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## Socio-emotional and operational demands on service employees



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#### ABSTRACT

Enacting appropriate behaviors often requires service employees to suppress genuine emotions and/or express other emotions, genuine or contrived. Managing emotions to act in a socially appropriate manner constitutes a form of labor: emotional labor. If labor demands exceed the resources of the employee, burnout arises, with negative consequences for overall psychological well-being and job performance. Similarly, task related activities engender role stress, which can also lead to burnout. Both task related role demands and socio-emotional demands are likely to be omnipresent in interpersonal interactions in service settings. Accordingly, this study sets out to investigate the simultaneous impact of these job demands on burnout in front line service professionals. Based on survey data collected from allied health service workers, the study findings strongly suggest that both socio-emotional demands and task related role demands are significant determinants of workplace stress and that their simultaneous effects on employee burnout can be large.

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#### 1. Introduction

Understanding the causes of employee burnout can provide benefits for employees, their employers and the national economy. The American Institute of Stress states that stress is an integral factor in up to 80% of work-related injuries and 40% of employee turnover (Atkinson, 2004). Furthermore, burnout costs organizations billions of dollars in disability claims, absenteeism and lost productivity and may cost up to 10% of a country's GNP (Ongori & Agolla, 2008).

One context in which high operational and socio-emotional demands are ubiquitous is health care. For example, the impact of role stressors on burnout in clinical settings is well established (see Lee, Lim, Yang, & Lee, 2011, for a meta-analysis), and research is beginning to investigate non-clinical front line health service employees. For example, Ashill and Rod (2011) present empirical evidence that the

high job demands made of non-clinical front line health service employees give rise to burnout symptoms in non-clinical health service encounters. Non-clinical health care workers (especially allied health professionals such as physical therapists, psychologists, respiratory therapists, dietitians, podiatrists etc.) typically have high degrees of face-to-face interaction with patients. In such settings, the logic of value co-creation suggests that job demands include both operational and socio-emotional demands. As such, building on earlier work by Rafaeli and Sutton (1987), Zapf, Seifert, Schmutte, Mertini, and Holz (2001), Stordeur, D'hoore, and Vandenberghe (2001) and Ashill and Rod (2011), this paper expands the conceptual domain of job demands to delineate operational demands from socio-emotional demands, and to further differentiate between socio-emotional demands for dissonant and harmonious emotional displays. The study subsequently tests the impact of these demands on employee burnout symptoms in a high contact, non-clinical health care setting. The results suggest that health care managers must be cognizant of the dual demands made on their allied health care workers when they interact with patients and the consequences that these demands have for employee well-being.

#### 2. Background

Service roles, where the stakes for customer satisfaction and value creation are high, are inherently stressful. In particular, employees may often be required to modify their innate behavior to some extent in order to facilitate the service interaction. This dramaturgical perspective

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of service delivery is well established in the extant literature (for a comprehensive discussion of dramaturgy in service encounters, see for example Halliday, Davies, Ward, & Lim, 2008). From the perspective of the firm, such a point of view emphasizes the need for service employees to maintain an appropriately sociable demeanor, often requiring that they modify their behavior and act in a brand-appropriate manner (Hwang, Kang, & Youn, 2014; Jeanquart Miles & Mangold, 2004). The socio-emotional demand to maintain a demeanor consistent with service norms may require service employees to suppress certain emotions that are seen as inappropriate to the service role (such as boredom, disliking or anger), while expressing others (such as excitement, friendliness and empathy) even if they do not genuinely feel these emotions. Expressing job-demanded emotions to customers requires employees to expend energy to ensure that they display appropriate feelings, a process that is referred to as emotional labor (Hochschild, 1983). Despite ambivalent results from previous research (Barsade, Brief, & Spataro, 2003), the dominant paradigm in the field is that emotional labor induces emotional dissonance (Grandey, 2000; Hochschild, 1983) and that sustained emotional dissonance leads to feelings of stress, frustration, or burnout/ emotional exhaustion (Grandey, 2000; Hochschild, 1983; Judge, Woolf, & Hurst, 2009). With the exception of Rafaeli and Sutton (1987), the majority of emotional labor research focuses on the negative consequences of emotional dissonance and largely ignores situations where employees appropriately express their genuine emotions, assuming that such genuine displays do not impact emotional exhaustion. In contrast Rafaeli and Sutton (1987) highlight the positive outcomes of emotional harmony, which they define as the match between experienced and expressed emotions, and emotional norms. Emotional harmony would be achieved in the case when a service employee expresses genuine positive emotions in the service encounter and Rafaeli and Sutton (1987) argue that emotional harmony is associated with employee well-being.

Concurrent socio-emotional and operational demands appear to be a common characteristic of the allied health professional's role, where value creation requires close interaction between the health professional and the patient. Research shows that both operational demands, in the form of role stress, and socio-emotional demands, in the form of emotional labor, independently give rise to employee burnout, and that the latter has a deleterious impact on employees' mental and physical health (e.g. Spector, Chen, & O'Connell, 2000). The majority of existing burnout research generally focuses on the consequences of either operational role demands, or socio-emotional role demands (see for example Ashill & Rod, 2011; Karatepe & Uludag, 2008). Because existing burnout measures do not capture the full extent of demands made on employees, previous research may underestimate the potential for burnout amongst service workers, especially those in high contact service situations. Notably, Zapf et al. (2001) examine the impact of a range of job stressors and emotion work on burnout across a range of services, and Stordeur et al. (2001) examine the impact of psychological and role stressors on emotional exhaustion. However, in neither case is the potentially ameliorating impact of emotional harmony on burnout symptoms considered.

Zapf et al. (2001) and Stordeur et al. (2001) report that emotional labor does have an impact concurrent with role stressors on emotional exhaustion. Zapf et al. (2001) report that the impact of emotional labor on burnout, additional to task related job stressors, is rather small (3%), and conclude that the small observed impact of emotional labor concurrent with role stressors may be due to conceptual overlap between emotional labor and job stressors.

While the Zapf et al. and Stordeur et al. studies represent an important first step; they are both limited by the use of multiple regression analysis. Standard regression analysis assumes that the constructs in the study are measured without error, and as such regression weights may be attenuated, with a consequent underestimation of the effect of antecedents to burnout. Structural equation modeling (SEM) with latent variables can account for measurement error, and also allows for complex models with multiple dependent variables to be simultaneously estimated,

providing a more realistic description of the relationships between study constructs.

#### 3. Role demands and burnout

Conservation of resources (COR) theory (Hobfoll, 1988, 1989) has previously been used to study emotional labor and burnout (Brotheridge and Lee, 2002), and suggests that individuals accumulate personal resources such as motivation and energy. Stressful events consume these resources and "people strive to obtain, retain, protect, and foster valued resources and minimize any threats to resource loss" (Brotheridge & Lee, 2002: 58). When the net outcomes of the service role are positive, people experience a surplus in their resources and are motivated to take part in similar transactions in the future. When resources cannot be regained, people experience stress and burnout.

In the context of the socio-emotional role, resource demands consist of the effort required to modify one's displays of emotions to conform to service norms. In the context of operational demands; role stressors (resource demands) comprise three separate but related constructs; role overload, role ambiguity and role conflict (Choi, Baek, & Kang, 2013; Schaubroeck, Cotton, & Jennings, 1989; Siddiqi, 2014). Role overload exists when role expectations are greater than the individual's abilities and motivation to perform a task (Conley & Woosley, 2000). Role ambiguity arises when individuals do not have clear authority or knowledge about how to perform the assigned jobs (Singh, Goolsby, & Rhoads, 1994). Role conflict refers to incompatibility of expectations and demands associated with the role (Ivancevich, Matteson, & Preston, 1982).

#### 4. Conceptual framework

Fig. 1 shows the operational model, which summarizes the hypotheses.

#### 4.1. Burnout

Burnout is historically conceptualized as containing three distinct but related components: emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach & Jackson, 1981). Researchers are yet to reach consensus on how the three components underpinning burnout might be related to each other (e.g. Kristensen, Borritz, Villadsen, & Christensen, 2005; Taris, le Blanc, Schaufeli, & Schreurs, 2005). This study subscribes to Leiter and Maslach's (1988) and Kristensen et al.'s (2005) broad notion that emotional exhaustion plays a dominant role in shaping other burnout outcomes, and follows Leiter's (1993) argument that emotional exhaustion is a source of both depersonalization and of diminished personal accomplishment. Accordingly, the components of burnout are causally related, with emotional exhaustion developing from excessive work demands and depersonalization and reduced personal accomplishment emerging as consequence of emotional exhaustion:

**H1.** Emotional exhaustion is positively associated with depersonalization.

**H2.** Emotional exhaustion is negatively associated with personal accomplishment.

#### 4.2. Operational demands and emotional exhaustion

Role stressors are generally considered to be hindrance stressors, which are appraised by individuals as constraining their potential for personal development and workplace accomplishment (Podsakoff, LePine, & LePine, 2007). Role conflict, role ambiguity, and role overload receive significant attention within frontline service settings as influences on emotional exhaustion, and are presently considered to be

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