CHAPTER III
RESEARCH GAP AND HYPOTHESES DEVELOPMENT

The extensive literature review has helped to understand that health care is fundamentally different from other organisational groups in terms of emotional management (de Raeve, 2002, p 467). Literature mentions different strategies and different situations during which there is use of surface and deep acting by nurses, further validates that the conduct of emotional labour in health settings is different to other occupations. (E.g. Bolton, 2000). The extensive review has also helped to identify gaps from conceptual models which lack empirical groundings. The gaps are as follows:

- **Research Gap 1:** The effect of variables such as display rules and closeness of monitoring by supervisors has not been tested on emotional labour. Thus it becomes essential to investigate the impact of display rules on “emotionally charged “nurses. Similarly every hospital also has its own way of monitoring the nurses, the rules of which are probably framed by the administration depending on the HR policies. This variable too can have a direct effect on emotional labour, and the idea should be tested for deeper understanding of the process.

- **Research Gap 2:** Nurse job autonomy is an important issue. It is evident that the choice of emotional regulation strategy (i.e. surface acting or deep acting) during interactions depending on the levels of autonomy is likely to influence health consequences and wellbeing.
• **Research Gap 3**: The influence of both deep acting and surface acting should be related to burnout, which needs to be tested in future. In presence of antecedents, it is very important to check the effect of emotional labour on burnout.

• **Research Gap 4**: The extent to which the emotional dimensions of work contribute to the nurse turnover rate should be studied. The relationship between emotional management and turnover may alert managers about the negative effects and provide solutions for their retention.

• **Research Gap 5**: It has been suggested in the literature that those who perceive high levels of supervisor support and co-worker support (also termed as social support) may report high levels of emotional labour but not burnout because support acts as a buffer against the stressors. If these types of studies are carried out, results can help build policies for workplace training for both employers and employees.

• **Research Gap 6**: Literature suggests that Emotional Intelligence (EI) has a moderating effect on the stress burnout relationship in nurses. Hence the moderation effect of EI can be tested in the present model to see whether it also does moderate the effects of emotional labour and can help the individual to face less harmful effects.

### 3.1 Objectives of the Study

Based on the literature review and the identification of the gaps, a comprehensive model has been built depicting how nurses perform emotional labour. The specific objectives of this study are as follows:

i. **Objective 1 (is to address Research Gap 1 and 2)** i.e.
i. To investigate the effect of display rules, closeness of monitoring and job autonomy on the emotional labour of nurses

ii. **Objective 2 (is to address Research Gap 3 and 4) i.e.**

i. To investigate the effect of emotional labour on the turnover intention and burnout process in nurses

iii. **Objective 3 (is to address Research Gap 5 and 6) i.e.**

i. To investigate the moderating effect of emotional intelligence, coworker support and supervisor support on the relationship between emotional labour and the consequences.

**Figure 3: The study model**
3.2. Development of Hypotheses

Keeping the first objective in mind, the following six hypotheses have been proposed:

3.2.1 Display Rules and Emotional Labour

Display rules are defined as a social group's informal norms about when, where, and how one should express emotions. (Siegler and Robert 2006, p 17). They can be described as culturally prescribed rules that people learn early in their lives by interactions and socializations with other people. (Safdar et al, 2009. p 2). Ekman and Friesen (1975, p 20) pointed out that display rules varied as a function of occupational requirements. For example, nurses are socialized to express compassion, caring, and empathy (Hinds et al 1994, p 73). At the same time that they are encouraged to develop a level of professional detachment (Carmack, 1997, p 141). There is evidence that emotional display rules operate at a level usually different than that of individual perceptions as it is a norm made by the organizations which usually has to be followed by everyone. Consistent with this idea, Feldstein and Gemma (1995, p 230) reported that nurses often feel intense emotions such as grief but do not show those emotions because they are taught that they become a hindrance while caring for their patients. If the nurses themselves start displaying “negative emotions”, then patients might start to panic. In most cases in the hospitals,
doctors and nurses are trained and asked to display positive emotions to motivate the patients and help them cope with the pain and stress. Hence nurses may view expressions of sympathy and caring for the patient as the only “professional” way to act (Lewis, 2005, p 567). The presence of display rules is linked to greater levels of emotion regulation—more management of emotion is needed if display rules are prominent than if individuals are free to display their feelings (Diefendorff et al 2011, p 175). Therefore, it is proposed

**Hypothesis 1**: Nurses will be involved in deep acting (modifying feelings) with stronger display rules in the organization

**Hypothesis 2**: Nurses will be involved in surface acting (modifying expressions) with less stronger/weak display rules in the organization

### 3.2.2 Closeness of Monitoring and Emotional Labour

In an organization, it is the onus of the supervisors and managers to ensure that the employees and subordinates follow the rules, policies and procedures properly. Close monitoring also gives an impression to the workers that the work/job needs to be done properly. The supervisors can monitor the progress of work by calling in for meetings or by asking the subordinate to submit reports among many other ways. In hospitals too, the supervisors/managers closely monitoring the nurses to ensure proper practice of display rules. (Morris and Feldman 1996, p 990) As nurses understand the importance of displaying “standard rules/norms” they regulate their feelings according to the needs of the organization. Therefore it is proposed:

**Hypothesis 3**: Nurses will be involved in deep acting (modifying feelings) with more closeness of monitoring
**Hypothesis 4**: Nurses will be involved in surface acting (modifying expressions) with little or less monitoring.

### 3.2.3 Job Autonomy and Emotional Labour

Job autonomy specifically refers to the extent and freedom according to which the players have the ability to adapt to display rules to fit their own interpersonal styles (Morris & Feldman, 1996, p 995). Research has shown that job autonomy is positively correlated to job satisfaction and other attitudinal outcome variables (Hackman & Oldham, 1975, p 161). Wharton (1993, p 458) found that those who report high autonomy had lower emotional exhaustion in both high and low emotional labour-typed jobs. Morris and Feldman (1996, p 996) reported that job autonomy was negatively related to emotional dissonance and emotional exhaustion and positively related to job satisfaction. Organizations who snatch away job autonomy may find negative outcomes surface among their employees. Previous studies on emotional labour suggest that emotional labour has significantly less negative consequences among workers who have greater job autonomy (Adelmann, 1989, p 378). Employees who have more autonomy over their expressive behaviour than others are less likely to feel emotional dissonance. Thus in this study, it is proposed:

**Hypothesis 5**: Nurses will be involved in surface acting (modifying expressions) with more job autonomy.

**Hypothesis 6**: Nurses will be involved in deep acting (modifying feelings) with little or less job autonomy.

Keeping the second objective in mind, the following four hypotheses have been proposed.

### 3.2.4 Emotional Labour and Turnover Intention
Turnover intention is an individual’s own estimated (subjective) probability that they are permanently leaving the organization in near future (Vandenberg & Nelson, 1999, p 1314). In the context of healthcare organizations, employees may think of leaving their current organization if they believe that they may not be capable of fulfilling the demand required by their work. Employees with high turnover intention are likely to provide poor service to customers (Tax & Brown, 1998, p 80). The study conducted by Mishra and Bhatnagar (2010, p 275) demonstrated that emotional dissonance (discrepancy between felt and expressed emotions) leads to higher level of turnover intentions among medical representatives. The results of their study showed that employees who experience emotional dissonance in their work roles are more likely to indicate an intention to leave the organization. It was also argued that emotion regulation in the workplace, over a long period of time, may affect absenteeism, and turnover. (Grandey 2000, p 101). As deep acting requires more emotion regulation for an individual, it is proposed that:

**Hypothesis 7**: The intention to leave the organization will be greater if the nurses perform deep acting.

**Hypothesis 8**: The intention to leave the organization will be less if the nurses perform surface acting.

### 3.2.5 Emotional Labour and Burnout

Job burnout is defined as “a syndrome of emotional exhaustion, depersonalization of others, and a feeling of reduced personal accomplishment” (Lee and Ashforth, 1990, p 744). Research has shown the relationship between three factors of burnout and acting strategies. For example, surface acting was positively correlated with emotional exhaustion and depersonalization and
negatively correlated with personal accomplishment (Brotheridge and Lee, 2003, p 369). Grandey (2003, p 103) also hypothesized a direct, positive path from surface acting to emotional exhaustion and the result was supported. However, in Brotheridge and Grandey’s (2002, p 20) study, the effect of surface acting on emotional exhaustion was found to be too small. Grandey (2003, p 104) posited deep acting is positively related to emotional exhaustion. In the path model, Brotheridge and Lee (2002, p 371) found that deep acting affected emotional exhaustion indirectly through the authenticity variable, whereas deep acting had a direct, negative impact on depersonalization. In our study, it is proposed

**Hypothesis 9:** Nurses will experience greater degree of burnout if they perform deep acting.

**Hypothesis 10:** Nurses will experience lesser degree of burnout if they perform surface acting.

Keeping the third objective in mind, the following two hypotheses have been proposed.

**3.2.6 The Moderating Effect of Emotional Intelligence**

Emotional intelligence is defined as the ability to understand and regulate one’s own emotions as well as understand other’s emotions. Research supports the idea that emotional intelligence may be a cause in the positive association among depression, emotional labour and physical pressure (Prati et al.2009, p 369). Emotional intelligence has been found to correlate positively with general well-being (Saklofske et al. 2012, p 252). It might affect work attitudes, increase altruistic behaviour, enhance work outcomes, and reduce interpersonal conflicts and related stress (Carmeli 2003, p 791). Duran et al. (2004, p 389) in their study clearly demonstrated that a higher level of emotional intelligence results in improved well-being among employees by
providing the ability to beat the strain associated with emotional labour. Overall, it is agreed that higher emotional intelligence is linked with enhanced psychological functioning (Salovey & Grewal 2005, p 285, Schutte et al.2007,p 925). Studies indicate a reverse relationship between work stress and emotional intelligence (Lopes et al. 2006, p 133). Therefore it is proposed that

**Hypothesis 11:** Emotional intelligence will moderate the relationship between emotional labour and (a) intention to leave and (b) burnout

### 3.2.7 The Moderating Effect of Supervisor and Co worker Support

The emotion regulation theory proposed by Gross (1998, p 229) discussed the environment as an indicator to the emotional response that follows. Support from co-workers and supervisors always create a positive working environment (Schneider & Bowen, 1985, p 425). An employee’s perception that he or she works in a supportive climate has been found to correlate to job satisfaction, less stress, and low turnover intentions. It also leads to higher team performance (Cropanzano et al 1997, p 165). In customer service settings, where positive expressions are expected, feeling positive about the social environment may mean that less emotional labour is required. One may genuinely feel the emotions that are expected in a service environment if the interpersonal relationships are positive and supportive. Indirectly, support may help employees handle the stress of jobs. Bailey (1996) suggested that talking to other people was a method of coping with difficult customers. Social support in service settings seems to help protect individuals from stress (Pines & Aronson, 1988). The positive effect from social support thus could help in enhancing the quality of healthcare. Working in an environment with huge support from others helps in nurse retention as well. Therefore it is proposed.
**Hypothesis 12**: Supervisor and co-worker support will moderate the relationship between emotional labour and (a) intention to leave and (b) burnout

### 3.3 Conclusion

Following the objectives, this chapter thus builds on the hypotheses. Twelve hypotheses were formulated based on the literature review and gaps. The following chapter thereafter discusses on the sampling design process and the statistical tools which has been used to test these hypotheses.