Managing Emotions: Emotional Labor or Emotional Enrichment

Rajesh Chandwani
Dheeraj Sharma

W.P. No. 2015-03-42
March 2015

विद्याविनियोगाद्विकासः

INDIAN INSTITUTE OF MANAGEMENT
AHMEDABAD-380 015
INDIA

Managing Emotions: Emotional Labor or Emotional Enrichment

Rajesh Chandwani
Dheeraj Sharma
Indian Institute of Management Ahmedabad

Abstract

Concept of 'emotional labor' has undergone many transformations since Hochschild (1983) described it. Researchers have broadened its scope by including emotion management by professionals in different roles, exploring its positive or beneficial aspects, and studying the contingency factors influencing the process of emotion management. In this paper we attempt to relate both positive and negative aspects of emotion management by exploring factors that may affect the outcomes. Self selection into the role which involves emotion work is identified as the key factor which determines whether it will be perceived as positive or negative, thus influencing the outcome of emotion work. Concept of "emotional enrichment" is introduced to describe a process diametrically opposite to "emotional labor", resulting from job satisfaction and personal accomplishment, leading to physical, emotional and psychological well being. The two aspects of the consequences of emotion work and the antecedents and moderating factors are represented in a comprehensive model.

Introduction

In 1983, Hochschild introduced and described the concept of emotional labor when the management, driven by the profit motive, tries to 'manage' the emotional expression of the employees. Occupational role generates expectations on the part of the person to behave in a certain manner/ display certain emotions, termed as 'display rules' (Ekman, 1973; Rafaeli and Sutton, 1989). Morris and Feldman (1996, pp 987) define emotional labor as *"effort, planning and control needed to express organizationally desired emotions during interpersonal interactions."* Emotional labor is characterized by (a) face to face or voice to voice interaction, (b) attempt to influence other person's behavior, emotions or attitudes and (3) expression of emotions has to follow certain rules (Hochschild, 1983; Morris and Feldman, 1996; Zapf, 2002). It involves regulation/management of emotional display by the individual (Hochschild, 1983; Morris and Feldman, 1996).

With the rise of the service sector, increasing number of employees are involved in face to face and voice to voice interaction with the client and in these occupations, expression of appropriate emotions during the interaction is a job requirement, implicitly or explicitly (Igo and Totterdell, 2007; Zapf, 2002). Researchers have broadened the scope of emotion work to include emotion management by professionals, to satisfy customer expectations, even in absence of any institutional pressures like in medical practice (Larsen and Yao, 2005) and have also included non-relational task oriented jobs (Tolich, 1993). Expectations regarding the emotional display may vary, depending upon the occupational context, the type of service, and the personal needs of the customers (Zeithaml, Parasuraman and Berry, 1990). For example, the expectations arising from doctor-patient relationship, essentially a long term one, will vary drastically from those from a brief one off relationship between an employee and a client in a call center (Dollard, Dormann, Boyd, Winefield, & Winefield, 2003).

Hochschild (1983) introduced the term 'emotional labor' to signify 'managing one's emotions' as a job requirement, positing that it can result in emotional dissonance and can have psychological consequences like low self esteem and psychosexual effects. Since then many studies have provided evidence that emotion work can have psychological consequences like depression and burnout (See for example, Agervold, 2009; Brotheridge and Lee, 2003; Pugliesi, 1999;). However, other researchers like Wouters (1989) consider the harmful effects of emotion work to be only one side of the coin, positing that it can result in favorable outcomes for the organizations as well as individual, like predictability in behavior (Ashforth and Humphrey, 1993), and job satisfaction (Adelmann,1995; Morris and Feldman,1997; Schmutte, 1999, q.v. Zapf, 2002; Wharton,1993). Thus emotion work may act as a double edged sword facilitating performance and satisfaction on one hand or causing psychological dissonance and morbidities on the other (Ashforth and Humphrey, 1993; Zapf, 2002). As emotional labor carries a negative

connotation, in this paper we will use the term 'emotion work' (Zapf, 2002) to signify that emotion management may result in both, negative and positive outcomes.

We attempt to bring the two sides of the coin together, exploring the contingent factors which may lead to negative or positive consequences of emotion work. We argue that if an individual has chosen a profession requiring emotion management, for example a physician choosing a clinical branch, then he/she will be self motivated and willing to perform emotion work, volunteering to manage the emotional aspect, and to build an empathetic relationship with the customer/patient, making virtue of necessity. In this case, rather than experiencing emotional dissonance resulting in burnout, the employee will experience job satisfaction, increasing his/her overall wellbeing. This will not classify as emotional 'labor', which is a term predominantly associated with negative consequences. To capture the intensity and significance of such positive impact, we labeled the process as *'emotional enrichment'*, to signify a concept diametrically opposite to emotional labor. On the other hand if the emotion work is forced on the employee/professional, then it may result in emotional dissonance, stress and burnout (Van Maanen and Kunda, 1989).

The structure of the paper is as follows. First we take an overview of the literature on emotion work exploring both, the negative and the positive consequences of emotion work, the conceptual and the empirical support for the two outcomes in the literature. Then we look at the contingent factors influencing the two outcomes, with a special reference to 'self selection' into the jobs requiring emotion work as an important factor, which has not been explored in the literature. Further, we proceed to propose an integrated model, and attempt to incorporate the antecedents to, and the two polar consequences of, emotion work from the extant literature (Figure 1).

Emotion Labor: An Overview

Goffman (1959) posited that people follow some rules while interacting socially and in dramaturgical analysis of face to face interaction, he compared peoples' behavior in day to day life with theatrical performances, contending that there may be a gap between emotions expressed and emotions felt. There are societal norms, organizational rules and culture, client expectations about 'an appropriate behavior', which determine the emotion display in interpersonal interactions. Ekman (1973) called them 'display rules': standards of behavior that indicate which emotions are appropriate for a given situation and how they should be expressed. Complying with these display rules, the person performs as an actor to suit various situations faced by him (Putnam and Mumby, 1993). To display certain emotions which are not spontaneously felt, an individual may resort to surface or deep acting (Hochschild, 1983). Surface acting occurs when the person consciously displays a particular expression different

from his inner feelings, realizing and *accepting* that there is a mismatch between the two (Cote, 2005; Hochschild, 1983). In "deep acting", on the other hand, he actively indulges in the role, manages his emotions to actually comply his internal and expressed feelings (Cote, 2005; Hochschild, 1983). Hochschild (1983) contends that employees resort to both, surface and deep acting to manage their emotion. But Ashforth and Humphrey (1993) argue that this contention presumes that the 'emotion work' necessarily entails acting, deep or surface. There may be instances where required emotions are genuinely felt and spontaneously expressed, like a nurse who expresses sympathy towards an injured person. Ashforth and Humphrey (1993) called this *"automatic emotion regulation"*. The fact that these expressions need not be enacted, are spontaneous and in sync with the display roles, may put in question the qualification of every emotion work as 'labor'. Diefendorff, Croyle, and Gosserand (2005) posit that such natural and spontaneous expression of emotion can be a distinct strategy of performing emotion work and is based on dispositional and situational characteristics. Igo and Totterdell (2007) in their study on medical practitioners, demonstrated that automatic emotion regulation was associated with satisfaction with their patients, decreasing the chances of emotional exhaustion, while both surface and deep acting involved psychological efforts, leading to emotional exhaustion. Yet another form of strategy for emotion regulation, described in the literature is *"deliberative dissonance acting"* which entails different rules for the display of emotions and for inner feelings, for example a detective who feigns an emotional outburst externally, while remaining calm inside, to trap the criminal, thus performing emotion work to attain a professionally desired outcome (Zapf, 2002). Briner (1999) called this tendency to maintain a particular emotional display while feeling differently, a special type of 'professionalism'.

Hochschild (1983) coined the term "emotional labor" in "The Managed Heart", to explain the implicit coerciveness on the part of management to manipulate the employees' emotions for profit purpose and use of employees' emotions as a commodity. It represents an essentially negative and forced aspect of service work. Since then many authors (For example Brotheridge and Grandey, 2002, Dollard et al, 2003; Lewig and Dollard, 2003; Pugliesi, 1999; Van Maanen and Kunda, 1989) have described this dark side of emotion management leading to emotional dissonance, stress and burnout. However, studies on the negative aspects of emotion work have shown equivocal results, for example, Adelmann (1989), q.v. Morris and Feldman, (1996) found that high emotional work resulted in poor health, lesser job satisfaction and lower self esteem in one study but not in the other.

Authors like Wouters (1989) posit that 'labor' or the 'cost perspective' of emotion management is only a partial picture of the whole. The focus on emotion management in fleeting, short term interactions like in flight attendants cannot bring out the depth and breadth of emotional labor as compared to the jobs which involve humanistic roles like nursing (Darbyshire, 1990). Occupations, like those involving human service work, may offer the potential for emotion work

to be performed spontaneously and willingly, out of concern for the client and not just because of role requirements by the management for profit motive (Ashforth & Humphrey, 1993; Morris & Feldman, 1996). Emotion work, in these instances, may involve automatic emotion regulation (Ashforth and Humphrey, 1993), which may not qualify as 'labor'.

Conrad and Witte (1994) and Tolich (1993) have looked at the positive side of emotion management and the psychological and physiological benefit accruing out of it. Ashforth and Humphrey (1993) contend that emotional labor produces more predictability in interpersonal relationships reducing the stress. It also helps the employees to psychologically distance themselves from distress and think logically and rationally (Ashforth and Humphrey, 1993); and increases job satisfaction (Wharton, 1993).

Scholars have also explored the role of contingent factors moderating the effect of emotion management; for example, the dimensions of emotional labor like frequency, variety, attentiveness and duration; job autonomy; and social support. These aspects will be dealt with in the section 'contingent factors'. First we compare the two opposing yet complementary views on consequences of emotion work, presenting arguments for the two schools of thought.

Emotional Labor: Vice or Virtue

Positive aspects of emotion management

Emotion work makes the outcomes of the interactions predictable, reducing the stress and uncertainty associated with the tasks involving the interaction (Ashforth and Humphrey, 1993). It also helps to build trust in the organization, thus, strengthening the relationships within the organization and between the organization and customers, a critical aspect in service industries (Ashforth & Humphrey, 1993; Nerdinger, 1994, q.v. Zapf and Holz, 2006). Emotion work may also influence the behavior of the client positively, enhancing the organizational performance (Zapf, 2002). Grandey, Fisk, Mattila, Jansen and Sideman (2005) demonstrated that perception of authenticity in an emotional display enhanced the customer satisfaction. Further, emotion work may serve as a secondary task, facilitating another primary task, for example, soothing words by a nurse, while she performs a wound dressing of a child, will decrease the anxiety of the child and facilitate the primary task of wound dressing. Strauss, Farahaugh, Suczek and Weiner (1980) q.v. Zapf (2002), who carried out their research on emotion work in hospitals, where the primary task was the diagnosis and treatment of patients, call this aspect of emotion work facilitating another primary task as 'sentimental work'.

Apart from facilitating the performance of the task and the organizational level benefits described above, an important aspect of emotion work is the benefits at the personal level. Sass (2000) argues that unlike the inauthentic context of airlines studied by Hochschild, if the context of emotional regulation involves genuine voluntary and spontaneous emotion work, like in

nursing home care takers, then the positive affective inputs from the work can lead to job satisfaction. Igo and Totterdell (2007) demonstrated that in medical practitioners, automatic emotional regulation was associated with satisfaction with the patient. The positive correlation between emotion work and job satisfaction has also been established in various other occupational contexts as in table servers (Adelmann, 1995), and banking employees (Schmutte, 1999, q.v. Zapf, 2002). Schuler and Sypher (2000), in their study on 911 emergency call center found that workers seek emotional labor and they considered it to be fun and rewarding. Wharton's (1993) study in a bank and teaching hospital also failed to support Hochschild's contention and rather found emotional labor to be positively related to job satisfaction.

Scholars have demonstrated the link between specific aspects of emotion work and positive outcomes. For example, Morris and Feldman (1997) found a positive correlation between the frequency of emotion work and job satisfaction. Similarly, Schmutte (1999, q.v. Zapf, 2002) found positive association between 'expressing positive emotions' and job satisfaction. Studies have also established the positive relationship between emotion work and personal accomplishment (Kruml and Geddes, 2000). The positive aspects like job satisfaction and personal accomplishment arising out of the emotion regulation may lead to increase in the overall well being resulting in possible health benefits, rather than being detrimental to health (Cote, 2005; Rafaeli and Sutton, 1989; Igo and Totterdell, 2007).

Positive feedback

The health benefits due to sense of accomplishment and job satisfaction from emotion work may accrue even if the positive emotions are not genuine and feigned (Conrad and Witte, 1994).There exist evidence that feigning positive emotions actually accentuates the feeling of positive emotions. That is, a person having phony smiles may end up having true smiles (Zapf, 2002). Strack, Stepper, and Martin (1988), in an experiment demonstrated that a group of participants whose facial muscles for laughing were stimulated, found a movie funnier than the other group in whom these muscles were inhibited. This could be explained by facial feedback hypothesis which states that subjective feelings can be initiated and affected by facial expressions through physiological feedback (Adelmann, 1995).

Cote (2005) argues that emotion work is an interactive process and hence studying intra-individual factors alone misses out the relational dimension of the phenomenon. According to Cote's social interaction model, the clients' response to the emotion work itself influences the individual's own behavior, emotional effort, job satisfaction and well being. Studies have shown that despite involving emotional effort, positive emotions are associated with lower strain (Cote and Morgan, 2002). Mere display of positive emotions may invoke desired responses in the interaction which may then foster the development of true feelings in the actor (Zapf, 2002). This

might also be explained by positive feedback loops, or social exchange theories (Buunk & Schaufeli, 1999).

The above contention can be exemplified by conceptualizing a physician who initially feigns empathetic relationship with the patient, derives job satisfaction from the emotion work, eventually 'learns' in the process and over time it becomes automatic emotional regulation, though the method initially adopted by him/her may fit the description of superficial or deep acting as posited by Hochschild (1983). The prime purpose of the efforts towards this direction is for optimal treatment outcomes. But he/she values the professional satisfaction derived when a combination of emotion and cognition goes into the treatment. The feeling of satisfaction spill over into his/her personal lives as well, thus enhancing the overall feeling of wellbeing. This in turn acts an additional positive reinforcement. This situation, where the desired emotion is experienced and expressed spontaneously, effortlessly and in an automatic mode, without conscious attention to what is being expressed, is conceptualized as 'emotional harmony' (Rafaeli and Sutton, 1989). The emotional harmony of positive nature links the cognitive and affective aspects of the care giving and results in the feeling of job satisfaction and personal accomplishment (Rafaeli and Sutton, 1989).

This highly positive aspect of emotion work by professionals such as those involved in medical care has not been comprehensively conceptualized in the extant literature on the positive aspects of emotional labor. To capture the intensity and significance of such positive impact, we labeled the concept as *'emotional enrichment'*, to signify a process diametrically opposite to emotional labor. While the former leads to well being, the latter is associated with emotional dissonance and burnout.

Negative Aspects of emotional labor:

Emotion work can lead to emotion dissonance and burnout (Pugliesi, 1999). 'Emotion dissonance' occurs when a person is required to express emotions which are not genuinely felt and it is 'the' factor which is implicated by researchers as a primary cause of negative effects of emotion work (Hochschild, 1983; Zapf, 2002). It has been extensively explored in the emotional labor literature (Agerwold, 2009; Abraham 1998; Brotheridge and Lee, 2003; Hoppa, Rohrmann, Zapf, and Hodapp, 2009) but has been conceptualized differently by different scholars: as a dimension of emotional labor (Morris and Feldman, 1996); as a dependent variable arising out of emotion work (Adelman, 1995) and as an environmental variable (Zapf, Vogt, Seifert, Mertini, and Isic, 1999)

Deep acting, in particular, can cause a dissonance between their 'true self' and their 'expressive self' (Ashforth and Humphrey, 1993). This estrangement results in a feeling of 'being phony', hypocritical, and disconnectedness from self, leading to cynicism, low self esteem, and

depression (Zapf, 2002). These effects can have physiological effects on the employee including psychological (Pugliesi, 1999) and psycho-sexual affects (Hochschild, 1983). Van Maanen and Kunda (1989), concurring with Hochschild, believe that the discordance between what one feels and what is displayed, and suppression of one's true feelings can result in physical illnesses, emotional numbness and burnout. Lewig and Dollard (2003) demonstrated that emotional dissonance led to greater job stress and decreased job satisfaction in call center workers. Noe (1995, q.v. Shuler and Sypher, 2000) found that "emotional labor' by emergency medical technicians resulted in problems in their other relationships too.

The detrimental affective consequences of emotional labor can lead to stress and burnout as described by Montgomery, Panagopolou, Wildt, & Meenks (2006) in their study on Greek health care professionals. Burnout consists of emotional exhaustion, depersonalization of individuals and feelings of low personal accomplishment (Maslach and Jackson, 1986). Emotional labor can lead to burnout when the stressors are unavoidable and the sources of relief and job satisfaction are unavailable (Brotheridge and Grandey, 2002).

Contingent Factors

Studies have shown that many contingent factors affect the consequences of emotional labor. In this section we take a look at those factors which can determine the outcome.

Self selection

According to social identity theory, a person with a predominant social identity is more likely to confirm to display rules rather than a person with a predominantly personal identity (Ashforth and Humphrey, 1993). Further, on the basis of person–environment fit theory (Caplan, 1983) and dispositional approach to attitudes (Arvey, Bouchard, Segal, & Abraham, 1989)**,** it can be posited that certain group of people may self select into jobs requiring emotion management and that they may be more likely to enjoy and seek emotion work, and experience the positive consequences of emotion management (Ashforth and Humphrey, 1993; Morris and Feldman, 1996).

According to the framework by Super, Savickas, & Super (1996) self concept concerning the domain of occupation is a determining factor in the career choice by adolescents. But the studies have shown that other institutional influences like those from the parents and the school are also important determinants of career choice (Noack, Kracke, Gniewosz, and Dietrich, 2010). Further, studies in children have shown that though there is some correlation between interest and perceived competence (the child is interested in what he is competent at), there is little relation between the occupational aspirations and both, interests and competence (Primé, Nota, Ferrari, Palladino Schultheiss, Soresi, and Tracey, 2010). Hence it can be inferred that though self concept, interests and competence may drive the career choice in some cases (self selection),

there may be situations where the choice of the occupation is under external influence (forced selection). Further the occupation may have been chosen without contemplating the nature of the work involved (Such cases will also be like forced selection). These concepts can be transposed to the choice of occupations requiring emotion work and it can be conceived that there may be a difference in the perception of emotion work depending upon whether the employee has been forced or has self selected into the job.

For example, it is reasonable to believe that 'service' driven physicians and nurses, self select into those professions which require emotion work, and seek emotional bonding with the patients. Further, deriving from the social interaction model (Cote, 2005) described above, those who initially feign empathetic relationship by performing emotion work may also experience greater satisfaction in their professional roles once they start relating to the patients, and then they too start valuing empathetic relationships with the patients and eventually 'seek' emotion work.

Emotional intelligence, consisting of the components of self awareness, self-regulation, motivation, social skills and empathy (Goleman, 2006), is an important factor that may influence (1) the self concept of the individual, hence the occupation choice; (2) the effort involved in emotion work and (3) the perception of emotion work as positive or negative (McQueen, 2004). Though few studies have related emotional intelligence to emotional labor, scholars have posited that certain aspects of emotional intelligence like being self aware, ability to understand other person's perspectives and to engage in cooperative work may directly facilitate emotion work (McQueen, 2004)

Other individual factors like personality also presumably play a crucial role in choice of professions that entail emotion work (Zapf, 2002). The 'self selection' considerably, if not wholly, factors in the individual variables, which are important in perception and performance of emotion work.

This leads us to the proposition that

Proposition 1: Persons whose social identity relates with the jobs requiring emotion work are more likely to self-select themselves into such jobs.

External control

An implied concept in the emotional 'labor' literature is that it is a coerced form of emotional expression; that the 'control' of emotion regulation lies with the management/organizations which are driven by profit motive, and that it is occurring without the voluntary involvement of the employee (Hochschild, 1983). The organizations may ensure compliance with specific display rules explicitly, as a part of their job description or implicitly, as a part of organization

culture (Zapf, 2002). In human service professions organizations don't have specific policies on emotion regulation but the societal norms and customer expectations exist as professional ethos, which shape the professional's behavior (Zapf, 2002; Rafaeli and Sutton, 1989). In both the cases, whether the control is exercised by the organization or by the clients (or societal expectations), the employee perceives the source of control of emotion display as 'external'. This is in contrast to the employee who self selects into the job and is self motivated to perform emotion work. Another aspect of control of emotion display which can affect perception of emotion work and its effects is the 'monitoring' by the employer. Some employers entrust the responsibility of monitoring the employee's emotional display on supervisors, as evident in Van Maanen and Kunda's study on Disney (1989) and in Tolich's study on supermarket clerks. It can be implied that if monitoring is done directly by supervisors rather than implicitly through organizational culture, or by customer expectations, the employee may feel that the enforcement of display rules as more coercive, and hence may accentuate the emotional dissonance.

When the employee feels that his emotional displays are controlled by external factors, rather than being a voluntary or spontaneous activity then he might perceive emotion work as forced/coercive leading to emotional dissonance and eventually to burnout (Grandey and Diamond, 2010).

The discussion on positive and negative effects of emotion work and on self selection leads us to the propositions that:

Proposition 2: Employees/professionals who self select into the jobs that require emotion work experience increased emotional harmony. Emotional harmony then leads to greater job satisfaction which in turn enhances the well being.

Proposition 3: Employees/professionals who are forced into the jobs requiring emotion work experience the negative effects of the emotion regulation, leading to emotion dissociation, which in turn leads to burnout.

Perceived Job Autonomy

As per Hackman & Oldham (1975), job autonomy is "*the degree to which an employee has freedom, independence, and discretion in carrying out the tasks of the job*".[1] The labeling of emotion work as emotional 'labor' implicitly indicates that the person requiring to display certain emotion has no control over the role or the display rules, and hence has less job autonomy

---

[1] In this paper we relate perceived job autonomy to the autonomy in performing *tasks* involved in the role, for example though the control of the emotional display may be external, the employee has the freedom to perform tasks involved like the length of the smile, duration of the eye contact or other aspects in which the emotional display is expressed.

Empirical research has shown that the perception of autonomy in their roles decreases the harmful effects and increases job satisfaction in the employees performing emotion work (Grandey and Diamond, 2010). Erickson (1991) found that autonomy in the job tends to mitigate the harmful effects of emotional labor. Importance of autonomy was also highlighted by Lopez (2006) who noted that when the nursing home provided more autonomy to their health care providers, the employees perceived emotion work positively, and he labeled it as *"organized emotional care"*. In comparison, in the nursing homes with authoritative display rules, the employees perceived emotion work as negative and Lopez (2006) labeled it as *"emotional labor"*. Former was more voluntary and led to job satisfaction while later was non voluntary compliance and led to stress. It can be derived from Sass (2000), that a person, who self selects into a job requiring emotion regulation, is likely to experience greater autonomy and seek this aspect of service work. This leads us to propose that

Proposition 4 A: Perceived autonomy in the jobs which require emotion work increases job satisfaction, in the employees/professionals who self select into such occupations. Increased job satisfaction in turn enhances the well being.

Proposition 4 B: Perceived autonomy in the jobs which require emotion work decreases the chances of emotional dissonance in the employees/professionals who are forced into such occupations. Lesser emotional dissonance in turn prevents burnout in the employee.

Social support

Another factor that mitigates the harmful effects of emotion labor is social support (Zapf, 2002). Abraham (1998) showed that the negative relation between emotion dissonance and job satisfaction held only in the cases where social support was low. Montgomery et al (2006) also established that work life balance moderated the relation between emotional labor and burnout. Schmutte (1999, q.v. Zapf, 2002) demonstrated that social support negatively moderated the relationship between emotion dissonance and emotion exhaustion. Similarly, Seifert et al (1999, q.v. Zapf, 2002) also showed that social support decreased the likelihood of depersonalization due to emotional dissonance. Hence we propose that

Proposition 5: Social support negatively moderates the relation between emotional dissonance and burnout in the employees/professionals who are forced into jobs requiring emotion work.

Dimensions of emotion work: frequency, variety, attentiveness and intensity

Dimensions of emotion work itself: frequency, attentiveness and duration, variety and intensity also influence the outcome of emotion work (Morris and Feldman, 1996).

Frequency of interactions requiring emotion work has been the most studied aspect of the dimensions with authors positing that greater the frequency of required emotional display, higher are the chances of emotional dissonance and burnout (Hochschild, 1983). Higher is the frequency of emotional display required, higher is the effort involved in emotional work (Zapf, 2002). Hence we can posit that frequency negatively moderates the relationship between emotion work and job satisfaction and; that it positively moderates the relationship between emotional dissonance and burnout.

 Attentiveness (Morris and Feldman, 1996) and *duration* (Rafaeli, 1989 a) of emotional display may also determine the effort required to perform the role. While short displays of emotion are more likely to be scripted and require little emotional efforts on the part of the employee, for example in a case of a telemarketer attending a call, long displays, on the other hand, like in care-giving occupations such as nursing, are more likely to be unscripted (Rafaeli, 1989b). The roles which require prolonged interpersonal contacts entail greater emotional efforts (Morris and Feldman, 1996) and hence can accentuate the harmful effects of emotion work leading to emotion dissonance and burnout in those employees who are forced into the jobs that require emotion work. Duration could affect the positive outcome like job satisfaction as well. For example, a nurse who derives job satisfaction from her care giving role may seek to build empathetic relationship with the resident, and she may require a prolonged contact with the resident to achieve the objective. The short duration of interpersonal contact, in this case will inhibit the formation of an empathetic relationship and hence, it will negatively moderate the relation between emotion work and job satisfaction. Grandey and Diamond (2010) differentiate between two types of interactions: 'encounters' and 'relationships', with the former referring to short scripted displays involving different customers like by telemarketers and the latter associated with long term relationship and repeated interactions with a particular client for example a doctor-patient relationship. They posit that 'relationship' type of interactions are associated with positive outcomes such as well being.

While the roles of flight attendant require uni-dimensional emotional display, a caregiver or a teacher may be required to express a broad range of emotions; ranging from joy (sharing a positive moment with a resident) to sympathy (for a resident who is sick), to disapproval (resident not compliant with the medical advice) (Saas, 2000). Greater *variety* of emotional displays entails more efforts to comply with changing display roles (Ashforth and Humphrey, 1993; Zapf, 2002). Frequent shifts in the emotions displayed over a limited period of time require more effort, planning and anticipation, thus aggravating the 'labor' in the emotion work (Ashforth and Humphrey, 1993), leading to increased emotional dissonance and decreased job satisfaction. Hence we can posit that increased variety of emotion display will negatively moderate the relation between emotion work and job satisfaction in those who self select into the jobs requiring emotion work. On the other hand, variety of emotion display will positively

moderate the relation between emotion work and emotion dissonance in those who are forced into the professions requiring emotion work.

Intensity of an emotional display means how strongly an emotion should be expressed and it has been argued that more intense emotional display requires greater emotional effort and hence potentially can cause greater emotional dissonance (Morris and Feldman, 1996; Zapf, 2002). Analogically, it can be posited that greater the intensity of emotion display required, greater is the effort involved in emotion work and hence lesser is the job satisfaction derived from the role.

Hence we propose that:

Proposition 6 A: Decreased duration of interpersonal contact negatively moderates the beneficial effect of emotion work on job satisfaction in those employees/professionals who self select into the jobs requiring emotion work.

Proposition 6 B Increased frequency, variety and intensity of emotional displays, negatively moderate the relationship between emotion work and job satisfaction in those employees/professionals who self select into the jobs requiring emotion work.

Proposition 7 A: Prolonged interpersonal contacts positively moderate/accentuate the harmful effects of emotion work leading to emotional dissonance in those employees/professionals who are forced into the jobs that require emotion work.

Proposition 7 B: Increased frequency, variety and intensity of emotional displays, positively moderate/accentuate the harmful effects of emotion work leading to emotional dissonance in those employees/professionals who are forced into the jobs that require emotion work.

On the basis of above discussion we build a model (figure 1) incorporating the two outcomes of emotion work and the antecedent factors affecting the same. A brief description of the model is given below.

Figure1. Emotional regulation may lead to emotional labor as well as emotional enrichment
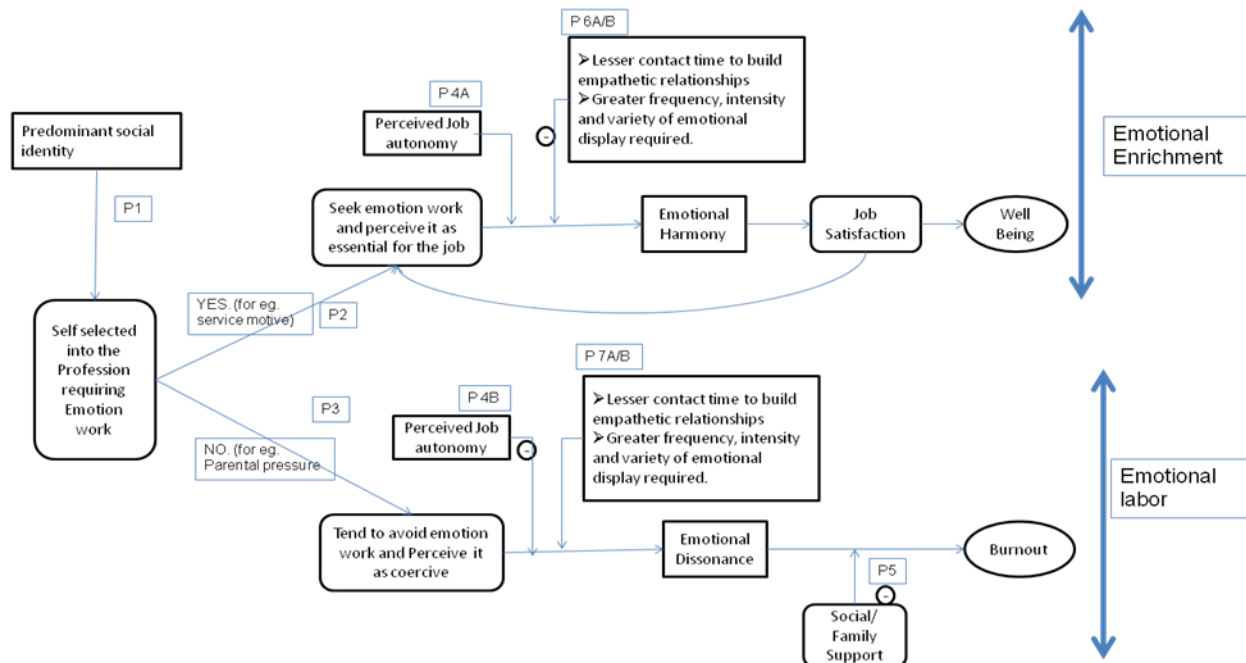
Employees who self select into the professions that require emotion work, for example a nurse driven by service intention, are self motivated to indulge in emotion management. They derive professional satisfaction from emotion work and this acts as a strong positive reinforcement for them to "learn" and involve themselves more, leading to harmony between felt and expressed emotions. The sense of job satisfaction and personal achievement overflows from the job to their personal domains, increasing their sense of well being. This represents the "emotional enrichment" process path. However, autonomy in their roles as professional is a crucial factor for this positive outcome aspect (emotional enrichment) of emotion work. Limited interpersonal contact inhibits the employee who seeks emotional labor and may mitigate the positive effect of the emotion work for example due to work overload (as in some public hospitals). Similarly increased frequency, intensity and variety of emotion display required negatively moderates the positive benefits like emotional harmony and job satisfaction derived from emotion work, in the employees who seek emotion labor and self select into the jobs requiring emotion work.

On the other hand, employees who did not self select to the profession requiring emotion work, perceive the control of emotional labor to be external (by organizations or by customers), and are more likely to experience emotional dissonance and hence burnout, due to emotion work. This

represents the 'emotional labor" path of the model signifying the negative aspects of emotion work. Autonomy in their job, however, decreases the perception of emotion work as coerced. Increased frequency of interpersonal contact, increased attentiveness and intensity, and wider variety of emotional displays required in the job entail greater emotional efforts, and in the face of forced positioning in the role, they accentuate the harmful effects of emotion work. Social support mitigates the relationship between emotional dissonance and burnout.

Conclusion

While the literature provides evidence for both the aspects of emotion work, positive and negative, the studies in this domain have looked primarily at one of the aspects, either positive or negative, with a predominance of negative consequences like emotional dissonance, emotional exhaustion and burnout (Igo and Totterdell, 2007; Shuler and Sypher, 2000). The research has been inconsistent on the positive side of emotion work (Zapf and Holz, 2006). Further only few studies have tried to integrate both the aspects into a single model (See for example: Lopez, 2006; Weir and Waddington, 2008; Zapf and Holz, 2006). It is posited that expression of positive emotions (Zapf and Holz, 2006) and voluntary involvement in caring jobs (Lopez, 2006) leads to feeling of job accomplishment and job satisfaction, and hence results in positive effects of emotional labor. Lopez (2006) for example posits that in the roles of care givers management practices affected the 'perception' of emotion labor by the care giver, and those who perceived that they had sufficient autonomy in their roles *"perceived"* emotion work as positive and this led to job satisfaction. On the other hand those care givers who didn't have sufficient autonomy "perceived" emotion work as negative. Thus, though two employees may be involved in a similar occupation, say care giving, it is the 'perception' of the emotion work by the employee which may be the critical factor in determining whether the work results in positive or negative consequences.

We considered an important factor which has not attracted much attention in the literature and that is the 'self selection' into the profession which requires emotion work. The fact that the job was taken up voluntarily, and not due to institutional pressures (for example family and peers), may be a significant factor which can affect the perception of the emotion work by the person who is performing the role. Further we explored the other factors affecting the outcome of emotion labor: autonomy, dimensions of emotion work namely frequency, variety, duration and intensity, and social support.

Self selection into the role which requires emotion work is the central factor considered in the model where we attempt to integrate the two aspects of emotion labor, both positive and negative into one theoretical model. Negative aspect is qualified as "emotional labor" leading to emotional dissonance and burnout. Positive aspect is labeled as "emotional enrichment" to signify diametrically opposite effects, leading to favorable outcomes like emotional harmony,

and job satisfaction. Moreover, when the professional empathizes with the clients, it leads to positive affects for the professional themselves and also improves the outcome of interaction, thus acting as a virtuous cycle. Emotion work, hence, can lead to well being, from the sense of personal achievement in the professional and in personal life. The outcome may also depend upon several other contingent factors like the context of the profession requiring emotional regulation, workload (time available), and the frequency and variety of emotional displays required. Deriving from the theoretical and empirical studies from the extant literature on the domain of emotion work, we attempt to intertwine in the model, other factors like autonomy and social support along with the dimensions of emotion work, namely frequency, duration, variety and intensity.

An important implication which emerges from this paper is that organizations and institutions, particularly educational institutions, should facilitate self selection into the roles, based on the self concept, interests and competence. This would enhance the positive affective consequences of those engaged in emotion work once they self select into such jobs and prevent the forced selection into these jobs which increases the risk of emotional dissociation and burnout. The paper reiterates the significance of autonomy to the practicing professional which is one of the most important actionable factors enhancing the positive outcomes and preventing the negative consequences of emotion regulation. Further, importance of job enrichment and design to facilitate development of meaningful professional-client relationship is also emphasized.

Proposed Study

Context

As discussed in the earlier part of the paper, extant literature provides equivocal evidences have been produced for both negative and positive aspects of emotional regulation. Occupations differ in the requirement of various dimensions of emotion work; frequency, variety, duration and attentiveness and intensity and therefore it is posited that the emotion dissonance can be conceptualized as function of an extrinsic requirement of the specific job (Zapf, 2002). Hence there exists rationale to study the emotion work and its antecedents and consequences in different occupational contexts. The study of emotion labor in health care has been largely limited to nursing care (Mark, 2005) with few studies exploring this issue in the context of doctor patient relationship (see for example Larson and Yao, 2005).

The idea of this study is to identify antecedents and moderating factors in outcomes for emotion work in medical profession. The context chosen for the study is empathy in "Doctor-Patient relationship". Empathy is an essential factor which determines the outcome of the patient significantly (Ong, Haes, Hoos and Lammes, 1995) and increases job satisfaction in the medical professionals (Larson and Yao, 2005). On the other hand a physician's work is usually hectic; giving lesser time for personal activities and rejuvenation, and it may involve frequent shifts in the emotional expressions. Further, there is a risk of excessive emotional involvement with distressed patients and relatives which can potentially result in emotional exhaustion and burnout (Larson and Yao, 2005). Thus the context provides a fertile ground to explore the two sides of emotion work. The context of doctor-patient relationship, a long term one based on trust, requires cognitive as well as emotion work (Ong et al, 1995). It can thus provide a rich context to explore positive and negative outcomes of emotion work and their antecedents.

The study seeks to answer the following research questions:

1. What are the physicians' perceptions about emotion work?
2. What are the effects of emotion work on his/her professional and personal life?
3. What are the factors which affect those perceptions and outcomes?

Methodology

As stated above doctor-patient relationship and the emotion work by the doctors is a complex process and it is necessary to delve deep into understanding of the jobs, attitudes, and behavior of a person who is performing the job himself/herself. It is imperative to generate a firsthand account of the social construction of emotional labor by the physician and how they manage their complex and demanding professional roles (c.f. Shuler and Sypher, 2000). Phenomenology involves rich, accurate and detailed description of the phenomenon, without any pre-given framework (Groenewald, 2004). Phenomenological research method would be adopted to derive

the first principles from interviews with physicians. Thus though validated instruments are available for the constructs outlined in the model like Emotional Labor Scale (Brotheridge and Lee, 2003) and emotion work requirement scale (Best, Downey and Jones, 1997, q.v. Brotheridge and Grandey, 2002), a qualitative exploration can provide rich understanding of the a complex phenomenon of emotion work in physicians work, which hitherto has been relatively unexplored.

Phenomenology is a qualitative research technique which helps to "*understand social and psychological phenomena from the perspectives of the people involved*" (Welman and Kruger, 1999, pp 189) and thus to arrive at the implicit meanings from a narrative of human experiences (Atkinsons, 1972). Though there is no single prescribed method for phenomenological research (Sanders, 1982), it generally entails description and analysis of the contents of a conscious phenomena (Atkinsons, 1972). Our research interest is to explore the emotion management aspects of medical practice from the point of view of a medical professional. The epistemological stance we take is that the data about antecedents and consequences of such a phenomenon are contained within the perspectives of practitioners themselves, and therefore one should engage in an in depth interaction with these professionals on the topic.

Data Collection:

The data would be collected through a semi-structured, in depth interview with practicing physicians, from different specialties thus requiring a purposive sampling (Welman and Kruger, 1999). The interview will focus on a specific phenomenon "emotion management in medical practice, its antecedents and consequences". The respondent will be encouraged to narrate his experiences, especially in form of stories, about how he chose to be in medical profession, about his concept of doctor-patient relationship, empathy and its impact. Having spent a career in medical care, he would have had lots of insights about his career and also about his friends working in other specialties, which will enable him to elaborate on the similarities and differences between the diverse situations. (In certain cases, and if warranted by the data collected, set of lead questions may guide the interviewee, like "What motivated you to select this profession?", "Do you think empathy is an essential part of doctor patient relationship", "Do you feel that you had to "act" being sympathetic to the patient or to relate to them, when dealing with them or with their relatives?" and "How do you do that in your practice? And how do you feel about the same?"). The respondents would be contacted again after transcribing the data to look for miss-representations and miss-outs, if any. After the analysis is over, the model with the explanation would be discussed with the respondents for any suggestions, comments. This will help to increase the validity of the information.

Explication of the data

The term "data analysis" is deliberately avoided here as it carries erroneous connotations for phenomenology, of breaking into parts, while explications retains the reference to the 'whole' while allowing the investigation of the constituents (Hycner, 1999). The data explication in phenomenological research entails attention to the interaction between the subject and his /her experience as described in the narrative. Themes or essences are then derived from the intentional analysis of the subject's perception of that experience. Intentionality facilitates the consideration of total meaning of the experience, embedded in the context, which is richer than what is obtained by a single account or individual story about an experience. The following steps are adopted in data explication (Groenewald, 2004):

      Bracketing and phenomenological reduction:

      Delineating units of meaning

      Clustering of units of meaning to form themes

      Summarizing and validating

      Extracting general themes, putting them together to give a composite meaning

Physician's experiences would be collated to yield narrative accounts. These accounts will form the units of meaning about the tendency to indulge in/ avoid emotion management and its related perceived outcomes. The accounts will be then categorized according to broad themes that held similar accounts together. Once the accounts are categorized, the analysis should proceed in an iterative manner as recommended by Miles and Huberman (1994). The themes would be then woven into a model depicting the antecedents and consequences of emotion management in medical practice.

According to DiMaggio (1995), theory is a narrative account of social process, with emphasis on the empirical testing of the model as well as careful consideration of the scope of the account. Hence, further studies, using the model would be necessary to substantiate the validity of the theory, using replication studies (Yin, 2008), conducting multiple interviews on the subject, involving different work situations, treating each as a separate case. Multiple case based theorizations (Eisenhardt, 1989) will enhance the robustness and the scope of the theory.

References

Abraham, R. (1998). Emotional dissonance in organizations: antecedents, consequences and moderators. Genetic, Social, and General Psychology Monographs, 124, 229–246

Adelmann, P. K. (1995). Emotional labor as a potential source of job stress. In S. L. Sauter, & L. R. Murphy (Eds.), Organizational risk factors for job stress (pp. 371–381). Washington, DC: American Psychological Association.

Agervold, M. 2009. Emotional dissonance and burnout among social counsellors. *International Journal of Work Organisation and Emotion*, 3(1): 1-17.

Arvey, R. D., Bouchard, T. J., Segal, N. L., & Abraham, L. M. 1989. Job satisfaction: Environment and genetic components. *Journal of Applied Psychology*, 74: 187-192.

Ashforth, B. E., & Humphrey, R. H. 1993. Emotional labor in service roles: The influence of identity. *The Academy of Management Review*, 18(1): 88-115.

Atkinson, M. 1972. A Precise Phenomenology for the General Scholar. *Journal of General Education*, 23(4): 261-297.

Briner, R. B. (1999). The neglect and importance of emotion at work. *European Journal of Work and Organizational Psychology*, 8, 323–346.

Brotheridge, C. M., & Grandey, A. A. 2002. Emotional labor and burnout: Comparing two perspectives of "people work". *Journal of Vocational Behavior*, 60(1): 17-39.

Brotheridge, C. M., & Lee, R. T. 2003. Development and validation of the emotional labour scale. *Journal of Occupational and Organizational Psychology*, 76(3): 365-379.

Buunk, B. P., & Schaufeli, W. B. 1999. Reciprocity in interpersonal relationships: An evolutionary perspective on its importance for health and well-being. In W. Stroebe, & M. Hewstone (Eds.), *The European review of social psychology*, vol. 10 (pp. 259–340). Chichester: Wiley

Caplan, R. D. 1983. Person-environment fit: Past, present, and future. In C. L. Cooper (Ed.), *Stress research: Issues for the eighties*: 35-77. Ann Arbor, MI: Institute for Social Research**.**

Conrad, C., & Witte, K. 1994. Is emotional expression repression oppression? Myths of organizational affective regulation. *Communication yearbook*, 17: 417-428.

Cote, S. 2005. A social interaction model of the effects of emotion regulation on work strain. *Academy of Management Review*, 30(3): 509-530.

Côté, S., & Morgan, L. M. 2002. A longitudinal analysis of the association between emotion regulation, job satisfaction, and intentions to quit. *Journal of Organizational Behavior*, 23(8): 947-962.

Darbyshire, P. 1990. (January 10). High-flown theory. *Nursing Times,* 86(2), 54-56.

Diefendorff, J. M., Croyle, M. H., & Gosserand, R. H. 2005. The dimensionality and antecedents of emotional labor strategies. *Journal of Vocational Behavior*, 66(2): 339-357.

DiMaggio, P. J. 1995. Comments on" What theory is not". *Administrative Science Quarterly*, 40(3): 391-397.

Dollard, M. F., Dormann, C., Boyd, C. M., Winefield, H. R., & Winefield, A. H. 2003. Unique aspects of stress in human service work. *Australian Psychologist*, 38(2): 84-91.

Eisenhardt, K. M. 1989. Building theories from case study research. *Academy of management review*, 14(4): 532-550.

Ekman, P. 1973. *Cross-cultural studies of facial expression: A century of research in review*. Pp: 169–222. New York: Academic Press.

Erickson, R. J. 1991. *When emotion is the product: self, society, and(in) authenticity in a postmodern world*. Washington State University.

Grandey, A. A., & Diamond, J. A. 2010. Interactions with the public: Bridging job design and emotional labor perspectives. *Journal of Organizational Behavior*, 31(2-3): 338-350.

Goffman, E. 1959. *The presentation of self in everyday life*. Doubleday, Garden City, NY.

Goleman, D. 2006. *Emotional intelligence*: Bantam Dell Pub Group.

Groenewald, T. 2004. A phenomenological research design illustrated. *International Journal of Qualitative Methods*, 3(1): 1-26.

Hackman, J. R., & Oldham, G. R. 1975. Development of the Job Diagnostic Survey. *Journal of Applied Psychology*, 60: 159-170.

Hochschild, A. R. 1983. *The managed heart: Commercialization of human feeling.* Berkeley, University of California Press

Hoppa, H., Rohrmannb, S., Zapfa, D., & Hodappa, V. 2009. Psychophysiological effects of emotional dissonance in a face-to-face service interaction. *Anxiety, Stress & Coping*, 99999(1): 1-16.

Hycner, R. H. 1999. Some guidelines for the phenomenological analysis of interview data (pp. 143-164). 1999). *Qualitative research*, 3.

Igo, D., & Totterdell, P. 2007. Emotional labour and emotional exhaustion: Interpersonal and intrapersonal mechanisms. *Work & Stress*, 21(1): 30-47.

Kruml, S. M., & Geddes, D. 2000. Catching fire without burning out: Is there an ideal way to perform emotional labor. *Emotions in the workplace: Research, theory, and practice*: 177-188.

Larson, E. B., & Yao, X. 2005. Clinical empathy as emotional labor in the patient-physician relationship. *JAMA*, 293(9): 1100.

Lewig, K. A., & Dollard, M. F. 2003. Emotional dissonance, emotional exhaustion and job satisfaction in call centre workers. *European Journal of Work and Organizational Psychology*, 12(4): 366-392.

Lopez, S. H. 2006. Emotional labor and organized emotional care: Conceptualizing nursing home care work. *Work and Occupations*, 33(2): 133.

Maslach, C., & Jackson, S. E. 1986. MBI: Maslach Burnout Inventory; manual research edition. *University of California, Palo Alto, CA*.

McQueen, A. C. H., Rcnt, B., & Iltm, N. T. 2004. Emotional intelligence in nursing work. *Journal of Advanced Nursing*, 47(1): 101.

Mark, A. 2005. Organizing emotions in health care. *Journal of Health Organization and Management*, 19(4/5): 277

Miles, M. B., & Huberman, A. M. 1994. *Qualitative data analysis: An expanded sourcebook*: Sage Pubns.

Montgomery, A. J., Panagopolou, E., Wildt, M., & Meenks, E. 2006. Work-family interference, emotional labor and burnout. *Journal of Managerial Psychology*, 21(1): 36-51.

Morris, J. A., & Feldman, D. C. 1996. The dimensions, antecedents, and consequences of emotional labor. *The Academy of Management Review*, 21(4): 986-1010.

Morris, J. A., & Feldman, D. C. 1997. Managing emotions in the workplace. *Journal of Managerial Issues*, 9,257–274.

Noack, P., Kracke, B., Gniewosz, B., & Dietrich, J. 2010. Parental and school effects on students' occupational exploration:: A Longitudinal and Multilevel Analysis. *Journal of Vocational Behavior*.

Ong, L. M. L., De Haes, J., Hoos, A. M., & Lammes, F. B. 1995. Doctor-patient communication: a review of the literature. *Social Science & Medicine*, 40(7): 903-918.

Primé, D. R., Nota, L., Ferrari, L., Soresi, S., Tracey, T. J. G., & Palladino Schultheiss, D. E. 2010. Correspondence of children's anticipated vocations, perceived competencies, and interests: Results from an Italian sample. *Journal of Vocational Behavior*.

Pugliesi, K. 1999. The consequences of emotional labor: Effects on work stress, job satisfaction, and well-being. *Motivation and Emotion*, 23(2): 125-154.

Putnam, L. L., & Mumby, D. K. 1993. Organizations, emotion and the myth of rationality. *Emotion in organizations*: 36-57.

Rafaeli, A., & Sutton, R. I. 1989. The expression of emotion in organizational life. *Research in organizational behavior*, 11(1-42).

Rafaeli, A. 1989 (a). When cashiers meet customers: An analysis of the role of supermarket cashiers. *Academy of Management Journal*, 32(2): 245-273.

Rafaeli, A. 1989 (b). When clerks meet customers: a test of variables related to emotional expression on the job. Journal of Applied Psychology, 74, 385–393.

Sanders, P. 1982. Phenomenology: A new way of viewing organizational research. *Academy of Management Review*, 7(3): 353-360.

Sass, J. S. 2000. Emotional labor as cultural performance: The communication of caregiving in a nonprofit nursing home. *Western Journal of Communication*, 64(3): 330-358.

Shuler, S., & Sypher, B. D. 2000. Seeking emotional labor: When managing the heart enhances the work experience. *Management Communication Quarterly*, 14(1): 50.

Strack, F., Stepper, L. L., & Martin, S. 1988. Inhibiting and facilitating conditions of the human smile: a nonobstrusive test of the facial-feedback hypothesis. *Journal of Personality and Social Psychology*, 54, 768–777.

Super, D., Savickas, M., & Super, C.Associates. 1996. The life-span, life-space approach to careers. In D. Brown, & L. Brooks (Eds.), Career choice & development (pp. 121−178)., 3rd ed. San Francisco: Jossey-Bass.

Tolich, M. B. 1993. Alienating and liberating emotions at work: Supermarket clerks' performance of customer service. *Journal of Contemporary Ethnography*, 22(3): 361-381.

Van Maanen, J., & Kunda, G. 1989. Real feelings: Emotional expression and organizational culture. *Research in organizational behavior*, 11(43-103).

Welman, C., & Kruger, F. 1999. *Research methodology for the business and administrative sciences*: Oxford University Press.

Wharton, A. (1993). The affective consequences of service work. Managing emotions on the job. *Work and Occupations*, 20, 205–232.

Weir, H., & Waddington, K. 2008. Continuities in caring? Emotion work in a NHS Direct call centre. *Nursing Inquiry*, 15(1): 67-77.

Wouters, C. 1989. The sociology of emotions and flight attendants: Hochschild's Managed Heart. *Theory, Culture and Society*, 6(1): 95-123.

Yin, R. 2008. *Case study research: Design and methods*: Sage Pubns.

Zapf, D. 2002. Emotion work and psychological well-being A review of the literature and some conceptual considerations. *Human Resource Management Review*, 12(2): 237-268.

Zapf, D., Vogt, C., Seifert, C., Mertini, H., & Isic, A. 1999. Emotion work as a source of stress: The concept and development of an instrument. *European Journal of Work and Organizational Psychology*, 8(3): 371-400.

Zapf, D., & Holz, M. 2006. On the positive and negative effects of emotion work in organizations. *European Journal of Work and Organizational Psychology*, 15(1): 1-28.

Zeithaml, V. A., Parasuraman, A., & Berry, L. L. 1990. *Delivering quality service: Balancing customer perceptions and expectations*: Free Pr.