


2015

# Emotional Labor and Employee Engagement Within a Pediatric Hospital

Michele Louise Mitchell  
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# Walden University

College of Social and Behavioral Sciences

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Walden University  
2015

Abstract

Emotional Labor and  
Employee Engagement Within a Pediatric Hospital

by

Michele L. Mitchell

MSW, University of Denver, 2009

BS, Adams State College, 1995

Dissertation Submitted in Partial Fulfillment  
of the Requirements for the Degree of  
Doctor of Philosophy  
Psychology

Walden University

August 2015

## Abstract

High levels of emotional work, staffing shortages, high turnover rates, low workforce engagement levels, and complex healthcare reforms are common problems in healthcare settings. Healthcare leaders are increasingly aware of the vital impact an engaged workforce can have on patient outcomes and an organization's ability to survive despite current challenges in the healthcare setting. It is important for leaders to understand what factors may influence the ability to engage with their organization, such as emotional labor. The purpose of this correlational quantitative study was to test whether emotional labor is related to employee engagement within a large Midwestern pediatric hospital. The theoretical frameworks that helped guide the development of this study were Herzberg's motivation-hygiene theory, Kahn's engagement theory, intergroup emotions theory, and Diefendorff and Richard's model of emotional display rules. Three measures (a demographic questionnaire, the revised Emotional Labour Survey, and the Job Engagement Scale) were used to address the relationship between the variables (the subscales of emotional labor and employee engagement). Data analysis involved simple bivariate correlations and curvilinear regressions. Results indicated that the subscales of faking emotions and hiding feelings negatively correlated with employee engagement. Five of the 6 subscales also had a significant curvilinear relationship with employee engagement. Gender did not play a moderating role in this study. Social change implications and recommendations include the potential for improvements in the need to identify and develop training and self-care strategies necessary for staff to endure the emotional fallout associated with the high emotional demands of their job.

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## Dedication

Life is full of experiences that can either guide us, direct us, or attempt to destroy us. I like to think of life as a journey on a ship of experiences. Ten years ago, a tidal wave came crashing over the side of my ship. At five years old, my son was diagnosed with a highly malignant brain tumor. Talk about a wave that stopped my ship right in its tracks with a screeching halt! I found myself bailing out water for weeks and months.

Navigating the land of pediatric brain cancer has been filled with times of fear, pain, sadness, anger, amazement, relief, joy, and thankfulness. My son has continued to amaze me with his ability to take each new day and each new challenge head on with grace, perseverance, and most importantly with an amazing sense of humor. Through this journey, I have realized the true meaning of life which is the rare beauty and value each person brings to their own unique vessel. I have also learned to be truly present and treasure every single moment God has given me. I have also learned the vital importance of following one's dreams. I would not be standing here today about to accomplish a lifelong dream of pursuing my Ph.D. and embarking on a new journey filled with new experiences without these treasured lessons. I would also not be standing here today without the amazing support of my husband, family, friends, and community. Through these journeys, I hope I have shown you that all things are possible and to never give up on yourself or your dreams. My son, my step-children, my husband, my parents, my family, my friends, and God have truly been the wind beneath my sails. This study is dedicated to all of you! Thank you for your undying sacrifices, prayers, strength, love, and support.

## Acknowledgments

Pursuing my Ph.D. has been an amazing journey filled with challenges, frustrations, sacrifices, joy, and accomplishments. This journey would not have been possible without the support from so many individuals. First, I would like to acknowledge and thank my incredible family. To my son, your ability to model determination and perseverance with grace and humor is truly inspirational. To my step-children, your patience, support, and unconditional love will forever be appreciated. To my husband, Tim, your countless sacrifices, unwavering support, unconditional love, and your faith in my ability to accomplish my dreams will forever be cherished. To my parents, you never held back expressing how proud you were of me; you taught me the importance of believing in myself as well as the power of prayer and faith; and you taught me that I could soar high in the midst of any challenge or circumstance. To my family and friends, for never making me feel guilty for not being around or involved in many different activities and life events over the past several years due to my pursuit of this degree. I would also like to thank you for the unwavering support, words of encouragement, prayers, and good thoughts along the way. To my research mentor, Erin, your passion and love for statistics coupled with your amazing ability to compassionately teach others will forever be appreciated and treasured. To my methods expert, Dr. Napoli, for challenging me to be a better researcher as well as to take the time to truly understand the data and findings. Finally, I would like to acknowledge my sincere gratitude for my amazing chair, Dr. Dawdy. Your guidance, encouragement, and unconditional support were invaluable during this journey. I will forever be grateful.

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## Chapter 1: Introduction

### **Background**

A pediatric hospital is an environment where patients and physicians may experience fear, anger, sadness, disease, discomfort, and death. During these difficult times, patients and families are encouraged to openly express their heightened emotions. They are allowed to visibly grieve their loss. Hospital staff members, on the other hand, are not allowed to openly display their intense emotions. The perceived positive emotions are encouraged, while the negative ones are frowned upon. For example, hospital staff are encouraged to show interest, concern, and sympathy, while hiding or suppressing feelings of disgust, frustration, anguish, anxiety, fear, sadness, and pain when interacting with patients and their families (Kinman, McFall, & Rodriguez, 2011; Mann, 2005; Shuck, Shuck, Reio, 2013). Healthcare professionals are often responsible for calming their patients and their families, and to offer reassurance in order to help patients to feel cared for and safe (Henderson, 2001). This act of suppressing emotions within the workplace in order to follow the organization's display rules is called emotional labor (Grandey, Foo, Groth, & Goodwin, 2012; Hochschild, 1983; Scott & Barnes, 2011).

### **Emotional Labor**

Healthcare professionals are called to express appropriate emotions as well as to show empathetic concern while working with patients and their families (Lee, Lovell, & Brotheridge, 2010a). This act of expressing appropriate emotions by managing true feelings and emotions is called emotional labor. Professionals often manage their true feelings and emotions by suppressing them in order to meet work demands and

organizationally desired outcomes: This form of emotional labor is called surface acting (Bechtoldt, Rohrmann, De Pater, & Beersma, 2011; Brotheridge & Grandey, 2002; Hülshager, Alberts, Feinholdt, & Lang, 2013). Professionals can also take part in emotional labor through deep acting: This form of emotional labor is where the displayed emotions are actually felt through aligning the expressed and felt emotions (Lee et al., 2010a).

Hochschild (1983) argued that professionals can create a caring and safe environment through engaging in surface acting by suppressing their true feelings. Researchers have shown that emotional labor can lead to both personal and professional costs for the employee. These costs include stress, burnout, emotional exhaustion, emotional detachment, physical complaints, reduced job satisfaction, and diminished organizational commitment (Bechtoldt et al., 2011; Grandey et al., 2012; Henderson, 2001; Hülshager, Lang, & Maier, 2010; Hwa, 2012; Johnson & Spector, 2007; Kim, 2008; Kinman et al., 2011; Scott & Barnes, 2011). Researchers have also argued that the effort put forth by individuals to hide these emotions can yield psychological strain, a loss of emotional control, and a depletion of energy which can all lead towards feelings of emotional distance from others as well as feelings of inefficacy within their work performance (Brotheridge & Lee, 2003; Hülshager & Schewe, 2011).

Emotional labor outcomes have also been linked to absenteeism and turnover. According to Chau, Dahling, Levy, and Diefendorff's (2009) study, emotional labor can slowly wear down staff, resulting in absenteeism and turnover. Absenteeism and turnover not only impacts the organization but also impacts patient care (Grandey et al., 2012).

Healthcare professionals are also often taught that showing intense emotions such as grief as well as displaying negative emotional responses to angry, hostile, or uncooperative patients and their families is: (a) a hindrance to patient care, (b) unprofessional, and (c) is not always the most supportive response (Diefendorff, Erickson, Grandey, and Dahling, 2011; Grandey et al., 2012; Mann, 2005). Healthcare professionals are expected to maintain a professional emotional distance with their patients and their families by suppressing intense emotions (Karimi, Leggat, Donohue, Farrell, & Couper, 2013). The suppression of intense emotions can negatively impact a person's professional and personal life.

Nurses, however, have argued that caring for their patients not only involves feelings and emotions; but, the expression of emotions is necessary in order to show empathy (Henderson, 2001; Karimi et al., 2013; Stayt, 2009). Mann and Cowburn (2005) also argued that it requires the use of emotions when nurses have to try to improve the spirits of patients and their families as well as comfort patients and their families when bad news is being delivered. Creating this emotional attunement is seen by some as a key component of patient and family-centered care (Lee, Lovell, & Brotheridge, 2010b). Lee et al. (2010b) argued that nurses feel more positive when they can take efforts to genuinely feel and therefore show the appropriate emotions when working with their patients and families. This form of emotional labor is often referred to as deep acting.

This constant pull between two expectations can create role confusion as well as emotional challenges. Problems surface when nurses become too intimate with families as well as when nurses become too distanced from families (Stayt, 2009). This constant



strain between felt emotions and the inability to always display them is the heart of emotional labor (Hochschild, 1983). Therefore, when you couple this emotional strain with the United States healthcare crisis of high nursing staff turnover and absentee rates, there is a definite need for more research within this arena (Jenaro, Flores, Orgaz, and Cruz, 2010; Little, Ditmer, & Bashaw, 2013). Current healthcare reforms that are resulting in widespread changes in healthcare practices and organizational structures will also impact the need for further research.

### **Employee Engagement**

Eschenfelder (2012) argued that emotions are not only a key ingredient in connecting people; but, emotions are also a key ingredient in connecting people to their organization. Therefore, emotions also play an important role in employee engagement. The emotional well-being of employees has been identified as a significant factor in employee engagement (Sahoo & Mishra, 2012). Additionally, during times of engagement, people are normally able to engage and express themselves physically, cognitively, and emotionally during role performances (Sahoo & Mishra, 2012, p. 94). Emotions are expressed naturally during these moments or feelings of connection. Wagner (2006) argued that employees who are able to find an emotional connection to their work remain with an organization longer than those who do not.

Engagement resulting in longevity is critical for any organization; however, the risks can be even higher in healthcare settings (Robison, 2012). Healthcare leaders have found strong links between staff engagement and the following: (a) patient engagement, (b) patient safety, (c) work environment safety, (d) outcome quality, (e) staff absentee rates,

and (f) the patient experience (Robison, 2012; Sahoo & Mishra, 2012; Schaufeli, Bakker, & Van Rhenen, 2009; Serrano & Reichard, 2011). Xanthopoulou, Bakker, and Fischbach (2013) argued that fully engaged staff members have: (a) high energy levels, (b) are enthusiastic, (c) are intensely immersed in their work, and (d) are fully engrossed in their role.

Engagement is vital to retaining employees as well as to the overall success and health of an organization (Heilman et al., 2010; Sahoo & Mishra, 2012). Engagement does not only affect the staff and organizations; but, it also appears to be a critical component toward patient outcomes. Yet, there is little research that addresses the relationship between emotional labor and employee factors beyond stress and burnout, like employee engagement (Scott & Barnes, 2011). Because emotions play a key role in engagement, the suppression of emotions in order to perform work-related duties may impact an employee's desired level of organizational engagement.

Hospitals cannot afford negative employee or patient outcomes. In order to help limit these negative outcomes, healthcare leaders would benefit from understanding the role of emotions in the workplace, especially around employee engagement. This is more critical today than ever before, especially in light of the current and predicted physician and nursing shortages (Cattew, Flynn, & Vonderhorst, 2007; Heilman, Crisan, Houser, Miclea, & Miu, 2010; Wells & Hejna, 2009).

### **Problem Statement**

High turnovers rates, nursing shortages, and high demand for healthcare workers is a current problem for many hospitals across the United States (Bartram, Casimir,

Djurkovic, Leggat, & Stanton, 2012; Diefendorff, Erickson, Grandey, & Dahling, 2011; Little et al., 2013). Granatino, Verkamp, and Parker (2013) argued that another current problem for organizations is 69% of their workforce have reported being either disengaged or under-engaged. Catteuw, Flynn, and Vonderhorst (2007) argued that only approximately 29% of employees in organizations actually reported being genuinely engaged. The global percentage of an engaged workforce is even less at approximately 13% (Wilson, 2014). Organizations with disengaged workforces experience the following issues: (a) between \$250 and \$300 billion a year in low employee productivity costs; (b) high turnover rates; (c) low customer service scores; (d) low employee morale; (e) low employee satisfaction rates; (f) decrease in teamwork; (g) approximately \$300,000 annually for every 1% increase in turnover; (h) higher infection rates as well as an increase in slips and falls within hospital settings; (i) decrease in patient safety rates, outcome quality, and patient experiences within hospital settings; and (j) an increase in absentee rates (Abraham, 2012a, 2012b; Catteuw et al., 2007; Gable, Chyung, Marker, & Winiecki, 2010; Granatino et al., 2013; Little et al., 2013; Robison, 2012; Schaufeli et al., 2009; Shuck, Reio, & Rocco, 2011).

Employee engagement is not the only variable that has been reported to lead to such negative consequences: Research has also shown that emotional labor can lead to negative consequences. Participating in a form of emotional labor called surface acting can lead to the following issues: stress, burnout, emotional depletion, emotional detachment, absenteeism, high turnover, and lower job performance (Bechtoldt et al., 2011; Grandey et al., 2012; Henderson, 2001; Scott & Barnes, 2011). However, some

researchers have argued that the participating in emotional labor actually has positive outcomes (Hwa, 2012; Kim, 2008; Mann, 2005; Mann & Cowburn, 2005; Pugh, Goth, & Henning-Thurau, 2011). For example, some nurses reported that emotional labor is an inherent and vital part of their role (Mann, 2005). Patient care should naturally incorporate emotional labor and is often times experienced by nurses as being therapeutic as well as provides an avenue to professionally bond with the patient (Mann & Cowburn, 2005). This well documented healthcare crisis coupled with the argued employee engagement statistics creates a strong need to understand all factors that affect the well-being of healthcare professionals.

An initial review of the literature revealed that there is some debate around whether emotional labor results in positive or negative consequences, especially within caring disciplines like nursing (Hwa, 2012; Kim, 2008; Mann, 2005; Mann & Cowburn, 2005; Pugh et al., 2011). Also, a majority of the emotional labor research has focused on service and hospitality industries versus high emotional labor jobs like healthcare (Bechtoldt et al., 2011; Brotheridge & Grandey, 2002; Shuck et al., 2013). There are a handful of emotional labor studies that focus on the nursing profession; however, there is a strong support for more research that includes other healthcare professionals (Shuck et al., 2013).

Researchers have also argued that the study of employee engagement is minimally represented within the nursing literature (Jenaro, Flores, Orgaz, & Cruz, 2010; Simpson, 2008). Jenaro et al. (2010) argued that employee engagement is poorly understood within roles like nursing. Very little research has been conducted that looks specifically at the

relationship between emotional labor and employee engagement especially within a large pediatric hospital setting. No research was found that looked at whether there was possibly a curvilinear relationship between emotional labor and employee engagement that might explain the debate within the emotional labor literature. Philipp and Schupback (2010) argued that there is a strong need for future studies to investigate the influences of emotional labor on the development of engagement. This study was created with these gaps in the literature in mind.

### **Purpose of the Study**

The purpose of this correlation quantitative study was to evaluate the relationship between emotional labor and employee engagement as well as assess for the potential of a curvilinear relationship by using a simple bivariate correlation and a curvilinear regression analysis. It was also important to assess for moderating effects. For example, exploring whether or not males and females experienced differing levels of emotional labor resulting in a different relationship with employee engagement was deemed beneficial.

### **Research Questions and Hypotheses**

The following research questions and hypotheses were established based on the literature review on emotional labor and employee engagement.

*Research Question 1:* Is there a significant relationship between each of the subscales of emotional labor and employee engagement?

*H<sub>0</sub>1:* No significant relationship exists between the emotional labor subscale of frequency and employee engagement.

*H<sub>11</sub>*: A significant relationship exists between the emotional labor subscale of frequency and employee engagement.

*H<sub>02</sub>*: No significant relationship exists between the emotional labor subscale of intensity and employee engagement.

*H<sub>12</sub>*: A significant relationship exists between the emotional labor subscale of intensity and employee engagement.

*H<sub>03</sub>*: No significant relationship exists between the emotional labor subscale of variety and employee engagement.

*H<sub>13</sub>*: A significant relationship exists between the emotional labor subscale of variety and employee engagement.

*H<sub>04</sub>*: No significant relationship exists between the emotional labor subscale of hiding feelings and employee engagement.

*H<sub>14</sub>*: A significant relationship exists between the emotional labor subscale of hiding feelings and employee engagement.

*H<sub>05</sub>*: No significant relationship exists between the emotional labor subscale of faking emotions and employee engagement.

*H<sub>15</sub>*: A significant relationship exists between the emotional labor subscale of faking emotions and employee engagement.

*H<sub>06</sub>*: No significant relationship exists between the emotional labor subscale of deep acting and employee engagement.

*H<sub>16</sub>*: A significant relationship exists between the emotional labor subscale of deep acting and employee engagement.

*Research Question 2:* Is there a significant curvilinear relationship between each of the subscales of emotional labor and employee engagement?

*H2<sub>01</sub>:* No significant curvilinear relationship exists between the emotional labor subscale of frequency and employee engagement.

*H2<sub>11</sub>:* A significant curvilinear relationship exists between the emotional labor subscale of frequency and employee engagement.

*H2<sub>02</sub>:* No significant curvilinear relationship exists between the emotional labor subscale of intensity and employee engagement.

*H2<sub>12</sub>:* A significant curvilinear relationship exists between the emotional labor subscale of intensity and employee engagement.

*H2<sub>03</sub>:* No significant curvilinear relationship exists between the emotional labor subscale of variety and employee engagement.

*H2<sub>13</sub>:* A significant curvilinear relationship exists between the emotional labor subscale of variety and employee engagement.

*H2<sub>04</sub>:* No significant curvilinear relationship exists between the emotional labor subscale of hiding feelings and employee engagement.

*H2<sub>14</sub>:* A significant curvilinear relationship exists between the emotional labor subscale of hiding feelings and employee engagement.

*H2<sub>05</sub>:* No significant curvilinear relationship exists between the emotional labor subscale of faking emotions and employee engagement.

*H2<sub>15</sub>:* A significant curvilinear relationship exists between the emotional labor subscale of faking emotions and employee engagement.

*H2<sub>06</sub>*: No significant curvilinear relationship exists between the emotional labor subscale of deep acting and employee engagement.

*H2<sub>16</sub>*: A significant curvilinear relationship exists between the emotional labor subscale of deep acting and employee engagement.

### **Theoretical Framework**

The theoretical frameworks that helped provide the logical structure of meaning which guided the development of this study are Herzberg's motivation-hygiene theory (1976), Kahn's engagement theory (1990), intergroup emotions theory (Mackie, Devos, & Smith, 2000), and Diefendorff and Richard's (2003) model of emotional display rules. These frameworks were chosen as they helped bring meaning and generalization. They also helped create the vision to which the research problem is focused.

#### **Herzberg's Motivation-Hygiene Theory**

Frederick Herzberg first identified this two factor theory in the late 1950's (Buhler, 2003). Herzberg's motivation-hygiene theory addresses employee attitudes towards their job by looking at what satisfies and motivates employees as well as what dissatisfies them (Sachau, 2007). Herzberg's theory takes into account both motivating factors that affect employee satisfaction and hygiene factors that may create employee dissatisfaction (Sachau, 2007). According to Sachau (2007), the motivator factors can be found mainly in the job content while the hygiene factors are mainly within the job context. Looking at hygiene factors which involve psychological pain avoidance, individuals can identify that the Herzberg motivation-hygiene theory provides a theoretical framework in which the physical psychological work conditions can influence the level of employee engagement



(Sachau, 2007). The psychological component of the work environment would also connect the emotional labor piece.

### **Kahn's Engagement Theory**

This study will also draw from Kahn's (1990, 1992) research on employee engagement. Kahn (1990) argued that work environments and situations can affect the degree in which employees apply their physical, cognitive, and emotional selves to their work. This theory aids in the development of understanding self-in-role processes (Kahn, 1990). Understanding how employees react while performing their role is an important piece to understanding how organizational factors impact employee behavior (Kahn, 1990).

How psychologically present is one during role performances is also an important part of this theory (Kahn, 1990). Attitudes and behaviors are driven by the psychological work experiences: These attitudes and behaviors are also affected by factors within the individual, intergroup, and organization (Kahn, 1990). Kahn argued that most people's preferred form of expression is one that displays authentic thoughts and feelings. Authentic expressions within a meaningful and safe environment lend itself to feeling of worthwhile, useful, and valuable (Kahn, 1990; Rich, Lepine, & Crawford, 2010). Engagement is not only affected by these types of feelings but is also affected by the availability of psychological resources (Kahn, 1990; Rich et al., 2010). Rich et al. (2010) argued that engaged employees fulfill their role while being psychologically and fully present. They are integrated and emotionally connected to their performance (Luthans & Peterson, 2002; Rich et al., 2010).

### **Intergroup Emotions Theory**

Intergroup emotions theory will also be used to draw on the importance on looking at the role emotions play during intergroup interactions and how emotions influence intergroup behaviors (Mackie, Devos, & Smith, 2000). This theory declares that self and in-group emotional representations can become intimately connected as well as emotions can be created by the collective facet of the self (Miller et al., 2004). Being a member of a certain group or unit can affect emotional outcomes as emotions experienced by a certain group actually become intergroup emotions (Miller et al., 2004). It follows that emotional labor may affect employee engagement differently depending on the intergroup or unit.

### **Diefendorff and Richard's Model of Emotional Display Rules**

Diefendorff and Richard's (2003) model hypothesized "that individuals follow emotional display rules that specify appropriate expression of emotions on the job" (p. 284). This model highlighted the visibly apparent elements of emotional labor that are vital for job performance (Diefendorff & Richard, 2003). Diefendorff and Greguras (2009) argued that display rules are cognitive structures as well as formal guidelines for how emotions should be expressed at work: Certain positive emotions should be expressed while avoiding the expression of other emotions. Diefendorff and Richard categorized emotional labor into two different dimensions: the necessity to convey positive emotions and the necessity to simultaneously suppress negative emotions. Both of these dimensions provide a lens for understanding the emotional labor essential for job performance.

Diefendorff and Gosserand (2003) argued that organizations may choose to openly identify which emotions are appropriate to express at work while others may be hidden within the culture of the organization. Employees are constantly paying attention to whether they are complying with the display rules appropriately which results in emotional labor (Gosserand & Diefendorff, 2005). These emotional display rules are also important facets of interpersonal interactions which are believed to affect organizational outcomes (Diefendorff & Richard, 2003).

### **Nature of the Study**

This study was performed to evaluate the theory that emotional labor will have an impact on employee engagement within a large pediatric hospital. The method of inquiry was a nonexperimental quantitative design using the revised version of Brotheridge and Lee's (2003) Emotional Labour Scale (ELS; Brotheridge & Lee, 2006) to measure the independent variables (subscales of emotional labor) and the 18-item Job Engagement Scale (JES; Rich et al., 2010) to measure the dependent variable (employee engagement). The ELS and the JES were chosen as they have been used in other research studies and shown to be reliable and valid. The survey will also consist of demographic question like: experience in the field, role, unit, and gender. The relationship between the variables were evaluated by using a simple bivariate correlation as well as assessed for the potential of a curvilinear relationship by using a curvilinear regression analysis.

### **Definition of Terms**

*Cognitive engagement:* The assessment of whether an employee finds their work meaningful and safe (Shuck & Reio, 2011). Assessing whether an employee also has a

sufficient amount of resources to perform their role is incorporated in cognitive engagement (Shuck & Reio, 2011).

*Deep acting:* A form of emotional labor where professionals align their inner thoughts and feelings with the emotions shown: The employee makes every effort to genuinely feel the appropriate emotions before expressing them (Lee et al., 2010b).

*Display rules:* Organizations often expect employees to show certain emotions while hiding others: The degree to which an organization expects this type of behavior as part of an employee's performance is called display rules (Brotheridge & Grandey, 2002). Display rules are often represented as shared norms or standards which guide appropriate expression of emotions (Diefendorff et al., 2011; Hulsheger, 2010). Display rules can surface by formal and informal means (Hwa, 2012). The shared norms and standards can also vary from one department to another within an organization (Diefendorff et al., 2011).

*Emotional engagement:* Incorporates the emotional bond felt toward the organization and embodies a willingness to engage personal resources (Shuck & Reio, 2011).

*Emotional exhaustion:* Employees can experience a state of emotional exhaustion as a result of the depletion of their arousing emotional states (Bartram et al., 2012). For example, a healthcare worker feeling too emotionally exhausted to provide adequate care for patients and families (Bartram et al., 2012).

*Emotional labor:* The process of managing and regulating personal emotional displays in order to meet organizational expectations and goals for particular role (Brotheridge & Lee, 2003; Hochschild, 1983; Hwa, 2012). Regulating and managing the

emotions of others as part of the job role is also considered part of emotional labor (Kinman, McFall, & Rodriguez, 2011). Hochschild defined emotional labor as the withholding of genuine feelings in order to create a caring and safe work environment for those served.

*Employee engagement:* A psychological state with behavioral expressions that are linked to performance (Rich et al., 2010; Shuck et al., 2011). Employee engagement involves the connection employees feel toward their job (Kahn, 1990; Schaufeli & Bakker, 2003). The level of commitment and involvement an employee has toward their employer and their values is part of employee engagement (Sahoo & Mishra, 2012).

*Pediatric hospital:* University-affiliated hospital primarily serving children between the ages of newborn to 18 years old. The hospital is a non-profit organization providing primary, secondary, and tertiary care.

*Professional groups:* The groupings of colleagues with similar skills, knowledge, and positions; for example, nurses, physicians, social workers, nonclinical administrative staff. Each group is known to share common working practices, routines, expressions, and actions (Tagliaventi & Mattarelli, 2006).

*Surface acting:* The effortful process of suppressing genuine feelings in order to display inauthentic emotions that are perceived to be appropriate for the work environment is called surface acting. (Bechtoldt et al., 2011; Hulsheger & Schewe, 2011). The underlying feelings are not changed through the process of surface acting (Scott & Barnes, 2011).

### **Assumptions**

This study was based on some assumptions that could influence the validity of its findings. One assumption was made that the sample was a representation of all hospital staff. This assumption was necessary to confirm generalization of the results. Another assumption was that all participants provided truthful responses to the best of their abilities. This assumption supported the accuracy of the data.

### **Scope and Limitations**

The scope of this study was limited to the results of one pediatric hospital in the Midwest and may not be reflective of healthcare employees at other United States hospitals. The measures used were self-report; therefore, they are subject to bias and participants willingness to be honest. This study used a convenience sampling approach. The findings of this study did not imply causality.

### **Significance**

Healthcare leaders would benefit from understanding the role of emotions within the workplace and how to keep their workforce engaged, especially with current as well as predicted physician and nursing shortages (Catteuw et al., 2007; Heilman, Crisan, Houser, Miclea, & Miu, 2010; Wells & Hejna, 2009). Hospitals cannot afford employee outcomes that have a potential to increase absenteeism and turnover as well as decrease patient safety and satisfaction. Engagement is vital to retaining employees and to the overall success and health of an organization (Heilman et al., 2010; Sahoo & Mishra, 2012). If healthcare organizations can gain an understanding of the relationship between

emotional labor and employee engagement, they can contribute significantly toward the pursuit of positive change for caregivers and healthcare organizations worldwide.

### **Summary**

Although a majority of emotional labor researchers have focused only on service and hospitality related industries, there has been a recent shift to explore higher emotionally demanding industries like healthcare. However, a majority of this limited research focuses solely on the role of nursing. There has been very limited research that addresses the relationship between emotional labor and employee factors beyond stress and burnout, like employee engagement, especially within healthcare organizations (Scott & Barnes, 2011). The current emotional labor research also provides mixed results regarding whether the act of engaging in emotional labor has positive or negative outcomes for individuals as well as organizations (Xanthopoulou et al., 2013). The negative impacts increase significantly with disengaged workers, like decreased patient safety, medical errors, diminished employee satisfaction, and turnover; therefore, the need for organizations to understand all factors that potentially could have a negative relationship with employee engagement, like emotional labor, become extremely important. In Chapter 2, there will be a review of the relevant literature on emotional labor and employee engagement. The review will also cover the following theories: Herzberg's motivation-hygiene theory (1976), Kahn's engagement theory (1990), intergroup emotions theory (Mackie et al., 2000), and Diefendorff and Richard's (2003) model of emotional display rules. In Chapter 3, there will be a description of the study's design, sample, instruments, data collection, and data analysis procedures. In Chapter 4,

there will be a presentation of the study's results. In Chapter 5, there will be conclusions and recommendations.



## Chapter 2: Literature Review

### **Introduction**

A pediatric hospital is an environment where people may see and experience signs of fear, anger, sadness, discomfort, disease, and death. Nurses, physicians, social workers, psychologists, and other staff members within pediatric hospitals experience high emotional demands on a daily basis as a result of this type of environment. Healthcare professionals are charged with the responsibility of adequately handling all of these different types of the emotions. High emotional demands are not the only issue healthcare organizations struggle with. High turnover rates also significantly impact healthcare organizations (Bartram et al., 2012; Diefendorff et al., 2011; Little et al., 2013). Another concerning issue is 69% to 87% of all workforces are either disengaged or under-engaged (Granatino et al., 2013; Wilson, 2014). Some healthcare studies have even reported that a mere 34% of healthcare staff are indeed highly engaged (Granatino et al., 2013). The impact of current healthcare reforms is also a big unknown for many hospitals across the United States. With these types of statistics coupled with the great unknowns, healthcare organizations cannot afford as well as they do not have the luxury to not understand how variables such as emotional labor might relate to employee engagement.

To help gain a better understanding of the variables emotional labor, employee engagement, and pediatric hospital settings, a review of past and present literature was completed. An initial review of the literature revealed that there is some debate around whether emotional labor results in positive or negative consequences, especially within caring disciplines like healthcare (Hwa, 2012; Kim, 2008; Mann, 2005; Mann &

Cowburn, 2005; Pugh et al., 2011;). Also, the majority of the emotional labor research has focused on service and hospitality industries versus high emotionally demanding roles that are experienced in healthcare (Bechtoldt et al., 2011; Brotheridge & Grandey, 2002; Shuck et al., 2013). Researchers have also argued that the study of emotional labor as well as employee engagement is minimally represented with the healthcare literature, especially outside of nursing (Jenaro et al., 2010; Shuck et al., 2013; Simpson, 2008). This study was created with these literature gaps in mind.

The first section of this chapter is an outline of the literature search strategies. The second section of this chapter is an examination of literature on the history of the following theoretical frameworks: Herzberg's motivational-hygiene theory (1976), Kahn's engagement theory (1990), intergroup emotions theory (Mackie et al, 2000), and Diefendorff and Richard's (2003) model of emotional display rules. The third section of this chapter is an overview of literature on emotional labor. The fourth section of this chapter covers the literature on employee engagement. The fifth section of this chapter covers the literature on the healthcare environment. The sixth section of this chapter is the summary and conclusions.

### **Literature Search Strategy**

The literature review process began with a search of several psychology and business databases within Walden University library: PSYCInfo, PSYCArticles, Business Search Complete, Academic Search Complete, MEDLINE with Full Text, Soc INDEX with FullText, ProQuest Central, ScienceDirect, SAGE premier, and Walden dissertations. Google Scholar was also used to explore any relevant articles that were not included in

the Walden library databases. The following search terms were used: *emotional labor, employee engagement, work engagement, Herzberg, Kahn, intergroup emotions theory, model of emotional display rules, nursing, healthcare, pediatric hospitals, and surface acting*. The search parameters used were articles within the last 5 years (except for articles that were related to theoretical frameworks), peer-reviewed articles, in English, and available in full-text. One book was purchased through Amazon.

## **Theoretical Foundation**

### **Herzberg's Motivation-Hygiene Theory**

In the late 1950's, Frederick Herzberg founded the motivation-hygiene theory (Buhler, 2003). Herzberg's motivation-hygiene theory addresses employee attitudes towards their job by observing what satisfies and motivates employees as well as what dissatisfies them (Boe, 1970; Genaidy et al., 2007; Sachau, 2007). This theory consists of a two-factor theory: motivating factors that affect employee satisfaction and hygiene factors that may create employee dissatisfaction (Boe, 1970; Sachau, 2007). Herzberg's work concluded that these two factors primarily work alone and are essentially independent from one another (Boe, 1970). Buhler (2003) argued that the basic premise of Herzberg's motivation-hygiene theory is that the opposite of satisfaction is not dissatisfaction: The opposite is no satisfaction. If managers want to move employees from dissatisfaction to satisfaction, they would need to look at both sets of factors: hygiene and motivator factors (Buhler, 2003).

The motivator factors can be found mainly in the job content and are comparable to Maslow's hierarchy theory of high-order needs, while the hygiene factors are mainly

within the external job context and are influenced by physical psychological environments (Furnham, Forde, & Ferrari, 1999; Genaidy et al., 2007; Sachau, 2007). For example, motivator factors deal with internal states of mind, and they are most related to psychological growth: job success, advancement, development, job interest, the work itself, good feelings about the organization, clarity of mission, recognition, and responsibility (Boe, 1970; Genaidy et al., 2007; Kermally, 2005; Sachau, 2007; Smerek, 2007). While, hygiene factors are most related to management, supervision, interpersonal relations, physical working conditions, fair pay, fair policies, administrative practices, benefits, relationships with peers, personal life, relationship with subordinates, status, job security, and presence of core values (Furnham et al., 1999; Genaidy et al., 2007; Sachau, 2007; Smerek, 2007). According to Herzberg's motivation-hygiene theory, individuals will only experience job satisfaction when hygiene factors are not causing dissatisfaction while at the same time their self-esteem is being increased by the presence of motivators (Genaidy et al., 2007). Motivator factors will not begin to work until the hygiene factors are attended to first (Kermally, 2005). Once hygiene factors have been attended to, then managers can look at improving job satisfaction by increasing the motivator factors (Smerek, 2007).

Herzberg's motivation-hygiene theory has been significant as well as controversial (Kermally, 2005). Over the decades, some researchers have criticized Herzberg's work for the following reasons: (a) findings cannot be generalized as only engineers and accountants were interviewed; (b) only one measure of job attitudes was used; (c) concerns that his methodology lacked scientific rigor; (d) both hygiene factors and

motivator factors may vary depending on personality types as well as the nature of the work; and (e) the two factors do not exist on single continuum: both job context and content can produce satisfiers and dissatisfiers (Kermally, 2005; Medved, 1982; Smerek, 2007). In the end, Kermally (2005) argued that the field of research has learned a lot from Herzberg. A couple lessons learnt in particular are: (a) managers should not focus only on hygiene factors to motivate employees as this will not work; (b) employees need avenues for personal growth, achievement, and responsibility in order to meet their self-actualization needs; (c) making work meaningful through redesigning job processes is critical; and (d) employees can feel very satisfied and very dissatisfied at the same time (Kermally, 2005). By looking at hygiene factors which involve psychological pain avoidance, individuals can identify that the Herzberg motivation-hygiene theory provides a theoretical framework in which the physical psychological work conditions can influence the level of employee engagement (Sachau, 2007). The psychological component of the work environment is also connected to emotional labor.

### **Kahn's Engagement Theory**

Kahn (1990) argued that the degree in which employees apply their physical, cognitive, and emotional self to their role is affected by their work environment. This theory can help lend a better understanding of the self-in-role processes (Kahn, 1990). Understanding how employees respond during job performance is critical to understanding how work factors influence employee behavior (Kahn, 1990).

The degree to which one is psychologically present during job performances is also a vital part of this theory (Kahn, 1990). Attitudes and behaviors are driven by the

psychological work experiences: These attitudes and behaviors are also affected by factors within the individual, intergroup, and organization (Kahn, 1990). For example, most people prefer to express themselves in an authentic manner: They like to display authentic thoughts and feelings (Kahn, 1990). When an employee can express their thoughts and feelings in an authentic manner within a meaningful and safe environment, they are more likely to feel worthwhile, useful, and valuable (Kahn, 1990; Rich et al., 2010). Engagement is affected by these types of feelings and the availability of psychological resources (Kahn, 1990; Rich et al., 2010). Engaged employees fulfil their role while being psychologically present as well as they are integrated and emotionally connected to their performance (Rich et al., 2010).

An employee's ability to allocate personal resources to role performance also affects employee engagement and levels of performance (Rich et al., 2010). Engagement occurs when one is emotionally connected to their role and others (Luthans & Peterson, 2002). Employees who invest emotional energy into their work also make higher contributions toward organizational goals than their counterparts (Rich et al., 2010). Looking at the relations of emotional labor and employee engagement through this lens will be valuable. It follows the debate of whether the meaningful and purposeful work overrides the negative impact of emotional labor or does emotional labor deplete the ability to activate personal resources and create a psychologically unsafe environment which hinders true engagement.

### **Intergroup Emotions Theory**

Intergroup emotions theory declares that self and in-group emotional representations can become intimately connected as well as emotions can be created by the collective part of the self (Miller et al., 2004). This is different than the traditional view of emotions as an individual phenomenon. Using this lens helps draw on the importance of assessing the role emotions plays during intergroup interactions and how emotions influence intergroup behaviors (Mackie et al., 2000). Being a member of a certain team or unit can affect emotional outcomes as emotions experienced actually become intergroup emotions (Miller et al., 2004). This is especially true when the individual identifies themselves as belonging to this particular team or unit (Mackie et al., 2000). The group becomes part of the employee's self-identity: The group now has social and emotional significance (Smith & Henry, 1996). This relates to this study as it follows that emotional labor may affect employee engagement differently depending on the intergroup or unit.

### **Diefendorff and Richard's Model of Emotional Display Rules**

Diefendorff and Richard's (2003) model of emotional display rules declares that employees will express certain emotions on the job based on their organization's set of emotional display rules. Diefendorff and Greguras (2009) argued that display rules are cognitive structures as well as formal guidelines for how emotions should be expressed at work. Employees are often allowed to express certain positive expressions while avoiding other negative ones: This highlights the visibly apparent elements of emotional labor that are vital for job performance (Diefendorff & Greguras, 2009). This theory categorizes emotional labor into two different realms: the necessity to convey positive emotions and

the necessity to simultaneously suppress negative emotions (Diefendorff & Greguras, 2009). Both realms are important when understanding emotional labor.

Some organizations openly share and identify which emotions are appropriate to express at work, while other organizations hide the emotional displays rule within the culture of the organization (Diefendorff & Greguras, 2009). Job performance outcomes are connected to how closely employees pay attention and comply with their organization's display rules (Gosserand & Diefendorff, 2005). The act of following the display rules is the act of participating in emotional labor. How committed or engaged an employee feels toward their organization or their role can also affect whether they choose to comply with the emotional display rules (Gosserand & Diefendorff, 2005).

Organizational outcomes are also affected by emotional display rules through the qualities of interpersonal interactions of their employees (Diefendorff & Richard, 2003). For example, how employees act toward one another and others can influence significant organizational outcome variables (Diefendorff & Richard, 2003). Friendly, polite, and courteous displays facilitate better connections as well as increase attainment of organizational goals (Diefendorff & Greguras, 2009). Employees may have to choose to fake or suppress felt emotions in order to comply with emotional display rules and fulfill organization's goals (Diefendorff & Gosserand, 2003).

### **Emotional Labor**

Hothschild (1983) argued that professionals often have to manage and regulate personal emotional displays in order to create caring and safe environments as well as to meet other organizational expectations. This act of managing emotions within the



workplace in order to follow the organization's display rules is called emotional labor (Grandey et al., 2012; Hochschild, 1983; Scott & Barnes, 2011). Emotional labor is extremely important within many professions; however, emotional labor is particularly important within caring professions like healthcare (Bartram et al., 2012).

Roles within the healthcare field require an ability to emotionally manage very high emotional demands (Bartram et al., 2012; Pisaniello, Winefield, & Delfabbro, 2012). A provider might have to walk into a patient's room to share that they have fully recovered and may go home today, and then immediately walk into the next patient's room to share that the test results have come back and the diagnosis is terminal. Healthcare providers also have to respond to medically and emotionally charged situations, like a code blue or a trauma. They enter the room with very little information. They have to quickly and calmly assess the situation and begin working immediately. The patient's life may very well depend on this quick response. Healthcare professionals are not only required to regulate their emotions; but, they are also charged with the responsibility to help regulate the emotions of others in the room (Pisaniello et al., 2012). Healthcare providers must constantly prioritize and integrate these mixed emotions and circumstances.

Emotional labor literature is also filled with debate regarding whether emotional labor yields positive or negative outcomes for individuals as well as organizations. Some researchers argued that the outcome may depend on factors like frequency, intensity, variety, and duration of the required suppression of emotions (Bartram et al., 2012; Drach-Zahavy, 2009). Diefendorff et al. (2011) argued that outcomes may also vary by teams within an organization. For example, one unit may have differing levels of display

rules than another unit (Diefendorff et al., 2011). In a neonatal intensive care unit (NICU), providers often are required to hold and sooth the infants for long periods of time. In oncology units, providers will work with the same patients and families over the course of many months to years. In emergency departments, providers work with patients and families under very high medical and emotional demands; however, their work with each individual patient is for much shorter periods of time. Each unit may experience a different set of variables and work environments resulting in a different set of display rules.

Because there are several unique roles within healthcare organizations with differing training and educational philosophies, the levels of display rules may impact nurses, physicians, social workers, and psychologists differently. Past researchers have focused primarily on the individual versus the work unit or the specific role (Diefendorff et al., 2011; Mesmer-Magnus, DeChurch, & Wax, 2011; Staggs & Dunton, 2012). Also, majority of the emotional labor research has focused on the service and hospitality industries versus high emotional labor roles like healthcare (Bechtoldt et al., 2011; Brotheridge & Grandey, 2002; Brunetto, Shacklock, Teo, & Farr-Wharton, 2014; Karimi et al., 2013; Shuck et al., 2013). Researchers have also argued that emotional labor can have positive outcomes for organizations but negative outcomes for employees (Kim, 2008). There is much debate within past and current literature.

## Negative Outcomes

Some researchers have concluded that emotional labor leads to both personal and professional costs for employees: stress, psychological distress, fatigue, sleep impairment, burnout, emotional exhaustion, emotional detachment, physical complaints, job dissatisfaction, an intention to turnover (Bechtoldt et al., 2011; Drach-Zahavy, 2009; Grandey et al., 2012; Henderson, 2001; Hülshager et al., 2010; Hwa, 2012; Johnson & Spector, 2007; Kim, 2008; Kinman et al., 2011; Philipp & Schupback, 2010; Pugh et al., 2011; Scott & Barnes, 2011; Shuck et al., 2013). Grandey et al. (2012) argued that emotional labor requires an intense focus and attention to how an individual is emotionally showing up. This intense focus can deplete energy resources, heighten physiological arousal, lower glucose, and reduce motivation (Grandey et al., 2012). These outcomes can become problematic both within the work environment as well as within personal activities and relationships.

One particular form of emotional labor called surface acting has been noted as yielding psychological strain, a loss of emotional control, decreased levels of rewarding relationships, depletion of energy, weakened job performance, and an increase in feelings of inauthentic (Brotheridge & Lee, 2003; Hülshager et al., 2010; Hülshager & Schewe, 2011; Philipp & Schupback, 2010; Pugh et al., 2011). Surface acting is the act of suppressing true feelings and emotions in order to meet work demands (Bechtoldt et al., 2011; Brotheridge & Grandey, 2002; Hülshager et al., 2013). Healthcare providers often have to hide feelings of sadness and/or anger while working with emotionally vulnerable patients or families (Brunetto et al., 2014). They also must hide feelings of fear or

concern when working with highly complex traumas, like high impact car accidents or mass shootings. Individuals must invest in an active process in order to appropriately manage their emotions (Hülshager & Schewe, 2011). Employees often find themselves having to balance the need to partake in surface acting as well as the need to connect with their patients (Henderson, 2001). This balancing act of facing these high emotional demands with self-control and suppression can lead to the depletion of cognitive, emotional, and physical resources resulting in emotional exhaustion and feelings of alienation from self (Hülshager et al., 2013; Philipp & Schupback, 2010). Lee et al. (2010a) also argued that the frequency and intensity of the emotions can result in negative outcomes like emotional exhaustion.

Hülshager et al. (2010) also argued that surface acting can lead to health concerns triggered from a heightened sympathetic activation of the cardiovascular system. Surface acting can then lead to both psychosomatic and physical complaints and experiences (Karimi et al., 2013). These symptoms or complaints are very similar to those reported by individuals who suffer from post-traumatic stress disorder (PTSD). Henderson (2001) argued that this scenario is only exacerbated by the fact that many nurses felt like their nursing education had not prepared them appropriately to handle these negative consequences of emotional labor. Nursing as well as medical schools primary focus is to equip the student with the necessary medical knowledge and expertise versus providing the self-care tools necessary to endure the emotional fallout. Stayt (2009) argued that the accumulation of these highly emotional essential parts of their role and daily routine is what also enhances these negative consequences.

According to Scott and Barnes (2011), suppression of negative emotions that occur within surface acting may actually cause employees to think about the work situation more often creating an even heightened negative response. One of these negative responses may be withdrawing from their work (Scott & Barnes, 2011). The act of withdrawing may be perceived as a form of coping as well as a form of emotional rest (Scott & Barnes, 2011). Scott and Barnes argued that women are reported to show and express emotions with greater intensity; therefore, one might be able to argue that women would experience greater emotional dissonance when attempting to mask or fake emotions than men: Men are more known to hide emotions from others. Introverts may also experience more detrimental outcomes from emotional labor than extraverts as well (Scott & Barnes, 2011; Scott, Barnes, & Wagner, 2012). Work withdrawal that is experienced at the hands of surface acting can produce harmful outcomes for both employees and organizations (Scott & Barnes, 2011).

### **Positive Outcomes**

Although some researchers have argued the negative outcomes, other researchers have argued the opposite. Researchers have argued that individuals and organizations can yield positive outcomes from their staff actively engaging in emotional labor, if certain steps have been taken. For example, emotional labor demands can be managed more effectively by employees when they have received specific training for this part of their job (Kinman, McFall, & Rodriguez, 2011; Mann, 2005). Providers are more confident in their ability to effectively manage the emotional demands of their job when they have been provided specific tools and training to do such.

Mann (2005) also argued that there is a close relationship between the physiology of emotion and the immune system. When staff members become too emotionally involved with their patients, their emotional equilibrium becomes unbalanced which can compromise their immune system; however, when they can successfully emotionally detach, they can protect themselves emotionally as well as they can maintain objectivity and sound clinical judgment (Mann, 2005). Wolkomir and Powers (2007) also argued that employees who can effectively distance themselves by emotionally detaching from their clients can protect themselves. The staff members who can adequately balance between being too invested and being too detached are the ones who experience more positive emotional labor outcomes (Wolkomir & Powers, 2007). These providers are able to stand in the middle of a teeter-totter and keep both ends up.

According to Mann and Cowburn (2005), some nurses may actually experience emotional labor as being therapeutic. For example, some nurses have argued that allowing oneself to feel genuine emotions toward their patient is part of being human as well as creates an invisible bond between caregiver and patient that cultivates good patient care and feelings of normalcy (Mann & Cowburn, 2005). Some healthcare providers report that they experience more positive outcomes when they participate in emotional attunement as well as by aligning their inner thoughts and feelings with the emotions expressed: This form of emotional labor is referred to as deep acting (Lee et al., 2010b). Bakkar and Sanz-Vergel (2013) also stated that individuals are often attracted to nursing due to their strong desire to engage with patients, to help others in need, and to make a difference in patients' lives. Performing emotional labor also helps manage

patient reactions by keeping the environment calm and reassuring which aids in patient well-being and recovery (Yang & Chang, 2008).

Shuck et al. (2013) also argued that emotional labor outcomes were more positive when there was a positive psychological work climate and support for professional growth. Perceived positive psychological climates provided a forum where child life specialists were more likely able to execute proper emotional displays as well as be engaged at work (Shuck et al., 2013). Shuck et al. strongly encouraged more research within this area that would include other healthcare professionals beyond child life specialists. Smith, Pearson, and Ross (2009) also argued that staff is better equipped to manage emotions and have more positive emotional labor outcomes when there is effective leadership, team work, adequate staffing levels, clinical supervision, and educational support.

### **Employee Engagement**

Employee engagement was first introduced into the literature in 1990 by Kahn; however, some researchers suggested that it is still a moderately new concept (Macey & Schneider, 2008). Kahn's work stated that engaged individuals are more likely to express themselves physically, cognitively, and emotionally while performing their role (Sahoo & Mishra, 2012; Serrano & Reichard, 2011). Zigarmi, Nimon, Houson, Witt, and Diehl (2009) argued that many researchers disagree on the concepts of engagement. According to Kahn (1990), the constructs job satisfaction and engagement are not interchangeable: Job satisfaction relates to the global work experience including how employees' basic needs are being met, while employee engagement relates to individuals' performance and

how they perform. Richman, Civian, Shannon, Jeffrey Hill, and Brennan (2008) also argued that only recently researchers have begun to use the term employee engagement versus organizational commitment.

Employee engagement can drive the bottom-line of an organization and its well-being; therefore, many world leaders are interested in this topic. Welch and Welch (2006) argued that the level of employee engagement affects significantly how solid an organization is considered. The Beryl Institute (2007) as well as Mirvis (2012) argued that the level of healthcare staff engagement also significantly affects the fiscal health of the hospital. Gill (2013) also argued that the level of employee engagement also affects patients' health outcomes. Highly engaged healthcare employees feel like they can handle work pressures they encounter better as well as feel more satisfied with the level of care they are able to provide their patients (Carter & Tourangeau, 2012; Lowe, 2012).

Engaged employees are considered true assets to their organization and have been linked to providing the following value: (a) dedication to their role; (b) more committed to their employer; (c) lower turnover rate; (d) more productive; (e) better professional relationships with colleagues, supervisor, and clients/patients; (f) apt to display more helping behaviors towards colleagues; (g) excellent customer service; (h) increase in customer loyalty; (i) higher energy, involvement, and efficacy; and (j) higher profitability (Abraham, 2012b; Bakker, Schaufeli, Leiter, & Taris, 2008; Catteeuw et al., 2007; Doherty, 2010; Gable et al., 2010; Granatino et al., 2013; Lowe, 2012; Rich et al., 2010; Robison, 2012; Serrano & Reichard, 2011; Shuck & Reio, 2011). In healthcare specifically, engaged employees also help provide the following benefits: (a) fewer



infection rates, (b) fewer slips and falls, (c) increased patient safety, (d) increase patient health outcomes, and (e) a better patient/family experience (Gill, 2013; Lowe, 2012; Robison, 2012; Serrano & Reichard, 2011). Engaged employees have a state of mind that is characterized by feelings of vigor, dedication, and absorption (Simpson, 2008; Xanthopoulou, Bakker, & Fischbach, 2013). Gill (2013) also argued that engaged employees are more attentive or cognitively available.

Abraham (2012a) argued that employees cannot be engaged if they are not first satisfied employees. Researchers have argued that only 13% to 29% of the workforce is genuinely engaged, leaving approximately 71% to 87% actively disengaged or just stagnate (not engaged or disengaged) (Catteuw et al., 2007, p. 152; Mirvis, 2012; Wilson, 2014, p. 40). Having a disengaged workforce will cost an organization between \$250 and \$350 billion a year (Serrano & Reichard, 2011; Shuck, Reio, and Rocco, 2011). Organizations must be working constantly to develop and nurture employee engagement in order to fully reap the benefits that arise from having an engaged workforce: Employee engagement is an ongoing process (Catteuw et al., 2007; Sahoo & Mishra, 2012). Also, employees first must be engaged in order to bring excellent value to the organization (Granatino et al., 2013).

Having an engaged workforce definitely provides a lot of benefits to organizations. The problem lies with the difficulties around keeping the workforce engaged, especially during turbulent or high stress times (Catteuw et al., 2007). According to Crawford, Lepine, and Rich (2010), certain job demands can actually trigger an energy depletion process. The physical, social, or organizational aspects of a job that demands continual

physical or mental energy are called job demands (Crawford et al., 2010). Some job demands are associated with certain physiological and psychological costs (Crawford et al., 2010). While, job resources are the aspects of the job that helps individuals to reach their goals (Crawford et al., 2010). Some job resources also have the abilities to help reduce the physiological and psychological costs of certain job demands (Crawford et al., 2010). Schaufeli and Bakker (2003) argued that engaged workforces are a lot more successful at activating their job resources in order to minimize negative outcomes than their counterparts who are neutral or disengaged.

Shuck and Reio (2011) also argued that engagement contains cognitive and emotional components that affect job demands and resources. For example, cognitive engagement is affective by whether a staff member feels like their role is meaningful and safe as well as whether they have enough resources to carry out their duties (Shuck & Reio, 2011; Shuck et al., 2011). Employees will start to disengage if they feel unimportant or unsafe (Shuck & Reio, 2011). Engaged employees also feel an emotional bond with their organization as well as have feelings of commitment and loyalty (Shuck & Reio, 2011). Feelings of purpose, safety, and emotional wellbeing are heightened during times of engagement.

Understanding employee engagement is critical in any organization; however, healthcare provider engagement has higher risks as well as is still inadequately understood (Jenaro et al., 2010; Robison, 2012). For example, healthcare settings are often filled with high emotions; therefore, understanding that engagement involves the active use of emotions as well as that the psychological well-being of staff is a vital

driver for engagement becomes extremely critical within healthcare organizations (Sahoo & Mishra, 2012). High emotional demands and dissonance can limit an individual's engagement (Xanthopoulou et al., 2013). Jenaro et al. (2010) also argued that employee engagement research should consider various work settings and types of healthcare staff.

### **Healthcare Environment**

Caring for the critically ill can be demanding and stressful; it can also require high levels of emotional work (Black, 2012; Blake, Leach, Robbins, Pike, & Needleman; 2013; Brunetto, Shacklock, Teo, & Farr-Wharton, 2014; Karimi et al., 2013; Pisaniello, Winefield, & Delfabbro, 2012). Health professionals are expected to show high levels of caring while controlling and managing emotions in the room (both their own as well as the patient/families) in order to foster a safe and empathetic environment (Karimi et al., 2013). According to Blake et al. (2013) and Baranowski (2006), pediatric work settings within healthcare can produce even greater emotional demands than adult facilities due to the following: (a) the complexity of the children's needs, (b) the types of treatments that are used, (c) the additional stress and challenges of working with the entire family versus just the patient, (d) the additional competencies that are needed due to the physiological assessment parameters being significantly different for children versus adults, and (e) the emotional difficulties that can arise working with extremely ill and/or dying children. Healthcare employees are also known to work long irregular work hours, often resulting in over 40 hours per week (Blau, Bentley, & Eggerichs-Purcell, 2012; Pisaniello et al., 2012).

Healthcare settings are also plagued with world-wide staff shortages, especially within the nursing arena (Bartram & Dowling, 2014; Brunetto et al., 2014; Hinson & Spatz, 2011). Blake et al. (2013) argued that between 2013 and 2025 the healthcare industry should expect a shortage of more than 260,000 registered nurses (RN), which is twice as large as any other shortage seen in the United States since the 1960s (p. 357). Bartram and Dowling (2014) also argued that studies have documented issues with poor commitment and job satisfaction levels within the nursing and physician fields. For example, 33% of healthcare providers experience low levels of employee engagement, which poses a significant risk to patient and organizational outcomes (Lowe, 2012). Approximately, 13% of newly hired nursing graduates will change employers within the first 12 months of employment (Hinson and Spatz, 2011, p. 103). Brunetto et al. (2014) argued “nurses were barely committed to their organization” (p. 12).

Another concern is hospital structures are very complex; as well as, they are subjected to several reform initiatives (Brunetto et al., 2014; Robbins, Garman, Song, & McAlearney, 2012). The recent reforms, particularly those in the United States, have significantly increased pressure and accountability for hospitals to: (a) increase health care value, (b) improve safety and quality outcomes, (c) decrease adverse events, (d) improve patient family experience, (e) adopt values of holistic care, (f) increase patient-centered interdisciplinary teamwork, (g) improve the effectiveness of patient care, and (h) control and decrease costs (Bartram & Dowling, 2014; Brunetto et al., 2014; Karimi et al., 2013; Kramer, Maguire, & Brewer, 2011; Robbins, Garman, Song, & McAlearney, 2012). Many healthcare organizations are also currently experiencing high volumes of

organizational change driven by the unknowns of healthcare reforms. These changes have a high probability of affecting workloads; time spent with each patient; job demands; available personal and professional resources; and staffs' commitment levels (Black, 2012; Brunetto et al., 2014; Karimi et al., 2013; Pisaniello et al., 2012; Robbins et al., 2012). With these types of potential outcomes, research within the healthcare arena will be critical to the future success of hospital around the world.

Only a few researchers within the healthcare arena have researched employee engagement; therefore, further research to gather a better understanding of the conditions of healthcare settings is warranted (Brunetto et al., 2014; Lowe, 2012). Pisaniello et al. (2012) as well as Mesmer-Magnus, DeChurch, and Wax (2011) also argued that there is a great need to explore and understand the effects of emotional labor on staff and organizational outcomes. This exploration is even more critical within high emotional labor occupations (Brunetto et al., 2014; Karimi et al., 2013). There is also a need for future researchers to explore the relationship beyond the individual level by looking at work units and occupational sectors (Bakkar & Sanz-Vergel, 2013; Brunetto et al., 2014; Mesmer-Magnus et al., 2011; Shuck et al., 2013; Staggs & Dunton, 2012). In order to keep up with the changing industry, engage the passion of their employees, and maintain healthy working environments, healthcare leadership will need to be motivated to explore potential barriers to employee engagement (Blake et al., 2013; Robbins et al., 2012). This will also result in more positive patient and staff outcomes (Blake et al., 2013).

## Summary and Conclusions

In this chapter, the literature on emotional labor, employee engagement, and healthcare environment were reviewed. Also, several relevant theories were summarized, including Herzberg's motivation-hygiene theory (1976), Kahn's engagement theory (1990), intergroup emotions theory, and Diefendorff and Richard's (2003) model of emotional display rules. According to the literature review, emotional labor and employee engagement are minimally represented within healthcare literature, especially beyond the nursing field (Jenaro et al., 2010; Shuck et al., 2013; Simpson, 2008). The literature review also disclosed that very little emotional labor and employee engagement research has been conducted within a pediatric hospital setting. Only one study that has looked at emotional labor and employee engagement within a pediatric hospital setting was found; however, this study only explored the topic from the lens of Child Life Specialists as well as it did not look at the relationship between the two variables (Shuck et al., 2013). No studies which explored the relationship of these two variables within a pediatric hospital setting by looking at the possibility of a curvilinear relationship were found. Gill (2013) also argued that the current employee engagement literature inadequately addresses healthcare especially as it relates to improving organizational healthcare outcomes. Therefore, this study was created to help fill this specific gap in research.

In Chapter 3, an explanation of the proposed study's methods will be covered. This chapter will include a rationale for the study's design; a description of the methodology including population, sampling and sampling procedures, recruitment procedures, data

collection, instrumentation and operationalization of constructs; and threats to validity.

The chapter will conclude with a summary of the ethical procedures. In Chapter 4, the results of the data analysis in relationship with the research questions raised will be presented. Finally, in chapter 5, the following will be included: (a) an interpretation of the findings, (b) a discussion of the implications for social change, (c) recommendations for actions, and (d) recommendations for future research.

## Chapter 3: Research Method

### **Introduction**

The research method used for this study is addressed in this chapter. The purpose of the study was to evaluate the relationship between emotional labor and employee engagement as well as assess for the potential of a curvilinear relationship between emotional labor and the levels of engagement. Assessing for the potential of a curvilinear relationship is substantiated by the debate found in the emotional labor literature. It is possible that the more emotional labor is present, the higher the employee engagement levels, but only up to a certain point. When emotional labor levels are too high, the negative effects of emotional labor increase, thus bringing down employee engagement levels. The chapter will provide information covering the study's research method and design; research questions and hypotheses; population and sample; instruments and materials; data collection and analysis, steps taken for the ethical protection of participants, and finalized with a summary.

### **Research Questions and Hypotheses**

Established based on the literature review on emotional labor and employee engagement, this study was organized around two research questions and associated hypotheses:

*Research Question 1:* Is there a significant relationship between each of the subscales of emotional labor and employee engagement?

H<sub>01</sub>: No significant relationship exists between the emotional labor subscale of frequency and employee engagement.



*H<sub>11</sub>*: A significant relationship exists between the emotional labor subscale of frequency and employee engagement.

*H<sub>02</sub>*: No significant relationship exists between the emotional labor subscale of intensity and employee engagement.

*H<sub>12</sub>*: A significant relationship exists between the emotional labor subscale of intensity and employee engagement.

*H<sub>03</sub>*: No significant relationship exists between the emotional labor subscale of variety and employee engagement.

*H<sub>13</sub>*: A significant relationship exists between the emotional labor subscale of variety and employee engagement.

*H<sub>04</sub>*: No significant relationship exists between the emotional labor subscale of hiding feelings and employee engagement.

*H<sub>14</sub>*: A significant relationship exists between the emotional labor subscale of hiding feelings and employee engagement.

*H<sub>05</sub>*: No significant relationship exists between the emotional labor subscale of faking emotions and employee engagement.

*H<sub>15</sub>*: A significant relationship exists between the emotional labor subscale of faking emotions and employee engagement.

*H<sub>06</sub>*: No significant relationship exists between the emotional labor subscale of deep acting and employee engagement.

*H<sub>16</sub>*: A significant relationship exists between the emotional labor subscale of deep acting and employee engagement.

*Research Question 2:* Is there a significant curvilinear relationship between each of the subscales of emotional labor and employee engagement?

*H2<sub>01</sub>:* No significant curvilinear relationship exists between the emotional labor subscale of frequency and employee engagement.

*H2<sub>11</sub>:* A significant curvilinear relationship exists between the emotional labor subscale of frequency and employee engagement.

*H2<sub>02</sub>:* No significant curvilinear relationship exists between the emotional labor subscale of intensity and employee engagement.

*H2<sub>12</sub>:* A significant curvilinear relationship exists between the emotional labor subscale of intensity and employee engagement.

*H2<sub>03</sub>:* No significant curvilinear relationship exists between the emotional labor subscale of variety and employee engagement.

*H2<sub>13</sub>:* A significant curvilinear relationship exists between the emotional labor subscale of variety and employee engagement.

*H2<sub>04</sub>:* No significant curvilinear relationship exists between the emotional labor subscale of hiding feelings and employee engagement.

*H2<sub>14</sub>:* A significant curvilinear relationship exists between the emotional labor subscale of hiding feelings and employee engagement.

*H2<sub>05</sub>:* No significant curvilinear relationship exists between the emotional labor subscale of faking emotions and employee engagement.

*H2<sub>15</sub>:* A significant curvilinear relationship exists between the emotional labor subscale of faking emotions and employee engagement.

*H2<sub>06</sub>*: No significant curvilinear relationship exists between the emotional labor subscale of deep acting and employee engagement.

*H2<sub>16</sub>*: A significant curvilinear relationship exists between the emotional labor subscale of deep acting and employee engagement.

### **Research Design and Rationale**

The purpose of this correlation quantitative study was to evaluate the relationship between the variables (subscales of emotional labor and employee engagement) as well as assess for the potential of a curvilinear relationship by using a simple bivariate correlation and a curvilinear regression analysis. It was important to assess for moderating effects such as a different relationship between the variables as a result of gender. A nonexperimental quantitative approach was appropriate because it tests whether a relationship exists between emotional labor and employee engagement. A qualitative research design was not chosen due to the much smaller sample size as well as it is often exploratory in nature.

This study was performed to evaluate the theory that emotional labor will have an impact on employee engagement within a large pediatric hospital. In this study, participants completed three instruments: a demographic questionnaire of the researcher's design, the revised Emotional Labor Scale (Brotheridge & Lee, 2006) to measure the independent variable (emotional labor), and the 18-item Job Engagement Scale (Rich et al., 2010) to measure the dependent variable (employee engagement). The ELS and the JES were chosen as they have been used in other research studies and shown to be reliable and valid.

### **Setting, Population, and Sample**

The setting for the study was a free-standing, nonprofit children's hospital affiliated with academic medical school located in the Midwest. The hospital is a 593 bed Level 1 trauma center. This hospital was selected due to the researcher's close proximity to the hospital and her affiliation with the hospital. The hospital has a professionally diverse large pool of part-time and full-time employees. The target population will encompass male and female employees from the following positions: physicians, nurses, social workers, psychologists, child life specialists, and chaplains. Invitations to participate in the study were submitted through participants' work email addresses. The participants who volunteered for this study will remain confidential. The data were collected anonymously through a secure website called REDCap. At the conclusion of the study, the results and finding will be summarized and will be available to hospital leadership upon request.

The target sample size for this study was 84 (Cohen, 1988). This target sample size reflects an alpha level of 0.05, an anticipated effect size of medium (which is consistent with similar studies), and a power level of 0.8. To account for possible attrition during data collection, Bartlett, Kotrlik, and Higgins (2001) recommended increasing the sample size by at least 40%, which would result in a recruitment goal of at least 125 participants. Due to known low physician response rates (Lee et al., 2010b) and the holiday season, the decision was made to send the survey to all clinical employees within the target population (approximately 2,851 clinical employees). Participation was strictly voluntary, and participants were able to opt out of the study at any point.

## **Instrumentation and Materials**

Participants who volunteered completed three instruments: a demographic questionnaire, the revised ELS, and the JES.

### **Demographic Questionnaire**

A demographic questionnaire of the researcher's design was used to collect information about gender, working status, current role, current unit, and experience in the field. Participants responded to the demographic questions by selecting one answer from the menu or filling in the blank for each of the five questions.

### **Emotional Labor Scale**

During the literature review, several studies were located that utilized the ELS (Brotheridge & Lee, 2003) to measure emotional labor. This study used the self-administered revised version of Brotheridge and Lee's (2003) ELS (Lee & Brotheridge, 2006) to measure the six subscales of emotional labor in order to assess several dimensions of emotion labor. The revised ELS is brief and consists of 18 questions. Brotheridge and Lee designed the questions to narrate the expression of emotions at work as well as the degree to which one must hide or suppress emotions in order to be effective in their role (Pisaniello et al., 2012). The surface acting subscale was replaced by two new dimensions in the revised ELS; therefore, the variety, intensity, frequency, hiding feelings, faking emotions, and deep acting subscales were used. The duration subscale will only be used for descriptive purposes.

Each participant was presented with the following stem, "On an average day at work, how frequently do you \_\_\_\_\_?" using a 5-point scale ranging from 'never' = 1 to

‘always’ = 5. An example of an item from the hiding feelings subscale is ‘*Resist expressing my true feelings*’ (Brotheridge & Lee, 2003). Pisaniello et al. reported that they found an internal consistency for the subscales that arranged from .74 to .91. Lee, Lovell, & Brotheridge (2010a) reported the six subscales were moderately interrelated, and the absolute values of the correlations among the six subscales ranged from .00 to .57 (mean  $r = .24$ ) (p. 13). The subscales were created by summing the items that reflected each dimension of emotional labor (Lee, Lovell, & Brotheridge, 2010b, p. 344).

### **Job Engagement Scale**

Employee engagement was measured by using the 18-item JES scale (Rich et al., 2010). The JES consist of a three-factor scale: cognitive, emotional, and physical engagement. The JES uses a five-point Likert scale ranging from ‘strongly disagree’ = 1 to ‘strongly agree’ = 5. Shuck et al. (2013) found an internal consistency reliability estimates for each subscale as the following: .94 for cognitive engagement, .93 for emotional engagement, and .90 for physical engagement. The combined scale reliability estimate was .96 (Shuck et al., 2013, p. 178).

The JES, however, is not the most popular measure of employee engagement: The Utrecht Work Engagement Scale (UWES; Schaufeli & Bakker, 2003) by far is the most utilized scale in literature to measure employee engagement. Rich et al. (2010) designed the JES as they argued that the UWES included “items that confound engagement with the antecedent conditions suggested by Kahn” (p. 623). A part of the UWES is designed to look at the participants’ perceptions of the level of meaningfulness and challenge of work, which Rich et al. argued did not align completely with Kahn’s conceptualization

(p. 623). Therefore, the JES was chosen for this study in order to try and help eliminate the measurement of the ‘perceptions of the level of meaningfulness’ within the concept of employee engagement as many enter the healthcare arena because they find the work to be meaningful. One can find their work to be meaningful; however, due to other variables may not be currently engaged in their job. A sample item of the JES is, “I feel energetic at my job” (Rich et al., 2010, p. 634).

### **Data Collection and Analysis**

Upon approval of the study by Walden University’s Institutional Review Board (IRB) and the pediatric hospital’s IRB, the survey was sent to the clinical providers by e-mailing an invitation to participate in the study. The participants received instructions on how to access the REDCap website which included an informed consent form and the instruments. By completing the demographics form and the online survey, the participants agreed to the terms described in the consent form. Participants could withdraw from the study at any point.

The data analysis phase evaluated the relationship between two interval scale variables: emotional labor levels and employee engagement levels using a simple bivariate correlation. To assess for possible low and high levels of emotional labor effecting levels of employee engagement differently resulting in a possible curvilinear relationship, a curvilinear regression analysis was also performed. SPSS 21.0 version was used to assess the data.

### **Threats to Validity**

Potential threats to validity must be carefully identified and minimized in order to safely conclude that there is a relationship between two variables (Creswell, 2009).

Internal validity threats and external validity threats are the two types of threats one must consider. Participants' experiences can threaten the researcher's ability to obtain accurate conclusions from the data, resulting in an internal threat (Creswell, 2009). Common internal threats this study will need to be aware of are social desirability bias, the use of self-reports, and the selection process. Social desirability bias can occur when research participants have a personal or professional familiarity with the researcher (Spector, 2006). The use of self-report measures can also lead to findings that are not absolute true reflections of the participants' current state of being. Participants with certain characteristics might also be more likely to volunteer to complete the surveys swaying the results in a particular direction (Creswell, 2009). For example, individuals who are more engaged with their organization might be more likely to participate in the study.

External threats must also be identified and minimized. Researchers must be careful when they draw conclusion from the sample data to other persons or settings (Creswell, 2009). External threats can cause a researcher to draw incorrect conclusions. This study's use of a convenience sample could possibly be a threat to the study's external validity. The use of a convenience sample limits the generalizability of the study's findings. The replication of the study at a later time will be extremely beneficial in order to determine whether the same results occur (Creswell, 2009).



### **Protection of Participants Rights**

IRB approval was obtained prior to collecting any data. This study met all ethical guidelines established by the American Psychological Association (APA) and Walden University. The participants were informed regarding the voluntary nature of the study, how they could withdraw from the study at any point, and that this researcher was not in a position to influence any participant's career through the informed consent agreement. The risks associated with participating in this study were minimal and were outlined in the consent form. There were no material rewards for participating in this study.

No information gathered for this study can be used to identify the participants by name. To ensure the confidentiality and security of the data, all information was collected anonymously and was stored on a password-protected website. No personal information provided on the demographics form will be used for any purposes outside of this research project. Anything that could identify a participant will not be used in the study reports. Five years after completion of the study, all data will be destroyed as required by the university. Materials will be destroyed through shredding as well as file deletion and defragging of the computer.

### **Summary**

As previously outlined, there is a gap in the research regarding whether there is a relationship between emotional labor and employee engagement within a pediatric hospital. Current research indicates there is not enough information to bring a true understanding of this relationship, especially in light of the debate within emotional labor literature. There is also a great need to make sure one is measuring employee engagement

with the organization versus an individual's engagement with the meaningfulness of their role. Many healthcare providers are drawn to the meaningfulness of their work; however, this does not mean they are necessarily engaged with their organization. If there is a relationship between emotional labor and employee engagement, this research can assist healthcare organizations in awareness and possibly drive future trainings in order to help increase employee engagement as well as patient outcomes. With healthcare's current state of affairs, this information is vital to the success of healthcare organizations across the world.

Chapter 3 described the research methodology used for this study. It outlined the research design and rationale; setting, population, and sample; instrumentation and materials; data collection and analysis; and protection of participants rights. Chapter 4 will contain the results of the data analysis. Chapter 5 will conclude with the interpretation of the findings; limitations of the study; recommendations for action and future research; and implications for social change.

## Chapter 4: Results

### **Introduction**

The purpose of this study was to evaluate the relationship between emotional labor and employee engagement within a pediatric hospital. The method of inquiry was a nonexperimental, quantitative, correlational design using the revised version of Brotheridge and Lee's (2003) Emotional Labour Scale (ELS; Brotheridge & Lee, 2006) to measure the independent variables (subscales of emotional labor) and the Job Engagement Scale (JES; Rich et al., 2010) to measure the dependent variable (employee engagement). The study was designed to explore the following questions: (a) Is there a significant relationship between each of the subscales of emotional labor and employee engagement?; and (b) Is there a significant curvilinear relationship between each of the subscales of emotional labor and employee engagement? Healthcare leaders would benefit from understanding the role of emotions in the workplace and how to keep their workforce engaged. Organizations could use this research to create positive change for caregivers and healthcare organizations worldwide by learning about which types of emotional labor promote engagement. Then, healthcare organizations could implement specifically designed strategies to increase these types of emotional labor. A detailed description of the analysis is presented in this chapter, including the data collection and data analysis process for this study, and this study's results.

## Data Collection

### Sample Description

Data was collected in December (2014) and January (2015) in a Midwest pediatric hospital. Participants were contacted via their work e-mail and invited to complete an online anonymous survey by clicking on a website link provided in the invitation letter. Only chaplains, child life specialists, psychologists, social workers, nurses, and physicians were invited to complete the survey. The invitation letter was sent out to approximately: (a) 12 chaplains, (b) 37 child life specialist, (c) 10 psychologists, (d) 50 social workers, (e) 1,953 nurses, and (f) 789 physicians. By the end of the data-collection period, 307 individuals in the target population of 2,851 of clinical healthcare providers had responded. The 11% response rate could have been attributed to the invitation letter being sent over the holidays as well as the lack of incentive to complete the survey. There were 52 participants who did not complete the demographic questionnaire as well as did not complete majority of the ELS or EE; therefore, they were excluded from the sample due to insufficient data: The final sample size was 256 participants.

Participants were comprised of 225 females (90%) and 24 males (10%). The job titles of the participants were as follows: (a) two chaplains (1%), (b) 16 child life specialists (6%), (c) three psychologists (1%), (d) 18 social workers (7%), (e) 173 nurses (68%), and (f) 42 physicians (17%). Years of healthcare experience ranged from one year to 42 years ( $M = 15.06$ ,  $SD = 10.22$ ). Typical length of interaction with patient (in minutes), ranged from 2 to 260 minutes ( $M = 26.64$ ,  $SD = 26.25$ ). The participants'

identified work units were scattered over 56 different units within the hospital system.

Table 1 contains a summary of the participants' demographic information.

Table 1

*Frequency Distributions for Role, Gender, Years of Experience, and Typical Interaction in Minutes*

Demographics	<i>n</i>	Percentage
Role		
Chaplain	2	1%
Child Life	16	6%
Psychologist	3	1%
Social Work	18	7%
Nurse	173	68%
Physician	42	17%
Gender		
Female	225	90%
Male	24	10%
Years of experience		
1-5	47	19%
6-10	62	24%
11-15	53	21%
16-20	18	7%
21-25	25	10%
26-30	26	10%
31-35	12	5%
36+	11	4%
Typical Interaction in minutes		
2-10	64	25%
11-20	84	34%
21-30	57	22%
31-40	5	2%
41-50	17	7%
51+	25	10%

## Research Questions and Hypotheses

The data collected from this Midwest pediatric hospital's clinical employees and affiliates assisted in addressing two research questions. The revised ELS and the JES were used to assess if there is a relationship – either linear or curvilinear - between each of the six subscales of emotional labor and the one scale of employee engagement. In addition, these instruments were used to determine whether gender moderated the linear relationship between emotional labor and employee engagement. The following sections systematically present the results for each research question and the hypotheses supporting each research question.

### Research Question 1 and Hypotheses

*Research Question 1:* Is there a significant relationship between each of the subscales of emotional labor and employee engagement?

$H_01$ : No significant relationship exists between the emotional labor subscale of frequency and employee engagement.

$H_11$ : A significant relationship exists between the emotional labor subscale of frequency and employee engagement.

$H_02$ : No significant relationship exists between the emotional labor subscale of intensity and employee engagement.

$H_12$ : A significant relationship exists between the emotional labor subscale of intensity and employee engagement.

$H_03$ : No significant relationship exists between the emotional labor subscale of variety and employee engagement.

*H<sub>13</sub>*: A significant relationship exists between the emotional labor subscale of variety and employee engagement.

*H<sub>04</sub>*: No significant relationship exists between the emotional labor subscale of hiding feelings and employee engagement.

*H<sub>14</sub>*: A significant relationship exists between the emotional labor subscale of hiding feelings and employee engagement.

*H<sub>05</sub>*: No significant relationship exists between the emotional labor subscale of faking emotions and employee engagement.

*H<sub>15</sub>*: A significant relationship exists between the emotional labor subscale of faking emotions and employee engagement.

*H<sub>06</sub>*: No significant relationship exists between the emotional labor subscale of deep acting and employee engagement.

*H<sub>16</sub>*: A significant relationship exists between the emotional labor subscale of deep acting and employee engagement.

The question focused on the independent variables (subscales of emotional labor) and the dependent variable (employee engagement). The revised ELS consist of 18 questions, which were used to compute six variables: frequency, intensity, variety, hiding feelings, faking emotions, and deep acting. Each subscale was used to determine if there was a relationship between any aspect of emotional labor and employee engagement. The dependent variable was determined by the combined total of the JES. The minimum and the maximum scores for each emotional labor subscale as well as for the JES are presented in Table 2.

Cronbach's alpha coefficient was used to evaluate the internal consistency reliability of the six revised ELS scales. According to Field (2013), Cronbach's alpha is the most common measure of scale reliability as well as it measures the following two things: (a) the variance within the item and (b) the covariance between a specific item and any other item on the sub-scale (p. 708-709). Cronbach's alphas for the six subscales of the revised ELS varied from a low of .68 for the intensity variable to a high of .91 for the variety variable. The Cronbach alpha for the JES was .91. All reliability coefficients were in the higher ranges indicating that the internal consistency reliability of all variables was acceptable for testing (Field, 2013). Table 2 contains the details of the descriptive statistics and Cronbach's Alpha Measures.

Table 2

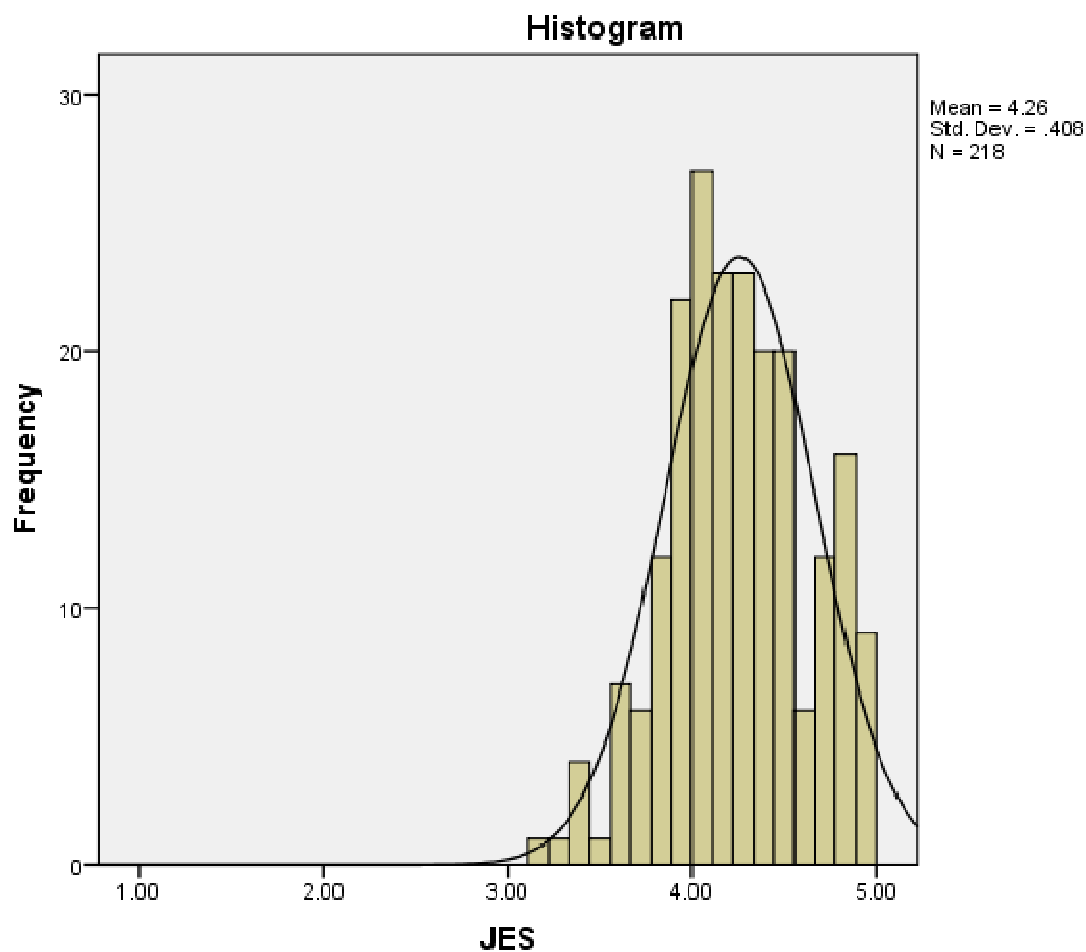
*Descriptive Statistics and Cronbach's Alpha Measures of the Revised ELS and JES*

Question	Minimum	Maximum	<i>M</i>	<i>SD</i>	Cronbach's <i>α</i>	Inter-Item Correlation
ELS frequency	1.33	5.00	3.64	.61	.70	.367 - .471
ELS intensity	1.00	4.50	2.53	.65	.68	.525 - .525
ELS variety	1.00	5.00	3.25	.81	.91	.650 - .810
ELS deep acting	1.00	5.00	2.95	.76	.83	.559 - .701
ELS faking emotions	1.00	4.67	2.66	.77	.86	.576 - .671
ELS hiding feelings	1.00	5.00	3.23	.67	.87	.628 - .744
JES	3.17	5.00	4.26	.41	.91	.023 - .840

To test research question 1, Pearson correlations were conducted to test for the presence of significant linear relationships between the subscales of emotional labor (independent variables) and employee engagement (dependent variable). Employee engagement was measured by the JES. Emotional labor was measured by each of the six subscales of the revised ELS: frequency, intensity, variety, deep acting, faking emotions,



and hiding feelings. A Shapiro-Wilk's test ( $p > .05$ ) and a visual inspection of each scales' histogram and normal Q-Q plot showed that the exam scores were approximately normally distributed. Histograms were also used to assess for any outliers: No outliers were found. A histogram for JES is presented in Figure 1. The histograms for the six subscales of the revised ELS are presented in Figure 2.



*Figure 1:* Frequency distribution of dependent variable: Job Engagement Scale (JES)

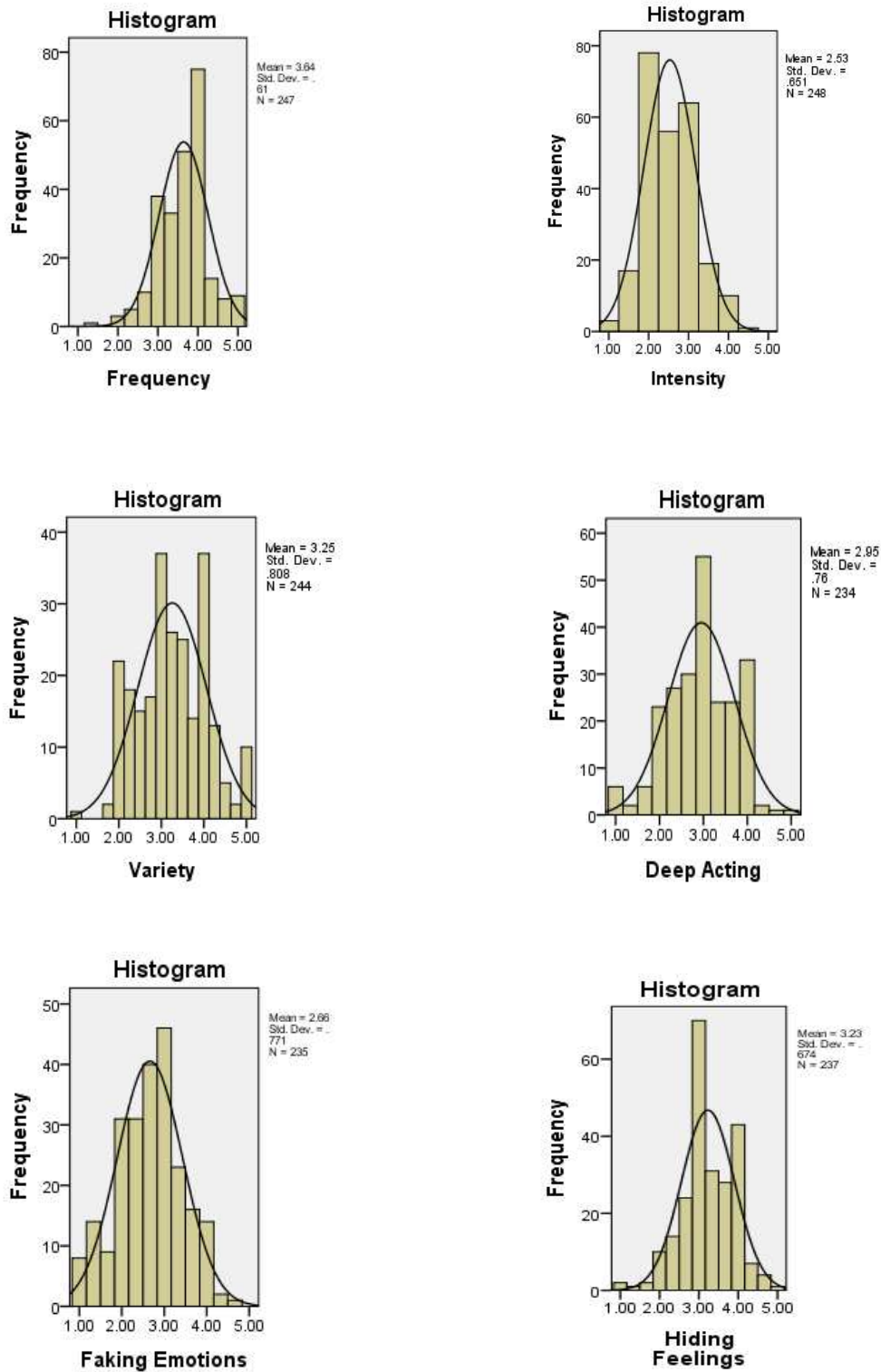


Figure 2: Frequency distribution of independent variables: Revised subscales of ELS

### **Research Question 1 Findings**

According to Hypothesis 1 through 6, there is a significant relationship between each of the six subscales of emotional labor and employee engagement. To test these hypotheses, six Pearson correlations were conducted; however, an assessment for multicollinearity was performed first. An assessment for multicollinearity amongst the independent variables was deemed important to ensure each subscale was actually measuring a distinct aspect of emotional labor. According to Field (2013), correlation coefficients greater than .80 indicates possible presence of multicollinearity. None of the correlations coefficients were greater than .80; therefore, multicollinearity was not considered a problem. Based on the results of the correlations indicated, only the faking emotions and the hiding feelings subscales of the revised ELS were significantly correlated with employee engagement ( $r = -.25, p < .001$ ;  $r = -.27, p < .001$ ). Therefore, the null hypothesis for hiding feelings (Hypothesis 4) and faking emotions (Hypothesis 5) were rejected. Both correlation coefficients were negative, indicating that as the faking emotions or hiding feelings subscales of the revised ELS increased, employee engagement decreased. The null hypotheses for the remaining four were accepted. Table 3 presents the results of the Pearson correlations.

Table 3

*Measures of Central Tendency and Pearson Correlations on the Six Revised ELS Scales and JES*

Variable	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7
1. ELS frequency	3.67	.60	--	.28**	.36**	.26**	.27**	.13	.01
2. ELS intensity	2.55	.65	--	--	.54**	.24**	-.02	-.17*	.10
3. ELS variety	3.26	.81	--	--	--	.06	-.01	-.14	.04
4. ELS deep acting	2.97	.77	--	--	--	--	.33**	.05	-.03
5. ELS faking emotions	2.63	.76	--	--	--	--	--	.55**	-.25**
6. ELS hiding feelings	3.20	.68	--	--	--	--	--	--	-.27**
7. JES	4.25	.41	--	--	--	--	--	--	--

*Note.* Listwise  $N=194$ .

\*\*  $p < .01$ .

\*  $p < .05$ .

### **Moderating Effect: Gender**

Emotional labor researchers have hypothesized that females may experience emotional labor differently than their male counterparts (Scott & Barnes, 2011). When a moderator is present, linear relationships may not be detected. Moreover, if gender moderates the relation between emotional labor and engagement, this could be why several aspects of emotional labor were found to be unrelated to employee engagement. Therefore, the possibility that gender moderates this relation was explored. First, some preliminary testing was conducted. After splitting the files in half by gender, this researcher did not find any significant relationships between emotional labor and employee engagement within the males; however, the same subscales (faking emotions and hiding feelings) were significantly correlated with employee engagement ( $r = -.24$ ,  $p < .001$ ;  $r = -.24$ ,  $p < .001$ ) within the female group. Due to the low number of male participants ( $n = 24$ ), assessing for a true moderating effect on the basis of gender may be

difficult. However, males ( $M = 2.15$ ) do appear to fake emotions less than females ( $M = 2.70$ ). Males ( $M = 2.95$ ) also appear to hide their feelings less often than their female ( $M = 3.25$ ) colleagues.

A three-step process was used to test whether there was an interaction between categorical (gender) and continuous (subscales of emotional labor) variables exist. First, each emotional labor subscale variable was centered in order to increase interpretability of the interaction by minimizing the possible problems associated with multicollinearity. Secondly, an interaction term was created for each subscale variable. Finally, a linear regression analysis was performed. At the mean value of each emotional labor subscale, gender does not moderate the relation between any of the subscales of emotional labor and employee engagement. See Table 4 for results. Thus, gender does not have a moderating effect on the relationship between emotional labor and employee engagement.

Table 4

*Results for the Linear Model of Predictors*

	$R^2\Delta$	$b$	$SE B$	$t$	$p$
1. ELS frequency					
Constant		4.37	0.103	42.65	<.001
Centered		-0.09	0.124	-0.73	.467
Gender		-0.14	0.107	-1.30	.194
Interaction		0.12	0.135	0.90	.370
Model	.004				
2. ELS Intensity					
Constant		4.41	0.092	47.81	<.001
Centered		0.06	0.128	0.43	.671
Gender		-0.16	0.097	-1.66	.099
Interaction		-0.01	0.136	-0.03	.973
Model	<.001				
3. ELS variety					
Constant		4.41	0.093	47.51	<.001
Centered		0.07	0.103	0.69	.489
Gender		-0.17	0.098	-1.78	.076
Interaction		-0.07	0.110	-0.65	.518
Model	.002				
4. ELS deep acting					
Constant		4.44	0.099	44.59	<.001
Centered		-0.04	0.114	-0.36	.722
Gender		-0.20	0.104	-1.88	.062
Interaction		0.03	0.120	0.25	.804
Model	<.001				
5. ELS faking emotions					
Constant		4.40	0.115	38.32	<.001
Centered		-0.00	0.140	-0.03	.978
Gender		-0.16	0.119	-1.32	.190
Interaction		-0.13	0.145	-0.87	.383
Model	.003				
6. ELS hiding feelings					
Constant		4.37	0.097	45.09	<.001
Centered		-0.14	0.134	-1.02	.307
Gender		-0.13	0.101	-1.24	.218
Interaction		-0.01	0.140	-0.04	.972
Model	<.001				

The dependent variable is Employee Engagement (JES)

## Research Question 2 and Hypotheses

*Research Question 2:* Is there a significant curvilinear relationship between each of the subscales of emotional labor and employee engagement?

*H2<sub>0</sub>1:* No significant curvilinear relationship exists between the emotional labor subscale of frequency and employee engagement.

*H2<sub>1</sub>1:* A significant curvilinear relationship exists between the emotional labor subscale of frequency and employee engagement.

*H2<sub>0</sub>2:* No significant curvilinear relationship exists between the emotional labor subscale of intensity and employee engagement.

*H2<sub>1</sub>2:* A significant curvilinear relationship exists between the emotional labor subscale of intensity and employee engagement.

*H2<sub>0</sub>3:* No significant curvilinear relationship exists between the emotional labor subscale of variety and employee engagement.

*H2<sub>1</sub>3:* A significant curvilinear relationship exists between the emotional labor subscale of variety and employee engagement.

*H2<sub>0</sub>4:* No significant curvilinear relationship exists between the emotional labor subscale of hiding feelings and employee engagement.

*H2<sub>1</sub>4:* A significant curvilinear relationship exists between the emotional labor subscale of hiding feelings and employee engagement.

*H2<sub>0</sub>5:* No significant curvilinear relationship exists between the emotional labor subscale of faking emotions and employee engagement.

*H2<sub>15</sub>*: A significant curvilinear relationship exists between the emotional labor subscale of faking emotions and employee engagement.

*H2<sub>06</sub>*: No significant curvilinear relationship exists between the emotional labor subscale of deep acting and employee engagement.

*H2<sub>16</sub>*: A significant curvilinear relationship exists between the emotional labor subscale of deep acting and employee engagement.

### **Research Question 2 Findings**

According to Hypotheses 1 through 6, there is a significant curvilinear relationship between each of the six subscales of emotional labor and employee engagement. To statistically examine these hypotheses, a curvilinear regression analysis was performed using the SPSS 21 Hierarchical Multiple Regression Analysis procedure in which each of the six subscales of emotional labor served as the independent variables and employee engagement served as the dependent variable.

When running the six revised ELS scales separately, only the faking emotions scale was not significant. Therefore, the null hypotheses were rejected for all of the hypotheses except the faking emotions subscale (Hypothesis 5). The results of the regression analysis per each subscale are presented in Table 5, and show that the linear model, step one of the curvilinear regression, is statistically significant for the following revised ELS subscales: (a) faking emotions ( $F(1, 212) = 12.941, p < .001, R^2 = .058$ ) and (b) hiding feelings ( $F(1, 214) = 14.205, p < .001, R^2 = .062$ ). The quadratic (curvilinear) model, step two of the curvilinear regression, was highly significant for the following revised ELS subscales: (a) frequency ( $F(2, 210) = 2.084, p = .043, R^2 = .019$ ); (b) intensity ( $F(2,$



209) = 3.611,  $p = .016$ ,  $R^2 = .033$ ); (c) variety ( $F(2, 208) = 2.785$ ,  $p = .020$ ,  $R^2 = .026$ ); (d) deep acting ( $F(2, 210) = 7.878$ ,  $p < .001$ ,  $R^2 = .070$ ); and (e) hiding feelings ( $F(2, 213) = 9.250$ ,  $p = .044$ ,  $R^2 = .080$ ). Figure 3 shows the predicted linear and curvilinear estimates of the statistically significant relationships between the revised ELS subscales and employee engagement.

Table 5

*Results for the Linear and Curvilinear (Quadratic) Regression Models for the Six Revised ELS scales*

Equation	$R^2$	$F$	$df1$	$df2$	$p$	$b_0$	$b1$	$b2$
1. ELS frequency								
Linear	<.001	.012	1	211	.912	4.268	-.005	
Quadratic	.019	2.084	2	210	.043	5.625	-.781	.108
2. ELS Intensity								
Linear	.006	1.268	1	210	.262	4.144	.048	
Quadratic	.033	3.611	2	209	.016	4.939	-.595	.122
3. ELS variety								
Linear	<.001	.055	1	209	.814	4.228	.008	
Quadratic	.026	2.785	2	208	.020	5.056	-.530	.082
4. ELS deep acting								
Linear	.002	.356	1	211	.551	4.321	-.022	
Quadratic	.070	7.878	2	210	<.001	5.385	-.819	.139
5. ELS faking emotions								
Linear	.058	12.941	1	212	<.001	4.597	-.129	
Quadratic	.065	7.281	2	211	.209	4.314	.109	-.046
6. ELS hiding feelings								
Linear	.062	14.205	1	214	<.001	4.730	-.148	
Quadratic	.080	9.250	2	213	.044	5.445	-.630	.077

The independent variable is Emotional Labor.

The dependent variable is Employee Engagement

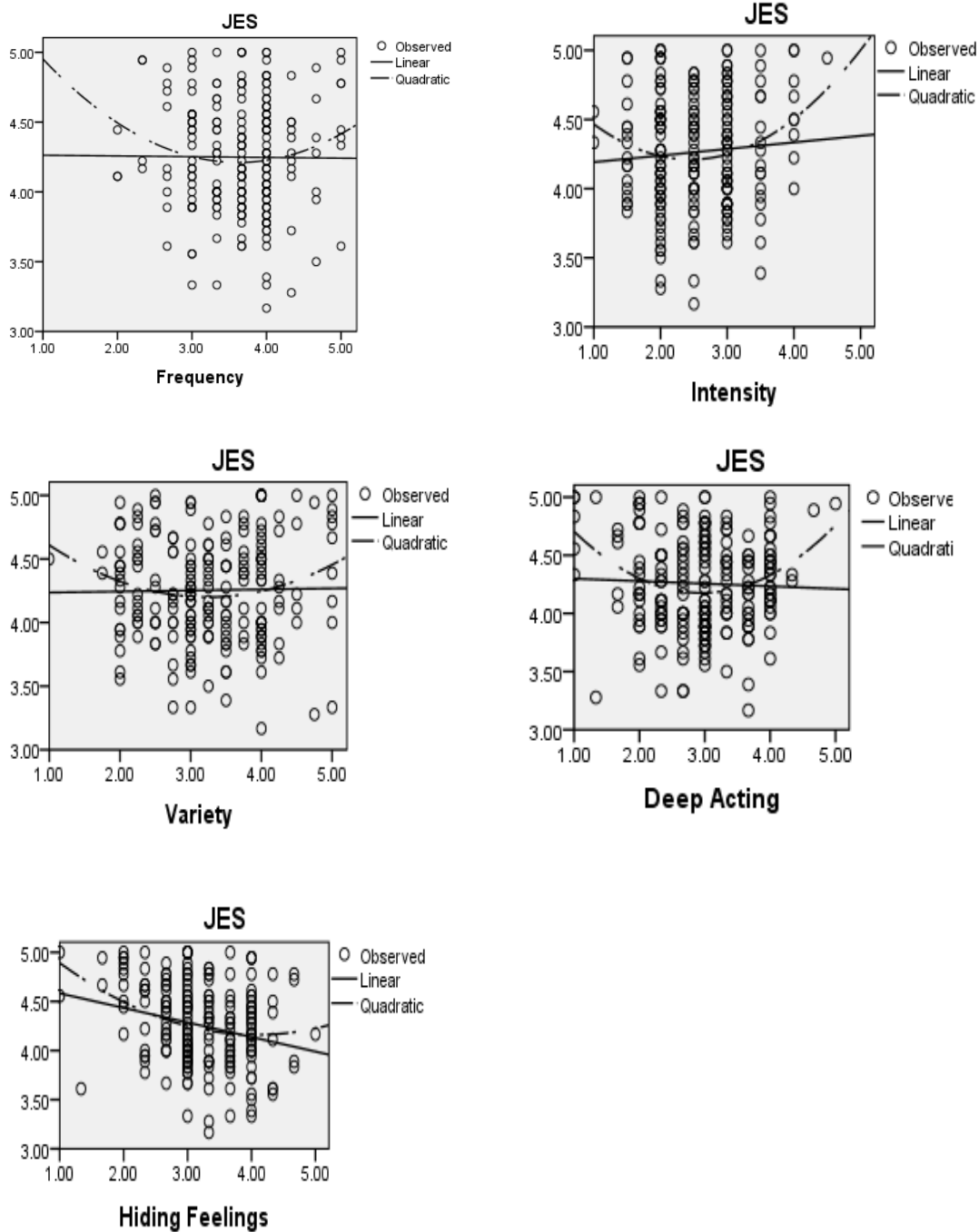


Figure 3: Predicted Linear and Curvilinear Estimates of the revised ELS subscales

## Summary

Chapter 4 presented the data collection process and the findings related to the two research questions and their supporting hypotheses. The data used for the analysis were obtained from a Midwestern pediatric hospital. The results were used to determine whether a relationship existed between the subscales of emotional labor and employee engagement (Research Question 1). Based on a statistical analysis of the data, support was found for two of the hypotheses: hiding feelings and faking emotions. The null hypotheses for hypotheses 4 and 5 were rejected based on the Pearson correlations: the hiding feelings and the faking emotions subscales of the revised ELS were significantly correlated (see Table 6).

Regarding Research Question 2, five out of the six revised ELS subscales showed significant curvilinear relationships. Therefore, five of the null hypotheses for Research Question 2 were also rejected. Hypothesis 5 (faking emotions subscale) was the only null hypothesis that was accepted (see Table 6). These findings provide the field with a nuanced understanding of how emotional labor and employee engagement are related. Chapter 5 summarizes the importance of the findings and provides recommendations for action. Limitations, future research topics, and implications for social change are also presented.

Table 6

*Results for which Hypotheses were Rejected and Retained*

	Rejected Null	Retained Null
Research Question 1:		
<i>H<sub>0</sub>1</i> : Frequency		Yes
<i>H<sub>0</sub>2</i> : Intensity		Yes
<i>H<sub>0</sub>3</i> : Variety		Yes
<i>H<sub>0</sub>4</i> : Hiding Feelings	Yes	
<i>H<sub>0</sub>5</i> : Faking Emotions	Yes	
<i>H<sub>0</sub>6</i> : Deep Acting		Yes
Research Question 2:		
<i>H<sub>20</sub>1</i> : Frequency	Yes	
<i>H<sub>20</sub>2</i> : Intensity	Yes	
<i>H<sub>20</sub>3</i> : Variety	Yes	
<i>H<sub>20</sub>4</i> : Hiding Feelings	Yes	
<i>H<sub>20</sub>5</i> : Faking Emotions		Yes
<i>H<sub>20</sub>6</i> : Deep Acting	Yes	

## Chapter 5: Discussion, Conclusions, and Recommendations

### **Introduction**

Healthcare leaders are becoming increasingly aware of the vital role an engaged workforce can have on patient outcomes as well as on an organization's ability to survive and sustain growth in light of turbulent times. Employers are increasingly interested in what factors may enhance or diminish employee engagement. To enhance employee engagement, it is vital to understand what factors may influence the ability to engage with their organization, such as emotional labor. The purpose of this correlational quantitative study was to evaluate the relationship between emotional labor and employee engagement. This study was conducted to answer the following research questions: 1) Is there a significant relationship between each of the subscales of emotional labor and employee engagement and 2) Is there a significant curvilinear relationship between the subscales of emotional labor and employee engagement?

This study was performed to test whether emotional labor is related to employee engagement within a large pediatric hospital. The method of inquiry was a nonexperimental, correlational, quantitative design using the revised version of Brotheridge and Lee's (2003) Emotional Labour Scale (ELS; Brotheridge & Lee, 2006) to measure the independent variables (subscales of emotional labor) and the 18-item Job Engagement Scale (JES; Rich et al., 2010) to measure the dependent variable (employee engagement). To determine if a relationship existed, both simple bivariate correlations and curvilinear regression analyses were conducted.

Chapter 5 includes an interpretation of this study's findings and limits to the generalizability of these findings given study limitations. Recommendations for action and further study as well as implications for social change are also provided.

### **Interpretation of the Findings**

As described in Chapter 4, six Pearson correlations were conducted to test for presence of significant relations between the subscales of emotional labor (independent variables) and employee engagement (dependent variable). Based on the results of the correlations indicated, only the faking emotions and the hiding feelings subscales of the revised ELS were significantly correlated with employee engagement. Both correlation coefficients were negative, indicating that as the faking emotions or hiding feelings subscales increased, employee engagement decreased. That is, individuals reported they were more engaged in their jobs when they also reported lower levels of faking emotions and hiding feelings.

These findings were consistent with other researchers who found that one particular form of emotional labor called surface acting (faking emotions and hiding feelings) often resulted in negative consequences for individuals, like a loss of emotional control, depletion of energy, weakened job performance, an increase in feelings of inauthentic, and health related concerns (Brotheridge & Lee, 2003; Hülshager et al., 2010; Hülshager & Schewe, 2011; Karimi et al., 2013; Philipp & Schupback, 2010; Pugh et al., 2011). These findings were also consistent with Herzberg's motivation-hygiene theory that supports a theoretical framework in which the physical psychological work conditions can influence the level of employee engagement (Sachau, 2007).

Kahn's engagement theory was also supported by these findings. Kahn (1990) argued that the degree in which employees apply their physical, cognitive, and emotional self to their role is affected by their work environment. Luthans & Peterson (2002) argued that engagement occurs when an individual is emotionally connected to their role and others. In Chapter two the following statements were presented: The meaningful or purposeful work may override the negativities of emotional labor or emotional labor may deplete the ability to activate personal resources and create a psychologically unsafe environment which may impede true engagement. These findings conclude that the meaningful or purposeful work does not override the negativities of emotional labor. Support was also found for the separation of the emotional labor subscales, consistent with the results of other validation research (Diefendorff et al., 2005; Kruml & Geddes, 2000; Mann, 1999).

It is also important to note that this study's findings did not support the argument that the outcome may depend on factors like frequency, intensity, variety, and duration of the required suppression of emotions as other researchers have concluded (Bartram et al., 2012; Drach-Zahavy, 2009). These findings also did not support the other side of the great debate within the emotional labor literature (Bakkar & Sanz-Vergel, 2013; Mann & Cowburn, 2005; Wolkomir & Powers, 2007; Yang & Chang, 2008). When looking at the relationship between the subscales of emotional labor and employee engagement, an individual could not significantly conclude that deep acting resulted in positive employee engagement levels.

As described in Chapter 4, the possibility that gender moderates the relation between emotional labor and engagement was explored in light of other researchers who hypothesized that females may experience emotional labor differently than their male counterparts (Schott & Barnes, 2011). A linear regression analysis was performed to test whether there was an interaction between categorical (gender) and continuous (subscales of emotional labor) variables exist. Gender did not have a moderating effect on the relationship between emotional labor and employee engagement. This finding was not consistent with other studies; however, the low number of male participants ( $n = 24$ ) should be noted.

As described in Chapter 4, to statistically examine research Question 2 and hypotheses, a curvilinear regression analysis was performed using the SPSS 21 Hierarchical Multiple Regression Analysis procedure in which each of the six subscales of emotional labor served as the independent variables and employee engagement served as the dependent variable. When running the six revised ELS scales separately, only faking emotions scale was not significant. The other five revised scales (frequency, intensity, variety, deep acting, and hiding feelings) were significant. All five revised scales reflected a U-shaped curve as seen in Figure 3. Therefore, as the emotional labor subscale scores increased, the employee engagement scores decreased up to a certain point, after which, both variables increased together.

These findings may help answer why there is such a debate in the emotional labor literature of whether emotional labor yields positive or negative outcomes. Lee et al. (2010b) argued that some healthcare providers report that they experience more positive



outcomes when they participate in emotional attunement as well as by aligning their inner thoughts and feelings with the emotions expressed (deep acting). Mann (2005) also argued that when staff members become too emotionally involved with their patients, they throw off their emotional equilibrium and compromise their immune system; however, when they can successfully emotionally detach, they can protect themselves emotionally as well as they can maintain objectivity and sound clinical judgment. This study's findings supports that there is a curvilinear relationship with at least five of the six emotional labor subscales and there may be a good reason why there is a debate in literature.

The Intergroup emotions theory may also help explain the curvilinear relationship between the subscales of emotional labor and employee engagement. Being a member of a certain team or unit can affect emotional outcomes as emotions experienced actually become intergroup emotions (Mackie et al., 2000). Using this lens helps draw on the importance of assessing the role emotions plays during intergroup interactions and how emotions influence intergroup behaviors (Mackie et al., 2000). All units (emergency room, intensive cares, oncology, etc...) and all positions (physicians, nurses, psychologists, social workers, child life specialists, and chaplains) were all assessed collectively for this study. Intergroup differences may also be contributing factor resulting in a curvilinear relationship.

### **Limitations of the Study**

As with any study, the design had limitations which apply when interpreting the data and could possibly be addressed in future research. The revised ELS and JES are

self-report measures; therefore, they are subject to participants' biases and willingness to fully disclose. Self-report methods are also known to inflate the relationship among variables (Mann, 2005). The ability to capture real time experiences or emotions versus retrospective account of emotions may help overcome some of the biases associated with reconstructed memories (Lee et al., 2010). Low response rate may be a factor, although typical among physicians (Boudreau et al., 2006). Nevertheless, the study demonstrated sample representativeness to the population. The Midwestern pediatric hospital is culturally similar to other pediatric hospitals; however, the results may not be reflective of healthcare employees at other hospitals or other industries.

### **Recommendations**

The research population for this study was one pediatric hospital within the Midwest. The current study could be replicated in other regions throughout the United States. The current study had a low physician response rate. Replicating this study with higher physician response would be beneficial as well as could help better uncover possible gender moderating effects.

This quantitative study was based on two self-report measures: the revised ELS and the JES. The JES is not the most popular employee engagement measure. Additional research to explore the concepts of meaningful work in relation to employee engagement within healthcare organizations would provide healthcare leaders with powerful knowledge and strategies for measuring true engagement to the organization in which one works for. A mixed-methods approach that engages the revised ELS and JES, followed

up with personal interviews may also bring a greater understanding of the role emotional labor plays in healthcare providers' lives.

Finally, research is needed to better understand the role emotions plays during intergroup interactions (Intergroup Emotions Theory). Being a member of a certain team or unit can affect emotional outcomes as emotions experienced actually become intergroup emotions (Miller et al., 2004). This relates to this study as the question arises: Does emotional labor affect employee engagement differently depending on the intergroup or unit?

### **Implications**

Fear, anger, sadness, and discomfort can be witnessed and felt throughout a pediatric hospital setting. Therefore, healthcare leaders would significantly benefit from understanding the role of emotions within the workplace and how to keep their workforce engaged, especially during turbulent times. Addressing emotional labor and employee engagement has direct implications for patient safety outcomes as well as the overall success and health of the staff and the organization (Heilman et al., 2010; Sahoo & Mishra, 2012). The goal of this study was to assist healthcare organizations in understanding the relationship between emotional labor and employee engagement in order to increase discussions and debate around the best ways to manage the emotions of staff as well as the decreased levels of employee engagement given the challenges and resource constraints faced by medical systems today.

According to the results, hiding feelings and faking emotions significantly impacts one's ability to be engaged. Five of the six subscales of emotional labor also

showed curvilinear relationships with employee engagement. Plus, many healthcare providers felt like their education had not prepared them appropriately to handle the negative consequences of emotional labor (Henderson, 2001). Knowing more about how emotional labor affects levels of employee engagement is useful in selecting, training, and developing staff as well as to providing the self-care tools necessary to endure the emotional fallout. When the risks are so high with disengaged workers, like compromised patient safety, medical errors, decreased employee satisfaction, and turnover, then the need to understand emotional labor factors become extremely vital for all healthcare organizations, especially given the results of this study.

### **Conclusion**

Majority of the research and literature on emotional labor has been focused on service and hospitality related industries, although there has been a recent shift to explore more high emotionally demanding industries like healthcare. However, majority of this limited research focused solely on the role of nursing. There also has been very limited research that addresses the relationship between emotional labor and employee factors beyond stress and burnout, like employee engagement, especially within healthcare organizations (Scott & Barnes, 2011). The current emotional labor research also provides mixed results regarding whether the act of engaging in emotional labor has positive or negative outcomes for individuals as well as organizations (Xanthopoulou et al., 2013). This study provides data to help researchers and healthcare leaders begin to understand how emotional labor relates to employee engagement within a pediatric hospital.

Healthcare leaders and organizations must be prepared to help their staff adequately handle the high emotional demands that they experience on a daily basis. Healthcare leaders and organizations also must be prepared to handle the high turnover rates, 69% to 87% of disengaged workforces, and the impact of the current healthcare reforms (Bartram et al., 2012; Diefendorff et al., 2011; Granatino et al., 2013; Little et al., 2013; Wilson, 2014). While there are still many unknowns, this study will open discussions, debates, and opportunities for additional research to even better understand the role of emotional labor as well as the needs of an engaged workforce. Healthcare organizations must commit to understanding what contributes to an engaged workforce as well as to take action immediately to create a culture that supports these findings in order to compete during these turbulent times.

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## Appendix A: Demographic Questionnaire

- 1) My role is:  Chaplain  
 Child Life Specialist  
 Psychologist  
 Social Worker  
 Nurse  
 Physician
- 2) My current unit is:  emergency department, center of cancer and Blood disorders, surgical center, etc.)
- 3) My working status is:  Full-time  
 Part-time
- 4) My gender is:  Female  
 Male
- 5) Years of health care experience:

## Appendix B: Permission to Use ELS

From: Michele Mitchell <[michele.mitchell@waldenu.edu](mailto:michele.mitchell@waldenu.edu)>  
To: [celeste.brotheridge@uregina.ca](mailto:celeste.brotheridge@uregina.ca)  
Sent: Sunday, July 13, 2014 10:11:30 AM  
Subject: Emotional Labor Scale

Dear Dr. Brotheridge;

I am a Ph.D. student at Walden University. I am pursuing my doctorate in Psychology with a specialization in organizational psychology. I am mid-way through writing my dissertation. My topic is researching whether there is a relationship between emotional labor and employee engagement in a pediatric hospital. I am in the preparation phase for my data collection and would like to use the emotional Labor Scale created by you and Dr. Lee. I am extremely passionate about emotional labor and healthcare. May I receive your written consent/permission to use the ELS as well as may I purchase a hard copy of the ELS?

Kind Regards,

Michele Mitchell

On Mon, Jul 14, 2014 at 12:52 PM, Céleste Brotheridge  
<[celeste\\_brotheridge@yahoo.ca](mailto:celeste_brotheridge@yahoo.ca)> wrote:  
Hello Michele!

Thanks for your interest in our research! Below is a copy of our Emotional Labour Scale, and attached are some articles on emotional labor. Further below is a copy of the revised scale. You have my permission to use the ELS in your research. (You don't need to buy it.) Good luck with your research!

Best regards,  
Celeste

**Emotional Labour Scale (Brotheridge & Lee, 2003; Revised Version, 2006)**

Section A: A typical interaction I have with a patient takes about \_\_\_\_\_ minutes.

Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

On an average day at work, how frequently do you:

1. Display specific emotions required by your job.
2. Adopt certain emotions as part of your job.
3. Express intense emotions.
4. Express particular emotions needed for your job.
5. Use a wide variety of emotions in dealing with people.
6. Resist expressing my true feelings.
7. Pretend to have emotions that I don't really feel.
8. Display many different emotions when interacting with others.
9. Make an effort to actually feel the emotions that I need to display toward others.
10. Show some strong emotions.
11. Express many different emotions when dealing with people.
12. Hide my true feelings about a situation.
13. Try to actually experience the emotions that I must show.
14. Really try to feel the emotions I have to show as part of my job.
15. Display many different kinds of emotions.

Section B: Revised Deep Acting and Surface Acting Subscales of the ELS

Please use the following scale to indicate how frequently you engage in the following behaviors when interacting with patients on an average day at work.

Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

1. Show emotions that I don't feel.
2. Make an effort to actually feel the emotions that I need to display to others.
3. Hide my true feelings about a situation.
4. Pretend to have emotions that I don't really have.
5. Really try to feel the emotions I have to show as part of my job
6. Show emotions that are expected rather than what I feel
7. Resist expressing my true feelings
8. Conceal what I'm feeling.
9. Try to actually experience the emotions that I must show.



## Appendix C: Permission to Use JES

**From:** Michele Mitchell <michele.mitchell@waldenu.edu>  
**Date:** Sunday, July 13, 2014 at 12:23 PM  
**To:** Bruce Louis Rich <brich@csusm.edu>  
**Subject:** Job Engagement Scale

Dear Dr. Rich,

I am a Ph.D. student at Walden University. I am pursuing my doctorate in Psychology with a specialization in organizational psychology. I am mid-way through writing my dissertation. My topic is researching whether there is a relationship between emotional labor and employee engagement in a pediatric hospital. I am in the preparation phase for my data collection and would like to use the Job Engagement Scale created by you, Dr. LePine, and Dr. Crawford. I am extremely passionate about this topic and want to make sure I am using the most appropriate and applicable instrument available. May I receive your written consent/permission to use the JES as well as may I purchase a hard copy of the JES?

Kind Regards,

Michele Mitchell

On Sun, Jul 13, 2014 at 11:03 AM, Bruce Louis Rich <brich@csusm.edu> wrote:

Dear michelle,

Please find attached a copy of the job engagement scale.

You are welcome to use it for your academic research.

Best of luck in your studies.

Bruce

**Instructions:** Following are a number of statements regarding your engagement in the work you do. Using the response scale below, indicate your agreement or disagreement with each item by circling the appropriate number.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

1. I work with intensity on my job.	1	2	3	4	5
2. I exert my full effort to my job.	1	2	3	4	5
3. I devote a lot of energy to my job.	1	2	3	4	5
4. I try my hardest to perform well on my job.	1	2	3	4	5
5. I strive as hard as I can to complete my job.	1	2	3	4	5
6. I exert a lot of energy on my job.	1	2	3	4	5
1. I am enthusiastic about my job.	1	2	3	4	5
2. I feel energetic about my job.	1	2	3	4	5
3. I am interested in my job.	1	2	3	4	5
4. I am proud of my job.	1	2	3	4	5
5. I feel positive about my job.	1	2	3	4	5
6. I am excited about my job.	1	2	3	4	5
1. At work, my mind is focused on my job.	1	2	3	4	5
2. At work, I pay a lot of attention to my job.	1	2	3	4	5
3. At work, I concentrate on my job.	1	2	3	4	5
4. At work, I focus a great deal of attention on my job.	1	2	3	4	5
5. At work, I am absorbed in my job.	1	2	3	4	5
6. At work, I devote a lot of attention to my job.	1	2	3	4	5

## Appendix D: Invitation Letter

Date: December , 2014

Re: Organizational Psychology Research

Dear Pediatric Hospital in the Midwest Clinical Employees,

As a clinical social worker, I understand the different emotions can surface and be felt throughout the work day as well as the need to hide or fake these emotions at times.

As a doctoral student, I am pursuing my interest in this area by conducting a study that explores the role of emotions within the workplace and how they may impact employee engagement. I am currently working on my dissertation, "The Relationship Between Emotional Labor and Employee Engagement within a Pediatric Hospital". As part of my dissertation, I will complete a research study in my field of organizational psychology. You are invited to take part in this research study. The study consists of three surveys, which will take approximately 20 to 30 minutes to complete. The surveys will contain no individual identifying information. All information that you provide will be kept confidential and locked in personal computer or file cabinet in my home. Example questions are: How often you conceal what you are feeling at work? How often you feel energetic about your job?

You are eligible to participate in the study if you are a physician, nurse, psychologist, social worker, child life specialist, or chaplain. If you are interested in participating, please access the URL for the surveys at <https://redcap.ucdenver.edu/surveys/?s=5bbpwkuZxJ>

The results of this research will be included in my dissertation and may be published in subsequent journals or books. Again, all data is anonymous, so the results reflect the aggregate data collected. The benefit to participants for completing this study is that you may be helping advance knowledge in the field of organizational psychology and healthcare.

If you have any questions about any part of this research, please contact me. If you have further questions you may contact my research advisor, Dr. Gwynne Dawdy, who is supervising this study. Contact information is located below.

I truly appreciate your support.

Best Regards,

Michele Mitchell, Doctoral Student  
Walden University

Faculty Advisor:  
Gwynne Dawdy, Ph.D.  
School of Psychology  
Walden University  
[gwynne.dawdy@waldenu.edu](mailto:gwynne.dawdy@waldenu.edu)

## Appendix E: Informed Consent Agreement

You are invited to take part in a research study of how hiding and faking emotions within the workplace may influence one's ability to be engaged with their organization. The researcher is inviting physicians, nurses, psychologists, social workers, child life specialists, and chaplains to be in the study. This form is part of a process called "informed consent" to allow you to understand this study before deciding whether to take part.

This study is being conducted by a researcher named Michele Mitchell, who is a doctoral student at Walden University. You may already know the researcher as the Manager of Patient Relations at Pediatric Hospital in the Midwest, but this study is separate from that role.

### **Background Information:**

The purpose of this study is to evaluate if there is a relationship between emotional labor (act of hiding and/or faking one's feelings) and employee engagement within a pediatric hospital.

### **Procedures:**

If you agree to be in this study, you will be asked to complete each of the following online:

- A demographic form including current role, unit, working status, gender, and years of experience in healthcare.
- A brief survey consisting of 18 items, called the Emotional Labour Scale, which will take about 10 – 15 minutes.
- A brief survey consisting of 18 items, called the Job Engagement Scale, which will take about 10 – 15 minutes.

Here are some sample survey questions:

- How often do you show emotions that you do not feel?
- How often do you conceal what you are feeling?
- Do you feel positive about your job?

### **Voluntary Nature of the Study:**

This study is voluntary. Everyone will respect your decision of whether or not you choose to be in the study. No one at Children's Hospital Colorado will treat you differently if you decide not to be in the study; it is completely voluntary and anonymous.

If you decide to join the study now, you can still change your mind later. You may stop at any time.

**Risks and Benefits of Being in the Study:**

Being in this type of study involves some risk of the minor discomforts that can be encountered in daily life, such as the stress of being connected to your specific data or work unit. Given the anonymity of the data collection method, this is highly unlikely. Being in this study would not pose risk to your safety or wellbeing.

The potential benefit of this study is development of knowledge and training practices that would aid healthcare organizations in maintaining engaged employees.

**Payment:**

There is no payment provided for participating in this study.

**Privacy:**

Any information you provide will be kept anonymous. The researcher will not use your personal information provided on the demographics form for any purposes outside of this research project. Also, the researcher will not include your name or anything else that could identify you in the study reports. Data will be kept secure by being kept in a locked file cabinet in the researcher's home, and all electronic information will be kept on a password-protected computer in the researcher's home. Data will be kept for a period of at least 5 years, as required by the university. Materials will be destroyed through shredding or file deletion and defragging of the computer.

**Contacts and Questions:**

You may ask any questions you have now. Or if you have questions later, you may contact the researcher via [michele.mitchell@waldenu.edu](mailto:michele.mitchell@waldenu.edu). If you want to talk privately about your rights as a participant, you can call Dr. Leilani Endicott. She is the Walden University representative who can discuss this with you. Her phone number is 1-612-312-1210. Walden University's approval number for this study is **10-23-14-0166136** and it expires on **October 22, 2015**.

Please keep this consent form for your records.

**Statement of Consent:**

I have read the above information, and I understand the study well enough to make a decision about my involvement. By completing the demographics form and completing the online surveys, I understand that I am agreeing to the terms described above.