient working, high-quality service provision, and regular customers. In the healthcare sector in particular, they will bring about increased patient turnovers, high numbers of regular patients with increased levels of satisfaction, and improved follow-up / control rates. A healthcare professional's emotional displays may as well affect patients' attitude toward themselves or their diseases, or the overall healing process itself.

In literature, emotional labour is defined as dissembling or alteration of emotions in order to comply with expectations at work (Hochschild, 1983). The theory of emotional labour deals with emotions which employees feel, or pretend to feel, in order to meet their job requirements.

Emotional labour falls within the formal sphere of an organization. The employee submits himself/herself to organizational requirements. On the other hand, the organization uses wages or other kinds of compensation with some exchange value to reward or remunerate the employee for his/her emotional displays in compliance with the explicit or implicit rules in place because emotional labour increases the efficiency of working, reduces the necessity of

direct control, and lessens interpersonal problems (Ashforth and Lee, 1990). In addition, target persons should perceive the outcomes of emotional labour, or the employees' behavioural output, to be sincere and genuine (Rafaeli and Sutton, 1989).

With organizations being embedded systems, organizational norms designed to regulate emotional labour are varied sets of social, organizational, and job-related items. Most often it is its clients that transmit social norms towards an organization and its employees. Clients define what good services look like, and how employees are required to act. Practically, it is clients that outline the roles which, merely relayed by organizations, employees are supposed to play (Zeithaml, Parasuraman and Berry, 1990). It should be noted, however, that such social norms vary with culture.

According to Paules (1991), the range of organizational factors determining emotional labour is constant, while the factors show differing elaborateness and intensity across organizations. The majority of organizations insist on the importance of adequate emotional expressions in as early as recruitment, selection, and socialization phases. In addition, organizations make use of structural tools (such as training and feed-back sessions, discussions, and rituals) and indirect means (stories and myths, modelling, and metaphors) to regulate their employees' behavioural / emotional displays, and get them trained.

Organizations maintain varied schemes of rewarding and penalizing to ensure that employees internalize, and adjust to, the emotional requirements in place, and learn the adequate intensity, content and full range of emotional expressions necessary for their work (Sutton, 1991). Nothing can, however, affect new behaviour as strongly as collective affirmation by colleagues (Burke, 1991).

### Dimensions of Emotional Labour

The more an individual insists on emotional requirements, the less personal emotional freedom he/she will enjoy. One's need to alter one's own emotions will, in its turn, induce psychic and cognitive accomplishment constraints, emotional dissonance, and emotional labour. Insistence on emotional norms can be characterized by the duration and intensity of the emotional labour required.

The term 'intensity of emotional displays' refers to the intensity of emotions felt as well as that of emotions expressed. Since it is hard to fake intense emotions, it is the intensity of emotions that will either convince or deter a client. Ashforth and Humphrey (1995) found that one can display intense emotions only through deep acting, while the very genuineness of

emotions will be lost through surface acting. With less intensive emotions, or diminishing difference between the intensity of expected emotions and that of true emotions, one can more and more often use surface acting efficiently.

The term ‘amount of emotional labour’ also refers to the diversity of emotions which an employee is required to display. The more diverse emotional displays an employee is supposed to produce, the more emotional labour he/she will have to perform to this end. Employees expected to produce multiple sorts of emotional expression will need to perform planning and conscious self-monitoring, which will take up more of their psychic energies than fulfilment of organizational requirements concerning a single kind of emotion. It is much easier to generate genuine emotional displays when you need to get tuned in to a single type of emotion at a time. Where employees are required to assume all different emotional states from hour to hour and client to client, they will have a growing feeling of being forged, and become less and less satisfied with their job. Alternating between different emotional states will render it impossible for one to produce genuine emotional displays, and hard to perform deep acting, and increase the risk of emotional exhaustion and burnout.

One of the key characteristics of emotional labour is emotional dissonance which is defined as discrepancy between expected and real emotional states. Adelman (1989) considered emotional dissonance a consequence of emotional labour, while literature also makes a few mentions of emotional dissonance preceding emotional labour. The greater discrepancy exists between expected and real emotional states, the more energy one will have to invest in emotional labour. Based on Hochschild’s (1983) definition of emotional labour, it is only genuine acting that is free from emotional dissonance, while both deep acting and surface acting make it, *per definitionem*, necessary that there should be a discrepancy between emotions required by an organization and those employees actually feel.

The level of emotional dissonance is closely related with the frequency of emotional labour and intensity of emotions required. Emotional dissonance will accumulate in time with the result that an increase in frequency will bring about increasing emotional dissonance and increasing risks of emotional exhaustion and burnout (Kuenz, 1995). The wider the range of the emotional displays which an organization requires, the less emotional dissonance will develop. A growth in the range of emotions permitted by an organization will give employees increasing elbow-room for displaying their true emotions, which will, in its turn, reduce the probability of emotional dissonance (Wharton and Erickson, 1993).

## Levels of Emotional Labour

Since organizations can only keep openly measurable dimensions of emotions under control, any norm as may be adopted will apply to emotional displays. When an individual uses only external manifestations of his/her emotions (such as physiognomy, tone and intonation of voice, and gestures) to meet the norms without actually altering his/her emotions, i.e. when his/her emotional displays are not identical with his/her actual emotions, he/she is said to be performing surface acting. Such type of emotional labour often leads to one's feeling of being ingenuine, and may impair one's performance and job satisfaction.

Hochschild has found, however, that alteration of external manifestations may bring about a change in internal emotional characteristics too. One cannot act a jovial, satisfied individual showing all necessary external signs unless one adopts an adequate emotional tone. In that, colleagues may be of great help to one another most of all. Alteration of one's external signs will induce changes in one's environment, and interactions with one's environment will, in their turn, adjust one's real emotions to external signs because emotions are feelings which are expressed and interpreted according to interpersonal, situation-related, cultural, and social circumstances.

Though an organization's emotional requirements are meant to keep only emotional displays under control, alteration of emotions experienced, i.e. performance of deep acting may also become necessary. Most often the latter takes place through cognitive processes. In situations where our emotions fail to meet social requirements, we will have to use our previous experiences to get 're-tuned'. That is to say, we need to recall and relive situations which can help us assume a state of mind appropriate to the current situation. The findings of Kruml and Geddes (2000b) show that people with sufficient experience can reproduce adequate emotions regardless of the presence or absence of factors capable of triggering such emotions.

With genuine acting, one's spontaneous emotional response to a particular situation meets the emotional requirements of his/her organization (Ashforth and Humphrey, 1993). Though neither conscious efforts are taken, nor real work is done, by the individual, remuneration will be his/her due. According to Kruml and Geddes (2000a), genuine acting is a passive form of deep acting. If the individual's genuine emotions are in agreement with the expectations existing at work (genuine acting), neither emotional dissonance nor negative side-effects will develop.

## Consequences of Emotional Labour

Emotional labour itself, or compliance with the emotional requirements of one's organization, does not, but emotional dissonance which is most often a concomitant of emotional labour, does produce multiple negative consequences. According to Wharton and Erickson (1993), a major cause of the development of negative effects on employees is that, through implementing emotional directives, employers limit their employees' right to spontaneous action.

Most items of the literature on emotional labour deal with the risks of burnout and job dissatisfaction. On the other hand, relations between emotional labour and low self-evaluation, role and self-estrangement, or those between emotional exhaustion, depression, stress at work, feeling of ingenuineness, and physical symptoms of illness are also discussed in numerous publications. Payne, Jick and Burke (1982) concluded that emotional labour affects acute and permanent states of mind equally. As a result of negative effects, an individual may lose not only his/her inclination or propensity, but ability to perform emotional labour because negative effects, unlike positive consequences, accumulate in time.

However, the effects of emotional labour on individuals are significantly dependent upon the level of emotional labour chosen. According to the findings of Rafaeli and Sutton (1987), genuine acting is free from emotional dissonance, and emotional dissonance is most often dissolved through deep acting too, while being a constant concomitant of surface acting. Brotheridge and Grandey (2002) found that surface acting differs from deep acting in terms of most of their effects on individuals. The frequency of surface acting shows strong correlation with emotional exhaustion (Maslach, Schaufeli and Leiter, 2001) and depersonalization (Totterdel and Holman, 2003), and is associated with increased rates of individuals who underrate their personal contribution to work (Brotheridge and Lee, 2002).

Nevertheless, emotional labour is not only desirable for organizations. Wharton (1993) finds that emotional labour increases the level of job satisfaction. Furthermore, emotional compliance with organizational and social requirements leads to predictable emotional displays, while reducing the possibility that embarrassing interpersonal situations arise (Gross and Stone, 1964), and enhancing one's feeling of personal efficiency (Rose, 2001).



## **Reasons for the Choice of Research Subject, Research Question**

Healthcare and educational institutions are venues of particularly intense emotions. Individuals in caring professions work under extreme pressure of social and organizational requirements concerning emotions. With them, emotional labour is more apparent, and output phenomena much more intense.

A lot of healthcare professionals report emotional exhaustion, depersonalization, and impaired feeling of self-realization through work (Maslach and Jackson, 1984). Most often people with caring professions handle human problems at the expense of losing their own psychic balance. International and domestic findings show high rates of such phenomena as psychic disorders, alcohol and drug dependence, and suicide with physicians (Pikó and Piczil, 2000). In West Europe and USA, physicians have been found to be healthier in somatic terms, but sicker mentally, than the average population. In Hungary on the other hand, even the sanitary indicators of healthcare professionals are worse than those of the total population which are extremely bad anyway. The rates of suicide ideas show a prevalence higher than that with the average population (Tyssen et alii, 2001). This is a phenomenon especially remarkable in view of the fact that the purpose of the medical profession is to preserve life.

In this study I aimed, through exploring the process of emotional labour, at identifying the characteristics of people who have a tendency to perform genuine acting, and using various personality traits and emotional intelligence factors to define the range of individuals who are, regardless of the level of emotional labour they choose, less exposed to potential harmful consequences. Furthermore, I wanted to identify organizational factors which facilitate genuine acting and/or reduce such harmful side-effects as surface acting and deep acting may exert on individuals. In general terms, my question under study reads like this: „**Which factors have influence on the process of emotional labour?**” Fourteen sub-questions were used as guide in my study.

1. Do personality traits influence (either individually or jointly) an individual in making his/her choice of a specific level of emotional labour?
2. If they do, what personality traits render an individual apt to choose to perform genuine, deep, or surface acting?
3. Do personality traits affect (either individually or jointly) the impact which emotional labour makes on the individual?

4. If they do, what personality traits render an individual susceptible to burnout or, on the other hand, what personality traits cause an individual to experience positive side-effects of emotional labour rather?
5. Do dimensions of emotional intelligence influence (either individually or jointly) an individual in making his/her choice of a specific level of emotional labour?
6. If they do, people with what quality of emotional intelligence are more inclined to perform genuine acting / deep acting / surface acting?
7. Do dimensions of emotional intelligence affect (either individually or jointly) the impact which emotional labour makes on the individual?
8. If they do, people with what quality of emotional intelligence are more susceptible to burnout, and people with what quality of emotional intelligence are rather likely to experience positive side-effects of emotional labour?
9. Do techniques designed to regulate emotional displays affect emotional displays?
10. If they do, which are the most effective techniques?
11. Do techniques designed to regulate emotional displays affect the consequences of emotional labour?
12. If they do, which techniques can be used to achieve positive outputs?
15. Do organizational features affect the impact which emotional labour makes on employees?
16. If they do, which factors contribute to positive outputs?

Though my examination is specifically directed at a selected group of professions, - in order to better determine emotional labour and its output variables, - it is hoped that my findings will serve as a guide for any people working in the service sector or involved in interactions with other people.

## **Participants in the Study**

I have conducted my researches with healthcare workers, who, due to working with oncological patients, are seriously exposed to the side effects of emotional labour induced by emotional expectations directed at them. The anxiety and fear of death of patients examined and treated, the anticipated grief of the relatives, and the death of patients cause increased emotional strain on healthcare workers in their everyday work.

Participants of the study were: from the Medical School and Health Science Center, University of Debrecen (DEOEC) in alphabetical order Department of Dermatology (14), Department of Gynaecological Oncology (7), Department of Oncology (26), Department of Radiotherapy (40), Department of Urology (9), Haemato-Oncology and Immunology Department of Paediatric Clinic (4), Institute of Surgery (5), from the Kenézy Gyula Hospital the Department of Radiology (18), from the University and Healthcare Center of Kaposvár the Department of Onco-Radiology (13) and from the Borsod–Abaúj–Zemplén County Hospital the Children’s Health Center (6). Special effort was taken to get questionnaires distributed among healthcare workers who had interactions with cancer patients on a daily basis.

The Department of Obstetrics and Gynaecology (29) of DEOEC also participated in the study as a control group. My choice fell on the department of obstetrics because, according to literature, it features equally strong, though mostly positive emotions. Subsequently I was able to assess any effect that emotional attitudes might exert on emotional labour and its outcomes.

Altogether 250 questionnaires were delivered to organizational units listed above. Questionnaires were completed voluntarily and anonymously. Each respondent was given a two weeks’ time to complete and return his/her respective questionnaire. 187 out of 250 questionnaires delivered were returned, producing a very good return rate. 171 out of 187 questionnaires returned were capable of assessment, and the remaining 16 questionnaires were neglected because insufficiently completed. 96 out of 171 gave detailed description of factors influencing their emotional labour.

32 respondents were male and 139 female, 36 out of them physicians and 135 healthcare professionals. (Further characteristics of the respondents are displayed in Table 1.)

*Table 1: Breakdown of respondents by age and healthcare experience*

		Male	Female	Physician	HCP	Total
<b>Age</b>	20-30	7	23	8	22	30
	30-40	14	55	13	56	69
	40-50	3	60	6	47	53
	50-60	2	11	3	10	13
	60-70	6	0	6	0	6
<b>Healthcare experience</b>	0-2	7	9	7	9	16
	2-5	3	12	3	12	15
	5-10	9	16	8	17	25
	10-20	4	50	6	48	54
	20-	9	52	12	49	61

## **Questionnaires used in the research**

The questionnaire consisted of six pages, and included numerous multiple-choice questions as well as three explicative ones. The latter were designed to explore respondents' views and emotions concerning their jobs, and the organizational factors that affect them.

Eysenck's short-form personality questionnaire consisting of 12 questions (Eysenck, 1958) and Snyder's self-monitoring scale (Snyder, 1974) were used to assess the personality of each individual under study. The emotional intelligence of those, participating in the research was quantified by the means of COMET-EQ developed by Merlevede and his colleagues (1997). The effects of emotional labour on individuals were measured with the Maslach Burnout Inventory - Human Services Survey and the Satisfaction with Life Scale (Diener, 1994).

Since no generally accepted emotional labour questionnaire supported by adequate psychometric data has been designed so far, I put two approaches to trial.

For one, I used a survey form consisting of 7+10 questions to assess the level of emotional labour. I used Alicia Grandey's (2003) 7-questions emotional labour questionnaire as a basis, and, on discussions with said author, added 10 more questions derived from the questionnaire of Brotheridge and Lee (1998).

Supplementary to these, I sought to quantify the extent to which emotions are altered by the difference in PANAS-X questionnaires (Positive and Negative Affect Schedule – Expanded Form; Watson and Clark, 1994). I asked my respondents to rate 60 emotional states firstly on the basis of how frequently and to what extent they were felt, while for the second time, they were asked to tell how frequently and to what extent they displayed them, in their everyday work.

## **Results**

In the course of my research I strived to investigate both the effect of factors influencing emotional labour and their effect, - mediated by emotional labour, - on well-being. I systematically sought the answer to the questions listed earlier.

### Personality

1. Do personality traits influence (either individually or jointly) an individual in making his/her choice of a specific level of emotional labour?
2. If they do, what personality traits render an individual apt to choose to perform genuine, deep, or surface acting?

Researches by Bono and Vey (2005) revealed a connection between extraversion and deep acting which I could not detect with oncologists.

According to Dieffendorf and Richard (2003), respondents of less stable personality reacted more intensely to expectations to hide their negative feelings. According to their findings there is a positive correlation between neuroticism and surface acting. In my sample, neuroticism also showed a positive correlation with both types of surface acting ('Pretence': Pearson 0.21; Sig.<0.01; 'Dissembling': Pearson: 0.23; Sig.<0.01).

Snyder's (1987) findings suggested increased control over emotional responses by better self-monitors. Studies by Dieffendorf and his colleagues (2005) emphasize the positive connection between self-monitoring and surface acting. In my sample too, self-monitoring showed a positive correlation with both types of surface acting, 'Dissembling' (Pearson: 0.17; Sig.<0.05), and 'Pretence' (Pearson: 0.25; Sig.<0.01).

On the whole, we can conclude that surface acting was more frequent with more introverted and neurotic persons and those with higher degrees of self-monitoring.

3. Do personality traits affect (either individually or jointly) the impact which emotional labour makes on the individual?
4. If they do, what personality traits render an individual susceptible to burnout or, on the other hand, what personality traits cause an individual to experience positive side-effects of emotional labour rather?

According to Larsen and Ketelaar (1991), extroverts are less exposed to the harmful side-effects of emotional labour, to emotional exhaustion, distress or burnout. My research results show that it was the life-of-pleasure and life-of-engagement dimension of Satisfaction with Life that extroverts scored higher, that is to say were better, than introverts.

Suls, Green and Hillis (1998) came to the conclusion that individuals who score high on neuroticism are often compelled to hide their negative emotions and express false positive ones, while they tolerate emotional labour badly, with emotional exhaustion being a frequent outcome. Out of the healthcare professionals involved in my study, it was those scoring high on neuroticism, who underperformed their colleagues in the decrease-in-personal-performance dimension of burnout.

Abraham’s researches (1998) suggested that good self-monitors experience less emotional dissonance, and are less exposed to burnout as well (Wharton, 1993). On the other hand, those, who scored higher in self-monitoring, suffered a higher degree of depersonalization and decrease of personal performance than those with lower levels of self-monitoring, though scoring better in the life-of-engagement dimension.

*Table 2: Pearson correlation of personality traits with Burnout and Satisfaction with Life*

	<b>Life of Pleasure</b>	<b>Life of Engagement</b>	<b>Personal Performance</b>	<b>Depersonalisation</b>
<b>Extraversion</b>	0.23 (p<0.01)	0.20 (p<0.01)		
<b>Neuroticism</b>	0.30 (p<0.01)		0.19 (p<0.05)	
<b>Self-monitoring</b>		0.16 (p<0.05)	0.16 (p<0.05)	0.16 (p<0.05)

As Table 2 indicates, correlations of personality traits with burnout and satisfaction with life were similar to those in the literature. My findings did, however, not demonstrate any correlation trend between personality traits and effects of emotional labour on individuals.

## Emotional Intelligence

5. Do dimensions of emotional intelligence influence (either individually or jointly) an individual in making his/her choice of a specific level of emotional labour?
6. If they do, people with what quality of emotional intelligence are more inclined to perform genuine acting / deep acting / surface acting?

According to Hargreaves, all that is considered emotional labour and is charged negative by Hochschild can be considered as the emotional intelligence of an individual manifested in personal interactions. My research data also supported this strong correlation. All studied factors of the emotional labour performed by healthcare professionals under investigation showed correlation with emotional intelligence.

On the whole, we can state that people with a higher level of emotional intelligence performed genuine or deep acting, while those with less emotional intelligence adjusted their emotional expressions to the expectations only in superficial manifestations. Whether it is dissembling or pretence of genuine emotions that dominates surface acting, will depend on the presence (or absence) of competencies constituting emotional intelligence. (For further details see Table 3.)

*Table 3: Pearson correlations between emotional intelligence and emotional labour*

	<b>Genuine acting</b>	<b>Deep acting</b>	<b>Amount of emotional dissembling</b>	<b>Amount of emotional pretence</b>
<b>Emotional self-awareness/self-control</b>		-0.24**	-0.24**	
<b>Self-confidence / intuition</b>	0.16*	-0.25**		
<b>Emotional Awareness of Others/ Perceptual Positions</b>		-0.23**		
<b>Planning and well-formed outcomes/ positive thinking</b>	0.16*	-0.21**	-0.20**	
<b>Vision / mission / values</b>	0.15*			-0.17*
<b>Questions/Removing booby-traps from communication</b>	0.18*	-0.19*	-0.19*	
<b>Flexibility in Communication</b>	0.23**	-0.17*	-0.22**	-0.16*
<b>Overcoming difficulties/ Trespassing boundaries</b>	0.21**	-0.22**	-0.25**	
<b>Conflict resolution</b>	0.18*	-0.22**	-0.19*	
<b>Creativity</b>	0.18*			-0.19**
<b>Presuppositions</b>	0.18*	-0.23**	-0.24**	

\* p<0.05

\*\* p<0.01

7. Do dimensions of emotional intelligence affect (either individually or collectively) the effects of emotional labour on individuals?
8. If they do, what quality of emotional intelligence renders an individual susceptible to burnout or, on the other hand, what kinds of emotional intelligence cause an individual to experience positive side-effects of emotional labour rather?

Numerous dimension of emotional intelligence were in positive correlation with life-of-meaning and life-of-engagement dimensions of Satisfaction with Life, while showing negative correlation with the personal performance dimension of burnout. (For further details see Table 4.)

*Table 4: Pearson correlation of emotional intelligence with burnout and satisfaction with life*

	<b>Life of meaning</b>	<b>Life of pleasure</b>	<b>Life of engagement</b>	<b>Personal performance</b>
<b>Self-confidence / intuition</b>			0.17*	-0.15*
<b>Emotional Awareness of Others/ Perceptual Positions</b>	0.16*			
<b>Planning and well-formed outcomes/ positive thinking</b>	0.18*			
<b>Vision / mission / values</b>	0.30**		0.28**	-0.15*
<b>Questions/ Removing booby-traps from communication</b>			0.16*	
<b>Flexibility in Communication</b>				-0.17*
<b>Overcoming difficulties/ Trespassing boundaries</b>	0.18*		0.21**	-0.21**
<b>Conflict resolution</b>	0.28**		0.24**	
<b>Creativity</b>	0.36**	0.19*	0.33**	
<b>Presuppositions</b>	0.27**		0.11*	-0.18*

\* p<0.05

\*\* p<0.01

To sum the results up, it can be stated that in my sample individuals with higher level of emotional intelligence reported slighter decrease of personal performance and higher level of satisfaction with life. Unfortunately, no international research data on emotional intelligence's influence on the side-effects of emotional labour are available yet. The output variables of emotional intelligence and those of emotional labour did not show any close connection in my sample either.



## Techniques regulating emotional displays

9. Do techniques designed to regulate emotional displays affect emotional displays?
10. If they do, which are the most effective techniques?
11. Do techniques designed to regulate emotional displays affect the consequences of emotional labour?
12. If they do, which techniques can be used to achieve positive outputs?

In most organizations, the range, intensity, duration and objects of emotions are regulated by institutionalized, officially sanctioned directives (Statutes, Code of Conduct, etc). Findings of Morris and Feldman (1997) led to the assumption that in jobs with emotional labour being an essential requisite, abandonment of control over the expression of emotions decreases the negative side-effects of emotional labour.

Emotional requirements are learnt through organizational socialization processes. Nothing but collective affirmation by colleagues can, however, affect new behaviour efficiently (Burke, 1991).

In departments of DEOEC the range of emotional expressions which employees are supposed to adopt is not defined in any written regulations. It is the University's Declaration of Mission that makes a sole mention of any desirable form of emotional expression. This lends employees some degree of freedom. If it is not specific forms of emotional expression but efficient work and patient satisfaction that employees are required to produce by their organization, they will have more control over their own emotional labour, which will in the long run, decrease the harmful side-effects of emotional labour too.

My respondents also found socialization and collective cohesion important. Good relations with colleagues proved to be a factor conducive to good performance with half of my respondents. Moreover, meeting social norms is a prerequisite of good relations with colleagues. In my sample, individuals emphasizing the importance of an adequate attitude did better in the life-of-meaning dimension of satisfaction with life. Recognition by colleagues (28 respondents) or patients (11 respondents) or non-recognition (7 respondents), also figured, in my sample, as a determinative factor in everyday work, which, again, postulates conformity with emotional display rules in place in the organization.

Those emphasising their own attitude scored higher in the life-of-meaning dimension of satisfaction with life, however along with those criticizing their colleagues' attitude they faced

high level of depersonalisation. Insufficient inter-colleague relationship affected respondents' satisfaction with life negatively. The lack of recognition by colleagues increased burnout in all of its dimensions; however the lack of recognition by patients decreased satisfaction with life in addition. (For exact figures see Table 5.)

*Table 5: Satisfaction with life and burnout of respondents not mentioning/mentioning the certain judgement*

		Life of meaning	Life of pleasure	Life of engagement	Emotional exhaustion	Personal performance	Depersonalisation
<b>Importance of own attitude</b>	Did not mention	25.5					38.9
	Mentioned	28.7					42
<b>Inadequate attitude of colleagues</b>	Did not mention						38.9
	Mentioned						43.1
<b>Insufficient inter-colleague relationship</b>	Did not mention	27.1	23.5	22.7			
	Mentioned	22.3	16.8	18			
<b>Lack of recognition by colleagues</b>	Did not mention				26.3	23.4	39.8
	Mentioned				30.6	28.8	47.4
<b>Lack of recognition by patients</b>	Did not mention	26.9	23.2	22.6	26.1	23.3	39.7
	Mentioned	19.5	16	14.5	43	40.5	62.5

On the whole, in departments of DEOEC, the emotional norms are not defined in any written regulations, - lending employees a certain degree of freedom, - though adequate emotional displays are parts of the laws of the social game, and therefore are built in the everyday work of healthcare workers.

## Organisational factors

13. Do organizational factors have influence on the effects emotional labour exerts on employees?

14. If they do, which of these factors contribute to a positive output?

Vast technical literature deals with organizational factors influencing emotional labour. Some examine the character of work performed, or frequency, duration and scale of emotional labour, while others aim at revealing the role of social support or that of control.

According to Leidner's (1989) research, the frequency of routine-like expressions and surface acting increases with the number of interactions. Wharton and Erickson(1993) revealed a close connection between the level of emotional dissonance, the likeliness of emotional exhaustion and burnout and the frequency of contact with patients and colleagues. Cordes and Dougherty (1993) pointed out that an increase in the length of interactions also augments the risk of emotional labour's producing negative side-effects. While an assessment of the frequency or length of interactions was beyond the scope of my studies, a growth in the range of dissembled emotions showed a positive correlation with all three dimensions of burnout. (Emotional exhaustion: Pearson: 0,16; Sig.<0,05; Personal performance: Pearson: 0,21; Sig.<0,01, Depersonalisation: Pearson: 0,17; Sig.<0,05). The growth in range of pretended emotions demonstrated a strong correlation with the decrease in personal performance (Pearson: 0,17; Sig.<0,05).

Copp (1998) found that in lack of a supportive climate at work, emotional labour becomes impossible. Similarly, those of my respondents who were hindered in their work by inadequate relations with their colleagues enjoyed their lives less (For exact numbers see Table 5.).

According to Abraham (1998), social support results in an increase of satisfaction with work and decrease in emotional dissonance. With my sample too, recognition of one's work performance was of high importance. Interestingly though, the burnout of healthcare employees was not so much affected by little recognition by their leaders or colleagues as patients' 'ingratitude'. Non-recognition by patients was conducive to increased burnout of employees, and inadequate attitudes of colleagues toward their patients and work led to depersonalisation. Those who disapproved of their colleagues' behaviour, got distanced from them, and were left alone, which increased their risk of burnout. (Exact numbers in Table 5.)

## Conclusions

The correlation which the personality traits and emotional intelligence of healthcare respondents were found to show with their choice of emotional labour type, was in agreement with data presented in international literature. Their effects on personal outcomes did, however, not allow numerical assessment in a clear-cut manner. On the other hand, organizational factors did show a close connection with the effects of emotional labour on the individuals.

In departments of DEOEC the range of emotional expressions which employees are supposed to adopt is not defined in any written regulations. Subsequently employees are free to decide on their emotional displays, displayed emotions, or the type of emotional labour employed. This does not have influence on the number of individuals performing genuine emotional labour, but increases others' likeliness to perform deep acting.

There is a risk involved in current practices that, because of a lack of explicit rules, there will always be employees who will not meet the emotional expectations of their patients and colleagues. This will hit hard the very employees who fall in line with implicit rules. Respondents who found their colleagues' attitude toward their patients and work inadequate, became alienated from both their colleagues and work. Those who disapproved of their colleagues' behaviour, got more and more distanced from them and were left alone, which further increased their risk of burnout.

Socialization plays a significant role in decreasing the number of employees ignoring emotional norms. A good community at work can assist employees through emotional infection as well as turning implicit rules applicable to the required range of emotions into explicit rules. Recognition (or non-recognition) by colleagues and leaders can be instrumental in the motivation of healthcare professionals.

Physicians and other healthcare professionals involved in this study found recognition by their colleagues and positive acknowledgements from their patients equally important. At present, healthcare professionals are overburdened with work, and have little time to spend on their patients. They mostly concentrate on the disease, and have no time to adopt a holistic approach instead. It will take more time, more resources, a better organization of labour, and a change in the social estimation of healthcare professionals to change the situation.

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