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Original article

## Empathy and emotional dissonance: Impact on organizational citizenship behaviors



### *Empathie, dissonance émotionnelle et comportements de citoyenneté organisationnelle : quels liens ?*

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## ABSTRACT

**Introduction.** – The ability of nurses to hold competing emotions is at the heart of a number of recent studies. Empathy is an emotional resource in nurse–patient interactions and promotes positive experiences at work. On the contrary, emotional dissonance resulting from nurse/patient interactions is usually considered to lead to negative outcomes, such as job dissatisfaction (Brotheridge & Grandey, 2002).

**Objective.** – The aim of this study is to investigate the extent to which empathy and emotional dissonance are associated with organizational citizenship behavior among a group of Italian nurses.

**Method.** – A questionnaire was distributed to 222 nurses, working in two multidisciplinary hospitals in a North region of Italy.

**Results.** – Results support the hypothesis that both cognitive and emotional empathy have significant effects on nurses' organizational citizenship behavior directed at the organization. Cognitive empathy explained significant variance in organizational citizenship directed only at specific individuals.

**Conclusion.** – These findings confirm that cognitive and emotional empathy have different impact on nurses' organizational citizenship behavior. Further studies are required to inform education or for application in clinical settings.

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## R É S U M É

**Introduction.** – Certaines professions comme les professions d'aide sont particulièrement exigeantes sur le plan émotionnel. L'empathie peut être considérée comme une ressource émotionnelle conduisant à une expérience professionnelle positive. La dissonance émotionnelle par contre est généralement associée à une insatisfaction professionnelle (Brotheridge & Grandey, 2002).

**Objectif.** – Cette recherche a pour objectif d'analyser les relations entre l'empathie, la dissonance émotionnelle et le développement de comportements de citoyenneté organisationnelle auprès d'une population d'infirmiers(ières).

**Méthode.** – Un questionnaire mesurant l'empathie, la dissonance émotionnelle et les comportements de citoyenneté organisationnelle a été soumis à 222 infirmières travaillant dans deux hôpitaux situés dans la région Veneto en Italie.

**Résultats.** – Les résultats montrent que l'empathie a une composante affective et cognitive. La composante cognitive de l'empathie est associée aux comportements de citoyenneté organisationnelle centrés sur l'altruisme et sur les vertus civiques. La dimension affective de l'empathie ainsi que la dissonance émotionnelle ne sont pas associées aux comportements de citoyenneté organisationnelle retenus.

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## Mots clés :

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## 1. Introduction

Nursing is an emotionally complex occupation, requiring performance of emotional labour (Karimi, Leggat, Donohue, Farrell & Couper, 2014). Emotional labour is defined as: “the effort, planning, and control needed to express organizationally-desired emotion during interpersonal transactions” (Morris & Feldman, 1996, p. 987). Emotional labour includes the emotional job requirements of expressing and hiding emotion (Diefendorff & Gosserand, 2003). The frequency, variety, and intensity of expressed emotions are considered in relation to well-being (Grandey, 2003). This study aims to test the link between emotional labour and organizational citizenship behaviours. We focus on nursing, a helping profession where emotional labour can be considered a central part of the work.

## 2. Emotional dissonance and empathy as core components of emotional labor

Emotional dissonance is the central core of emotion labor (Zapf, 2002). Emotional labor appears when one expresses or suppresses feelings that produce an appropriate state of mind, according to organizational feeling rules (Hochschild, 1983). While the expression of these feeling rules is in most cases a spontaneous process of acceptance and effortless cooperation (Zapf, 2002), some situations call for the stimulation or the suppression of emotions that may enter in conflict with genuinely experienced emotions. This gap between experienced and required emotions has been referred to as emotional dissonance (Brotheridge & Grandey, 2002). Researchers suggested that employees perform emotional labour using two acting techniques: surface acting and deep acting (Brotheridge and Grandey, 2002; Grandey, 2003). Employees perform surface acting when they alter their outward appearance to simulate the required emotions – emotions that are not necessarily privately felt. Surface acting produces a discrepancy between felt and displayed emotion. Deep acting occurs when employees change not only their physical expressions, but also their inner feelings. In this case expressed emotions are genuine (Grandey, 2003).

Empathy can be considered as a general emotional ability, to take the perspective of others and to feel the emotion of others (Parker & Axtell, 2001; Yu & Kirk, 2008). Empathy can also be viewed as a cognitive and affective experience that varies with the situation (Parker & Axtell, 2001). So, empathy can be considered as dispositional and situational attribute. In the context of the nurse–patient relationship, empathy is defined as a predominantly cognitive rather than an emotional attribute (Ward, Cody, Schaal & Hojat, 2012). The cognitive attribute involves the ability to understand another person’s inner experience and feelings and a capability to view the outside world from the other person’s perspective (Hojat, 2007). With this cognitive filter, individuals are able to disentangle themselves from others’ feelings and to maintain a sense of whose feelings belong to whom (Diefendorff, Richard, & Yang, 2008). When experience cognitive empathy, individuals produce a « detached attachment » to others which enhances a sense of private feelings protection (Decety & Jackson, 2006; Hojat, 2007). The capability of understanding others’ personal emotions plays an important role in the emotional labour (Goleman, 2000). Compassion, the emotional dimension of empathy, resides in the area of the overlap between empathy and sympathy. Whereas the aim of cognitive empathy is to know another person’s concerns, the aim of emotional empathy is to feel another person’s emotions through identification processes (Hojat, 2007). A nurse should feel the patient’s feelings only to a limited extent to improve his or her understanding of the patient without impeding professional

judgment (Starcevic & Piontek, 1997). The cognitive empathy prevents emotional over-engagement. Without this cognitive filter individuals would be overwhelmed by emotional involvement (Decety & Jackson, 2006). Despite the differences between cognitive and emotional empathy, they are not independent from one other. Their interplay allows a compassionate detachment and an affective distance, which prevent emotional exhaustion (Hojat, Gonnella, Nasca, Mangione, Vergare & Magee, 2002).

## 3. Organizational citizenship behaviors

Organizational citizenship behaviour is described by Organ as “individual behaviour that is discretionary, not directly or explicitly recognized by the formal reward system and that in the aggregate promotes the effective functioning of the organization” (Organ, 1988, p. 4). Organizational citizenship behaviour (OCB) is not required by the demands of task or job (Norris-Watts & Levy, 2004). OCB is considered to be beneficial and supportive of the organization (Pohl & Paillé, 2011). Organ identifies five dimensions of OCB: altruism, courtesy, sportsmanship, conscientiousness and civic virtue. Altruism involves helpful acts that assist other workers’ performance and facilitate good working relationship. Courtesy implies behaviours, which aim to help co-workers and prevent problems; conscientiousness consists of behaviours that go well beyond the minimum role requirements of the organization. These behaviours indicate that employees accept and adhere to the rules, regulations, and procedures of the organization. Sportsmanship has been defined as willingness on the part of the employee that signifies the employee’s tolerance of less-than-ideal organizational circumstances without complaining and blowing problems out of proportion. Civic virtue is characterized by behaviours that indicate the employee’s deep concerns and active interest in the life of the organization (Law, Wong, & Chen, 2005). This dimension also encompasses positive involvement in the concerns of the organization. Podsakoff and MacKenzie (1994) advised not to consider conscientiousness as organizational citizenship behaviour, because it is an awaited behaviour and not a discretionary one. A different way of organizing the OCB’s construct was proposed by Williams and Anderson (1991). They divided up the dimensions of OCB into two different types of OCB based on whom the behaviours were directed at. Organizational citizenship behaviour-individuals (OCB-I) include behaviours that are aimed at other individuals in the workplace while organizational citizenship behaviour-organizational (OCB-O) include behaviours directed at the organization as a whole. Altruism and courtesy are actions aimed at other employees and thus fall under the umbrella of OCBI. Conscientiousness, civic virtue, and sportsmanship are behaviours intended for the benefit of the organization and can subsequently be considered as OCBOs.

Several empirical researches have confirmed this model (Diefendorff, Brown, Kamin & Lord, 2002; MacKenzie, Podsakoff, & Ahearne, 1998; Pohl & Paillé, 2011). In health care organizations, altruism and civic virtue seem to play the most significant role (Parker & Axtell, 2001). The most important dimension of altruism has been shown to be interpersonal facilitation, which includes cooperative, considerate, and helpful acts that assist other workers’ performance and facilitate good working relationships (Van Scotter & Motowidlo, 1996). Altruism seems to be an important feature in the nursing context. Civic virtue is characterized by behaviours that indicate the employee’s deep concerns and active interest in the lifeblood of the organization (Diefendorff et al., 2002). Given the interest in OCB, it seems useful to identify the antecedents of such behaviour. Little part of empirical research has been focused on the link between emotional labour and organizational citizenship behaviours. Our study aims to fill this gap.

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