



# Emotional labour and its consequences in health-care setting

**Kornélia Lazányi**

*Universitat Budensis,  
Keleti Károly Faculty of Business and Management,  
Institute for Organisation and Management,  
1081, Budapest, Népszínház utca 8  
lazanyi.kornelia@kgk.uni-obuda.hu*

## Abstract

*The psychosomatic consequences of emotional labour are numerous. However, the most often debated one is burnout. Employers, through enforcing emotional norms onto employees expose their employees to emotional exhaustion, and in the long run depersonalization. Nevertheless, not all levels of emotional labour are equally detrimental. Surface acting, and repressing of genuine emotions in particular had the most negative consequences according to the research data of 171 health care practitioners. Faking emotional displays different from the ones genuine emotions would induce also had its harmful outcome decreasing the respondents' sense of personal performance. On the other hand, the satisfaction with life of those, who mostly displayed their genuine emotions, was rather lower than that of those, who faked emotional displays according to social/organisational expectations.*

*Keywords: emotional labour, burnout, health-care, oncology*

## 1 Introduction

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.

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.

Organizations – and health-care organisations to an even higher extent - expect their employees to moderate their emotions, especially the strong negative ones, or 'leave them home'. Both notions can be labelled as emotional labour, and are in fact actual efforts.

## 1.1 Emotional labour

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 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.

Employee submits himself/herself to organizational requirements; while the organization uses wages or other kinds of compensation with exchange value to reward or remunerate the employee for his/her emotional displays in compliance with the explicit or implicit rules in place. However, 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 sense of performance and job satisfaction.

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 genuine emotions fail to meet social requirements, one will have to use his/her previous experiences to get 're-tuned'. That is to say, one needs to recall and

relive situations which can help assume a state of mind appropriate to the situation at hand. The findings of Kruml and Geddes (2000a) 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 (2000b), 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.

## 1.2 The consequences of emotional labour

Emotional labour increases the efficiency of working, reduces the necessity of direct control, and lessens interpersonal problems (*Ashforth and Lee, 1990*); and is subsequently is cherished by organisations. However, by restricting their employees' right to spontaneous action employers inflict a series of negative somatic and psychological consequences upon employees (*Wharton and Erickson, 1993*).

According to Maslach's (1982) findings on health care workers, the requirement of attending on and caring for patients continuously imposes an excessive emotional burden on health care professionals. Those who identify with their roles entirely and do their best to treat each and every patient kindly and in a helpful manner, will get exhausted or burnt out very soon, and will no longer be able to conceal their true (and inappropriate) emotions afterwards, despite their immense effort. Exposure to the risk of burnout is the highest with those who are doing their utmost to fully meet the emotional role demands on them.

Most literature on emotional labour deals with the risks of job dissatisfaction and burnout (*Kahn, 1993*). Kruml (1999) gives an account of emotional dissonance, Ashforth and Humphrey (1993) of self-alienation, Kruml and Geddes (2000a) of emotional exhaustion, Pugliesi (1999) of stress at work, Bulan Erickson and Wharton (1997) of a feeling of untruthfulness, and Schaubroeck and Jones (2000) of physical symptoms. Negative effects such as low self-appraisal, depression, a cynical way of thinking, as well as role- and self-estrangement show a high frequency too (*Richman, 1988*).

However, when the individual's true emotions fit in with workplace expectations (genuine acting), neither emotional dissonance nor negative side-effects will occur, since it is not emotional labour, but emotional dissonance and the consequences arising from there that are harmful. The two forms of emotional labour also differ in their consequences. Based on studies by Rafaeli and Sutton (1987), emotional dissonance dissolves in the course of deep acting, while remains a constant feature of surface acting only. Emotional exhaustion (*Maslach, Schaufeli and Leiter, 2001*) and depersonalisation (*Totterdel and Holman, 2003*) also show correlation with the frequency of surface acting. The rate of people depreciating their own contributions to work also grows with the increase in the frequency of surface acting (*Brotheridge and Lee, 2002*). Zerbe and Falkenberg (1989)

have found that his investigations corroborate the correlation between burnout and surface acting. According to Hochschild's observations, as opposed to surface acting, deep acting does not lead to emotional exhaustion or depersonalisation, but affects the employees' sensation of their contribution to work positively (*Hochschild, 1983*).

The aim of this paper is to provide a better insight into the relation of emotional labour and its consequences, namely satisfaction with life, and burnout in health-care setting.

## 2 Research material and method

### 2.1 Participants in the Study

I have conducted my researches with healthcare workers, who 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 oncologists 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. The choice fell on the department of obstetrics because, according to literature, it features equally strong, though mostly positive emotions.

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 (HCP). (Further characteristics of the respondents are displayed in Table 1.)

	Years	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

Table 1

Breakdown of respondents by age and healthcare experience

## 2.2 Research method

Since no generally accepted emotional labour questionnaire supported by adequate psychometric data has been designed so far, I used the PANAS-X questionnaire (Positive and Negative Affect Schedule – Expanded Form; *Watson and Clark, 1994*) two times to measure the difference between genuine and displayed emotions. For the first time, each respondent was supposed to rate his/her emotions on a five-point Likert scale on the basis of how frequently and to what extent he/she felt them, while for the second time, he/she was asked to tell how frequently and to what extent he/she displayed them, in his/her everyday work. By generating differences, the range of emotions which respondents altered during / for the sake of their daily routine could be identified (number of emotions pretended / repressed), as well as the amount of emotional labour performed (pretence / repression) assessed. The drawback of this method is that it can not indicate deep acting, since through the course of deep acting not only emotional displays are affected, but felt emotions are altered as well. PANAS-X was used to quantify 60 different emotions and emotive states.

In order to quantify the negative personal consequences of emotional labour Maslach's Burnout Inventory, a questionnaire specifically developed for the study of professionals in human services (Maslach Burnout Inventory – Human Services Survey, MBI-HSS) was used. MBI-HSS seeks to apprehend burnout via three major aspects of the phenomenon including emotional exhaustion, depersonalization, and decrease in personal accomplishment. Respondents were supposed to use this questionnaire to evaluate 25 statements against two seven-degree scales in terms of intensity and frequency, respectively.

Diener's satisfaction with life (Satisfaction With Life Scale, SWLS; *Diener, 1994*) global scale is used as a key indicator in positive psychology to assess individuals' subjective well-being; this is why I included it in the survey to assess the possible positive consequences of emotional labour. SWLS is used to size up satisfaction with life in terms of three aspects, including life of meaning, life of pleasure, and life of engagement. Respondents were asked to rate 18 statements on a 7 point Likert scale.

### 3 Results

Due to the relatively small number of participants the correlations presented hereafter are rather weak, though significant. This is why all following data should be regarded as tendencies rather than hard facts.

According to literature data presented earlier, surface acting is more harmful than deep acting in terms of its effects on the actor. My results also seemed to support the negative effects of surface acting. Both emotions pretended and emotions dissembled showed positive correlations with dimension of burnout, however there has been a difference in correlations when hiding/repressing true emotions and when faking/pretending the expected ones.

	<b>Number of emotions pretended</b>	<b>Pretence</b>	<b>Repression</b>
Emotional exhaustion			0.16*
Personal performance	0.22**	0.17*	0.21**
Depersonalisation			0.17*

\* Sig. < 0.05

\*\* Sig. < 0.01

Table 2

The negative consequences of emotional labour

Faking emotional displays that are different from the ones genuine emotions of the actor would create affected the personal performance dimension of burnout. It suggests an underlying presumption of being not (sufficient) enough. Those, who fake emotions in order to conform to the emotional expectations of the patients, or in order to match emotional norms of the organisation at hand, are already entrapped in an evil cycle. Feeling of not being satisfactory generates a will to give more even by faking. However, by being required to fake, one is obliged to feel him/herself lacking.

Repression of emotions was found to influence all three aspects of burnout. The more out of his/her true emotions a respondent suppressed, the higher level of emotional exhaustion he/she experienced; all the more he/she felt that he/she had not got any mental asset to deliver up to others. The rate of depersonalization was found to increase with the amount of emotional dissembling. In other words, the individual concluded that if he/she was not allowed to behave like him/herself because he/she was supposed to hide his/her true feelings, his/her true self was not important to others, and for this reason he/she would not care about his/her colleagues' or patients problems either.

On the other hand, in literature, emotional labour is linked with positive side-effects too. An employee may derive satisfaction from his/her fulfilling the emotional expectations of his/her patients and colleagues. Such fulfilment may give rise to a sense of belonging or that of being accepted, and make daily routines meaningful. An employee like that will find work in human service, - in which all individuals involved pay heed to, and respect, each other's emotions mutually, - an activity which is important and performed with

pleasure rather than one which is wearisome, sterile, and mechanical. My respondents' satisfaction with life showed positive correlation with surface acting.

	<b>Repression</b>	<b>Number of emotions repressed</b>	<b>Genuine acting</b>
Life of pleasure	0.17*	0.15*	-0.16*

\* Sig. < 0.05

\*\* Sig. < 0.01

Table 3

The positive consequences of emotional labour

Surface acting was found to show weak positive correlation with the life-of-pleasure aspect. To be able to (fully) enjoy the joys of life, one will have to fall in line with the rules of the social game, at least superficially. Surface acting renders it possible for one to enjoy life. On the other hand, genuine acting was found to show negative correlation with the life-of-pleasure aspect. For an individual expressing / displaying his/her emotions sincerely, it is not mainly for its pleasures that life is important. The more an individual displays his/her true, though sometimes not really adequate emotions, the more he/she violates the rules of the game. While remaining true to him/herself, he/she cannot get fully involved in the game.

## Conclusions

According to my research data surface acting indeed had its toll on the individual actor. It correlated with the burnout scores of the respondents positively. However the consequences differed in line with the form of the surface acting. Faking had less negative outcome on the actor, on the basis of MBI scores and the data of Diener's SWL questionnaire even suggested positive results. On the other hand repression had its full toll. It might be, because by repressing genuine emotions the situation might be solved, but the inhibited genuine emotion or the emotional dissonance thereof does not dissolve by itself. What is more, it enhances over time gaining psychosomatic manifestations in the long run.

The most interesting outcome of the study was that being true to ones genuine emotions does not always pay. Sometimes giving in, and conforming the expectations is more profitable - life is more pleasurable that way.

## References

- [1] Ashforth, B. E., Humphrey, R. H.: Emotional labor in service roles: The influence of identity. *Academy of Management Review*, 18, 1993, pp. 88-115.
- [2] Ashforth, B. E., Lee, R. T.: Defensive behavior in organizations: A preliminary model. *Human Relations*, 43, 1990, pp. 621-648.



- [3] Brotheridge, C. M., Lee, R. T.: Testing a conservation of resources model of the dynamics of emotional labor. *Journal of Occupational Health Psychology*, 7, 2002, pp. 57-67.
- [4] Bulan, H. F., Erickson, R. J., Wharton, A. S.: Doing for others on the job: The affective requirements of service work, gender and emotional well-being. *Social problems*, 44, 2, 1997, pp. 235-256.
- [5] Diener, E.: Assessing subjective well being: Progress and Opportunities. *Social Indicators Research*, 31, 1994, pp. 103-157.
- [6] Hochschild, A. R.: *The Managed Heart: Commercialisation of Human Feeling*. University of California Press, Berkeley, 1983.
- [7] Kahn, W. A.: Caring for the caregivers: Patterns of organizational caregiving. *Administrative Science Quarterly*, 38, 1993, pp. 539-563.
- [8] Kruml, S. M.: *The heart working: An empirical investigation of the dimensions, antecedents, and outcomes of emotion labor* [Doctoral dissertation, Temple University]. *Dissertation Abstracts International*, 61, 1999, pp. 261.
- [9] Kruml, S. M., Geddes, D.: Catching fire without burning out: Is there an ideal way to perform emotional labor? In: Ashkanasy N. M., Hartel C. M., Zerbe W. J. [Eds] *Emotions in the workplace: Research, theory, and practice*, Westport, Quorum Books, 2000a.
- [10] Kruml, S. M., Geddes, D.: Exploring the dimensions of emotional labor: The heart of Hochschild's work. *Management Communication Quarterly*, 14, 2000b, pp. 8-49.
- [11] Maslach, C., Schaufeli, W. B., Leiter, M. P.: Job burnout. *Annual Review of Psychology*, 52, 2001, pp. 397-422.
- [12] Maslach, C.: *Burnout: The cost of caring*. Englewood Cliffs, NJ: Prentice-Hall, 1982.
- [13] Pugliesi, K.: The Consequences of Emotional Labor: Effectson Work Stress, Job Satisfaction, and Weil-Being. *Motivation and Emotion*, 23, 2, 2, 1999, pp. 125-154.
- [14] Rafaeli, A., Sutton, R.: Expression of emotion as part of the work role. *Academy of Management Review*, 12, 1987, pp. 23-37.
- [15] Richman, J. A.: Deviance from sex-linked expressivity norms and psychological distress. *Social Forces*, 67, 1988, pp. 208-215.
- [16] Schaubroeck, J., Jones, J. R.: Antecedents of workplace emotional labor dimensions and moderators of their effects on physical symptoms. *Journal of Organizational Behavior*, 21, 2000, pp. 163-183.
- [17] Totterdell, P., Holman, D.: Emotion regulation in customer service roles: Testing a model of emotional labor. *Journal of Occupational Health Psychology*, 8, 2003, pp. 55-73.
- [18] Watson, D., Clark, L. A.: *The PANAS-X: Manual for the positive and negative affect schedule-Expanded Form*. University of Iowa, 1994.
- [19] Wharton, A. S., Erickson, R. J.: Managing emotions on the job and at home: Understanding the consequences of multiple emotional roles. *Academy of Management Review*, 18, 1993, pp. 457-486.
- [20] Zerbe, W., Falkenberg, L.: The expression of emotion in organizational life: Differences across occupations. *Proceedings of the Annual Conference of the Administrative Sciences Association of Canada*, 10, 5, 1989, pp. 87-96.