

MEASURES OF EMOTION WORK: FACTOR STRUCTURE AND GROUP DIFFERENCES IN A CARE-GIVING POPULATION IN SOUTH AFRICA

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ABSTRACT

Orientation:

The measurement of emotion work is beneficial to organisations in that it is through emotion work that employees meet their job requirements.

Research Purpose: The purpose of this study was to provide a framework of emotion work measurements, to determine the psychometric properties of emotion work and to indicate demographic differences for a sample of care-givers in private and public health sectors.

Motivation for the study: Scholars have recognised the importance of emotion research but studies regarding the underlying factor structures that make up emotion work are lacking.

Research design, approach and method:

A cross-sectional survey design was used in this study. An availability sample ($n=294$) of care givers was taken from a care-giving environment. Scales that were selected to measure emotion work in care-givers were: display of positive emotions, emotional sympathy, demands for sensitivity and emotional dissonance.

Main findings: Results supported a three-factor structure that was themed client care, emotional dissonance and display of positive emotions. Group differences in age groups, provinces, qualification levels and public and private sectors in the experience of emotion work were found.

Practical/managerial implications:

The use of the Frankfurt Emotion Work Scales is recommended to measure emotion work in care-giving environments and to detect group differences in the experience of emotion work.

Contribution/value add: This study added value by providing the factor structure of selected FEWS scales. The FEWS scales can be applied to detect group differences. Individual differences and organisational settings influence the experience of emotion work in care-givers.

Key words: care givers, emotion work, psychometric properties, group differences, health sector

INTRODUCTION

Employees in service roles have to perform emotion work (regulate inappropriate emotions in their daily face-to-face interaction with clients) in order to comply with emotional standards that are congruent with their job requirement (Brotheridge & Lee, 2003; Zammuner & Galli, 2005). The study of emotion work is beneficial to organisations in that it is through emotion work that employees meet their job requirements. Yet, performing emotion work may be harmful to employees, because of increased monitoring requirements, burnout, and dissatisfaction (Diefendorff & Gosserand, 2003). The latter needs to be taken into account in the strategic management of human resources in the health sector.

The importance of research of emotion work in human resources is that there is an increasing number of employees that move into the service sector, such as call centres and the hospitality industry (Briner, 1999; Porter, 2002; Davies, 1995). There has also been a sharp rise in jobs requiring emotion work (direct and final face-to-face interaction) with the final customer or client; this is because of growing recognition in the hospitality and health sectors of the importance of a service orientation (Olsen, 2004; Whelan, Davis & Bourke, 2009).

Despite the rise in jobs requiring emotion work, research on emotion work has been neglected in the past. Only recently has research started to incorporate emotion work topics in a variety of occupations – indicating the recent notion on the importance of research in the emotion work domain including nurses (Grove & Erickson, 2006; Maunder, 2006; Brown & Brooks, 2002; Bolton, 2001; Humpel, Caputi, and Martin, C., 2001; Brunton, 2005), call centre employees (Grebner et al., 2003; Lewig & Dollard, 2003), teachers (Visser, 2006; Chin, 2000; Näring, Briët, & Brouwers, 2006; Isenbarger & Zembylas, 2006), professors (Acker & Webber, 2000; Bellas 1999;) police officers (Schaible, 2006; Newman., Guy, & Mastracci, 2007), social service workers (Anderson 2000) and the hospitality industry (Chu, 2004).

Although scholars have thus recognised the importance of emotion work research recently, most of this research focused on understanding its effects on people and organisations (Diefendorff & Gosserand, 2003) and not on the underlying factor structures that make up emotion work. Wharton indicated in 1993 already that researchers should devote more attention to the investigation of the measurement of emotion work whereas Morris and Feldman in their 1996 review of emotion work, stated that “researchers should focus on developing and validating measures and components of emotion work” (p. 1003). Validated measurements of emotion work would facilitate direct investigation of relationships of emotion work performance with other variables such as stress, burnout, engagement, absenteeism, performance, etc; and it would allow for an investigation of demographical group differences in different occupations and would contribute to increased awareness of this possible source of stress (Mann, 1999).

More specifically, within a South African context, it is of utmost importance to investigate the psychometric properties of a measure of emotion work, which is not biased in any way and in correlation with the South African Employment Equity Act, 55 of 1998 (www.labour.gov.za). It is a general tendency in human resource management to use European measurements without establishing its psychometric properties first. A specific need exist in the health sector in care-giving environments to investigate emotion work. Bennet (2000), stated that caring for patients that’s seriously ill, for instance HIV-infected patients (which is quite common within health-care environments within South Africa), is both physically and emotionally demanding for care givers.

It is evident that there is a need to pursue an investigation of emotion work in care givers in more depth and to determine the differences in demographical variables (age, gender, ethnicity and sector). Lastly, if measuring emotion work is shown to be useful in indicating such differences, there may be implications for controlling or regulating emotion work performance in order to maximize or minimize those consequences. Ultimately, intervention strategies can be introduced to reduce emotion work performance that can be more accurately evaluated.

It is important for the reader to note that even though a number of studies also refers to emotion work as emotional labour, the term *emotion work* is preferred. This is because the term *emotional labour* focuses more on societal and economic aspects, whereas *emotion work* focuses on psychological processes of employees. Work instead of labour is used in work and organisational psychology to refer to cognitive or motivational aspects of work, which is therefore more compatible with the empirical research reported by this article (Zapf, Seifert, Schmutte, Mertini & Holtz, 2001). In the remainder of the article emotion work will be investigated and demographic differences and emotion work be referred to, a framework of emotion work measures from a literature review will be compiled and lastly a factor structure of an emotion work measure will be provided and group differences be presented in the results section of this article.

Trends from the research literature

Emotion Work

Research on emotions in care-giving environments is fast expanding. Consequently, a growing number of publications now deal with the researching of emotions, more specifically emotions in care-giving environments (Bolton, 2001; Brown & Brooks, 2002; Brunton, 2005; Davies, 1995; Humpel, Caputi, & Martin, 2001; Kinder, 2000; Maunder, 2006; Porter, 2002). This growing interest is mainly due to the increasing realization that a central part of the care-givers ‘s job entails the management, control and adequate expression of one’s emotions, and that these requirements are considered to be a central part of the health care professional’s job (Zapf *et al.*, 2001). Most of the emotions that caregivers experience, especially when dealing with patients, are of a negative nature. These include feelings such as anger, irritation and even disgust. If the patient is to feel cared for, these feelings and emotions must be controlled, managed or suppressed (McQueen, 2004). It is obvious that the measurement of emotion work is an important and relevant research topic in a care-giving environment.

However, there are various approaches to emotion work, such as those of Ashforth and Humphrey (1993), Grandey (2000), Hochschild (1983), Morris and Feldman (1996) and the well-being approach of Zapf (2002) that incorporates emotional dissonance as part of emotion work. These approaches define emotion work in different ways, but, they share the view that emotions at work are being managed in order to meet display rules set forth by the organisation.

The term 'emotional labour' was originally coined by Hochschild (1983), whose research covered a great number of frontline service jobs. Hochschild described emotion work as managing feelings in order to generate visible facial and physical demonstration. Two main ways of managing emotions are proposed: 1) surface acting – where emotional expressions are regulated; and 2) deep acting – where feelings are deliberately altered so as to express desired emotions. Hochschild (1983) believed that this process of emotion management involves effort, and made organisations aware of the view that employees manage their emotions at work and that it may negatively influence employees' health. Hochschild (1983) also suggested that organisations attempt to control employees' emotions, which could be very unpleasant for such employees. It is for this reason that Hochschild (1983) associated emotion work with burnout and job stress.

Ashforth and Humphrey (1993) conceptualised emotion work as acts of expressing proper emotions to conform to the image of the company. These authors were more concerned with emotion work as visible behaviour than with the management of feelings (Grandey, 2000). Ashforth and Humphrey (1993), who argued that many factors influence employees' expression of emotion, suggested that emotion work does not necessarily entail mindfulness effort. They explained that rather than being sources of stress, deep acting and surface acting can become routine, and therefore effortless. The main focus was on the relationship between these visible manifestations and task effectiveness or performance. Ashforth and Humphrey (1993) agreed with Hochschild (1983) that emotion work may become detrimental to employees if they do not express genuine feelings.

Morris and Feldman (1996) describe emotion work as the energy, preparation, and manipulation that is needed in order to express emotions required by the organisation. Their perspective follows an inter-actionist approach where emotions are expressed in the social environment, and are also moderately influenced by that environment (Grandey, 2000). Morris and Feldman (1996) contend that emotions can be tailored and managed by an individual, and that the broader social context determines when that happens. According to them emotion work involves four dimensions: 1) the regularity of interactions; 2) the intensity of emotions and the duration of the interaction; 3) the range of required emotions; and 4) emotional dissonance. They view surface and deep acting as a trivial component of the dimension of intensity and duration, and regard job dissatisfaction and emotional exhaustion as products of the dissonance dimension (Grandey, 2000). Grandey (2000) argues that this conceptualisation has a drawback in that it does not clarify how frequency, duration and variety define emotion work.

Grandey (2000) agrees that emotion work is a process of adjusting feelings and expression in order to meet organisational expectations. Grandey affirms that surface and deep acting, as a way to define emotion work, is beneficial seeing that a) it is not inherently value laden, which allows researchers to explain negative (stress) and positive (customer service) outcomes; b) it has utility in that it can help to construct training programmes to deal with stress and health issues; and c) it ties directly onto a recognised theoretical model of emotion regulation (Grandey, 2000). Grandey also (2000) states that there are many individual differences that may relate to emotion work, for example, gender, emotional expressivity, emotional intelligence, self-monitoring, and affectivity. He agrees with Ashforth and Humphrey (1993) and Morris and Feldman (1996) that the work situation also has an effect on the level and type of emotion work an employee endures, and mentions autonomy and support as influential organisational factors (Grandey, 2000).

Zapf and Holz (2006) characterise the requirements of emotion work even more expansively as the requirement to display positive emotions, negative emotions, sensitivity towards a client's emotions, and overall emotional dissonance: expression of emotions which are in contrast to one's own felt emotions. In addition to the above four emotional regulation requirements, Fischbach and Zapf (2003) mention another requirement, namely neutrality. Tschan, Rochat and Zapf (2005) expand on this requirement by stating that the suppression of positive or negative emotions when the required display emotion is one of neutrality (e.g. a doctor who makes a death announcement to relatives) may also lead to emotional dissonance. Emotional dissonance is therefore a state that does not only occur when one is forced to express positive emotions which are not felt, but one that also occurs when one expresses no emotions if sadness, joy or pain is felt (Tschan, Rochat & Zapf, 2005). An example of such a requirement within the health-care environment may be when a doctor has to tell a patient that he is dying of cancer. In such a situation the doctor will be required to maintain a professional outer display even though he may be experiencing inner sadness.

All the abovementioned definitions (which are but a few of the many available in literature) show that emotion work is an extremely broad construct and a simple, uniform definition is not easy. One common aspect of all these definitions of emotion work is the characteristics of the term. These characteristics can be summarised as follows: (a) emotion work occurs in face-to-face or voice-to-voice interactions with clients; (b) emotions are displayed to influence other people's emotions, attitudes and behaviours; (c) the display of emotions has to follow certain rules; (d) emotion work can have either negative or positive effects on an individual's well-being (Hochschild, 1983; Morris & Feldman, 1996). This difficulty in defining emotion work makes measurement issues highly problematic.

Demographic differences in emotion work

Apart from the different viewpoints on emotion work, with regard to measurement, Grandey (2000) suggests that situational settings influence an employee's emotion work; emotion work may result in positive work performance, but may be negative in terms of employee health; and personal as well as organisational characteristics may have a great influence on the level of emotion work performed. More specifically in view of profound changes in the diverse, demographic structure of the South African workforce, it is of utmost importance to apply a measurement that is not biased in any way and is in accordance with the South African Employment Equity Act, 55 of 1988 (www.labour.gov.za). The South African workforce increasingly mirrors the diversity of the South African population as a whole. It is therefore essential to take the experiences of emotion work levels of different demographic groups into account in the measuring of emotion work. The primary dimensions of diversity are human differences, namely age, ethnicity, gender, physical abilities or qualities, and sexual or affectional orientation, which are inborn and exert a major impact on people (Grobler, Wärich, Carrell, Elbert & Hatfield, 2002).

Pertaining to gender, the majority of service jobs are performed by women (Hochschild, 1983). In their study, Kruml and Geddes (2000), found a relationship between gender and emotional dissonance. Women were more likely to report feeling differently (discrepancy) from what they expressed (the display of positive or pleasant emotions and the display of empathy). Wharton and Erickson (1995), also claim that women are more likely to manage emotions at work as well as at home.

In a study by Freund (1990), the results indicated that social groups less powerful in hierarchical systems affect the likelihood of being invalidated, of feeling instrumentally powerless (that is, being unable to reach one's goals), of feeling insecure, of feeling as if one is unable to speak one's mind, or that one is to be blamed for the distressful feelings one is experiencing. An extremely powerless social status therefore increases the likelihood of experiencing an 'unpleasant' emotionality or emotional mode of being.

Measurements of emotion work

Although it is difficult to determine exactly what comprises the term 'emotion work' and in view of the need to measure group differences, there are a number of possible ways in which emotion work can be measured. Numerous measurements have been developed to measure emotion work and the remainder of the literature overview will provide a framework of these measurements after which the case for investigating the psychometric properties of one of these measures will be argued.

These measures include the Emotional Labor Scales developed by Brotheridge and Lee (2003), the Emotional Labour Inventory developed by Mann (1999), the Frankfurt Emotion Work Scales (Zapf *et al.*, 1999), the Emotional Labour Scale developed by Kruml and Geddes (2000), Steinberg and Figart's measurement (1999), Schaubroeck and Jones's (2000) measurement, the Dutch Questionnaire on Emotional Labor (Briet *et al.*, 2005) and the Emotional Work Requirement Scale developed by Best *et al.* (1997).

Table 1 presents a framework of emotion work measures found in a literature study, along with information about their authors, dimensions and internal consistency as provided in the literature.

Table 1
Emotion work measures

| MEASURE | AUTHORS | DIMENSIONS | INTERNAL CONSISTENCY |
|---------------------------------|----------------------------|--|--|
| ELS: Emotional Labor Scales | Brotheridge and Lee (2003) | Frequency Intensity Variety Duration Surface acting Deep acting | Study one: ranged from .68 - .85 Study two: ranged from .74 - .91 |
| ELI: Emotional Labour Inventory | Mann (1999) | Expectations or rules about emotional display(External) Emotional suppression (Internal) Emotional faking (Internal) | .89 .71 .64 |
| FEWS: Frankfurt Emotion Work | Zapf <i>et al.</i> (1999) | Positive emotions Negative emotions | Cronbach alpha in parentheses |

| Scales | | Sensitivity requirements | estimated reliability |
|---|------------------------------|-----------------------------------|-----------------------|
| | | Showing sympathy | of .57 for scales |
| | | Emotional dissonance | |
| Emotional Labour Scales | Kruml and Geddes (2000) | Emotive effort | .61 |
| Unclear | Steinberg and Figart (1999) | Emotive dissonance | .80 |
| Unclear | Schaubroeck and Jones (2000) | Unclear | Unclear |
| | | Demands for positive efference | Unclear |
| | | Suppression of negative efference | |
| D-QEL: Dutch Questionnaire on Emotional Labor | Briet <i>et al.</i> (2005) | Unclear | Unclear |
| | | | |
| EWRS: Emotional Work Requirement Scale | Best <i>et al.</i> (1997) | Emotional suppression | .54 |
| | | Emotional support and control | .78 |

Note. Information in this table is necessarily succinct and readers are encouraged to consult the original sources for specific details. Entries designated ‘unclear’ do not necessarily indicate conflicting evidence, as they may also refer to a lack of adequate data.

The Emotional Labour Scales developed by Brotheridge and Lee (2003) is aimed at measuring six dimensions of emotional display, namely frequency, intensity, variety, duration, surface acting and deep acting. Brotheridge and Lee (2003) define the basis of emotion work as a person’s regulation of emotional display during service transactions, which encompasses perceptions formed by both Hochschild (1983) and Morris and Feldman (1996, 1997).

One very clear distinction that separates the formulation and characteristics of the Emotion Labour Scales from the other emotion work measurement is that emotional dissonance is not seen as part of emotion work. The authors do however recognise that emotional dissonance may be associated with either surface or deep acting. It is important to note that they measured surface and deep acting as two separate dimensions, because each suggests a vitally different internal state (Ashforth & Tomiuk, 2000). Brotheridge and Lee (2003, p. 367) also define emotion work as the “behavioural response to variations in the frequency, variety, intensity and duration of service interactions”. Two sub-studies were reported in the formulation and development of this scale. The first study examined the factor structure and internal consistency reliabilities of the measurement, using measurement procedures and exploratory factor analysis, while the second study validated the multidimensional factor structure found in the first study using confirmatory factor analysis. It also sought to estimate the discriminant and convergent validities of the measurement.

Study one used a five-point Likert scale while study two comprised of a 15-item self-report questionnaire. Modest correlations could be found between the Emotional Labour Scale of Brotheridge and Lee (2003) and the Emotional Work Requirement Scales of Best *et al.* (1998), indicating that there is some overlap in the constructs measured by the two scales, although correlations were significantly small. Other correlations with this study include that of Kruml and Geddes (1998) whose measurement will be discussed later.

The Emotional Labour Inventory was developed by Mann (1999), who defined emotion work as “the state that exists when there is a discrepancy between the emotional demeanour that an individual displays because it is considered appropriate, and the emotions that are genuinely felt but that would be inappropriate to display” (p. 353). Although this definition encompasses both internal and external states, no mention is made of perceived effort. This is mainly due to the fact that the emotion work is conceptualised as being the effort or work and that the labourer does not need to actually perceive his/her emotional control in terms of effort. Based on the definition of emotion work, Mann (1999) suggested three dimensions, namely expectations or rules about emotional display, emotional suppression, and emotional faking. The first dimension is seen as the external component of emotion work and the latter two as the internal component. This measurement makes use of a self-report questionnaire. Seventeen items were developed and measured on a Likert scale, with six items contributing to the expectations/rules dimension of emotion work, six to the suppression dimension, and five to the faking dimension. In addition to the 17 items, an item was also included concerning the expression of emotion.

Although the Emotional Labour Inventory is still in its early stages of development, it has been able to quantify, for the first time, the degree to which emotions at work are expressed, hidden and faked. One particularly interesting finding of this study was that no statistically significant difference could be found between the mean of the overall emotion work scores recorded for frontline as opposed to non-frontline, which is in contrast to a number of pre-assumptions and previous findings of emotion work differences (Grandey, 2000).

One limitation of Mann's (1999) study is that no direct correlations could be found regarding the relationship between emotion work and stress. Problems also arose as to exactly how convergent validity can be measured given the fact that the study did not employ a longitudinal design. The conclusion can be made that future research is needed to validate the measurement with other measurements.

The Emotional Labour Scale was developed by Kruml and Geddes (2000). Kruml and Geddes (2000) identified the unresolved fundamental issues regarding the definition of emotion work, the measurement of the construct and the defining characteristics of the construct, taking all these unresolved issues into consideration in the formulation and development of their measurement of emotion work. They also maintained the original definition of emotion work (Hochschild, 1983) for the purpose of their study and focused more on the emotional management involved in emotion work (surface acting, passive deep acting and active deep acting).

Kruml and Geddes (2000) were very careful not to predict a number of dimensions in their literature review, but did hypothesise that emotion work is a multidimensional construct. They started off their development of their measurement by conducting 70-minute, semi-structured interviews with service employees to generate items. Once items were developed, 15 experts (consisting of 14 service workers and one professor of English) were used as volunteers to evaluate the items for relevance, clarity, and understanding. Minor revisions were then made. Surveys were subsequently constructed in the form of a five-point Likert scale and administered.

At first three factors/dimensions were identified, namely emotive dissonance, emotive effort and emotional attachment, but as the Cronbach alpha coefficient of the last factor (emotional attachment) was .28, the authors decided not to use this dimension in further development. Therefore only two dimensions were established, namely emotive dissonance and emotive effort. Emotive effort is the effort involved in displaying appropriate emotions. According to Kruml and Geddes (2000) it is similar to deep acting. It is important to note that Kruml and Geddes's (2000) study was the first to identify emotive effort empirically as a central dimension of emotion work. Several viable antecedent constructs of emotion work were also identified and incorporated into this instrument. The authors found that emotional effort was associated with greater training in emotional management, less experience with working with the public and customers showing negative emotions, while emotional dissonance was associated with emotional detachment from customers, customers showing negative emotions, and little latitude in emotions that can be displayed. Their research suggests that the two aspects of emotion work (emotive effort and emotive dissonance) have common correlates as well as correlates unique to each.

Using qualitative and quantitative evidence from studies of several occupations in the public sector, Steinberg and Figart (1999) evaluated dimensions of emotion work in the content of work performed by registered nurses, police officers, and managers. Two indexes were constructed to measure a range of emotional skills and demands found in these historically female and male jobs. These authors found that the emotion work required of police officers and registered nurses is comparable despite the cultural ideology that portrays these jobs as requiring gender-specific skills. The authors demonstrated the utility and increased accuracy of using an augmented conceptualisation of emotion work to measure what employees actually do in performing their jobs. It was proposed that those studying emotion work abandon their reliance on preconceived stereotypes of femininity when studying emotion work, especially in service sector jobs, like care givers.

Schaubroeck and Jones (2000) made use of the approach to index the character of the emotions that are perceived to be encouraged on the job in order to measure emotion work. The items used in this study focused on norms that must be complied with in regards to effective job performance or to make good impressions on supervisors, co-workers and customers. A five-point Likert scale was used. A combination of both the demands for positive inference and the suppression of negative reference and the products of duration and frequency items were used.

This type of joint measure therefore uses the combination of both the frequency and the overall amount of attention devoted to these demands to reflect the degree of emotion work experienced. Schaubroeck and Jones (2000, p.170) explain that "[this was done because it is unlikely, for example, that someone who believes it is a norm to smile at passers-by when walking across an office space experiences this as demanding. Likewise, a worker who has only one or two emotional display rule-laden interactions per day may find this demanding if these encounters are lengthy.]"

All items were subjected to a principal factor analysis with oblique rotation. All item-products loaded distinctly with coefficients exceeding .40 on one of two factors, both with eigenvalues exceeding 1,0 (6,87 and 3,35 respectively).

The Dutch Questionnaire on Emotional Labor, which was developed by Briet *et al.* (2005), has good psychometric properties (Briet *et al.*, 2005). This instrument consists of four scales, of which three measure the following types of emotional labour: surface acting, deep acting, and suppression. The fourth scale measures emotional consonance. A high level of emotional consonance will indicate that a person effortlessly expresses emotions that are felt, and we regard this as the absence of emotional labour. Unfortunately no more literature on the instrument could be found, except for the original article on the development of the scale (Briet *et al.*, 2005) which is only available in its original language, Dutch. Therefore it is not possible to explore further aspects regarding this instrument.

The Emotional Work Requirement Scale was developed by Bets *et al.* (1997). This measurement is a five-point scale (1=not at all, 5=always required), which taps the level to which employees report that their emotional displays are controlled by their jobs. Items ask the extent to which the employee is required to show (or hide) emotion in order to be effective on the job. These items form two factors (Grandey, 1998), which tap the requirement to display positive emotions (four items, $\alpha=.78$) and hide negative emotions (two items, $\alpha=.54$). The two dimensions measured by this scale are emotional suppression and emotional support and control. The emotional suppression scale measures the extent to which workers are required to hide their emotions in performing their jobs (Best *et al.*, 1998). The emotional support scale measures the requirements to demonstrate sympathy, to provide reassurance and to control one's inappropriate emotional displays.

The Frankfurt Emotion Work Scale was developed by Zapf *et al.* (1999). Emotion work is described as the emotional regulation required of the employees in the display of organisationally desired emotions. Zapf *et al.* (1999) point out the following with regard to emotion work: face-to-face or voice-to-voice interaction is usually present (relating to persons in the service sector such as care givers); emotions (either positive, negative or neutral) are displayed as a requirement to influence other's attitudes and behaviours (this can be done by influencing their emotional state); and there are certain display rules which have to be followed when expressing emotions within the working environment which may either be seen as an implicit or an explicit rule or a job requirement. Zapf *et al.* (1999) also made use of a combination of previous literature on emotion work with action theory-based approaches in well-being research (Frese & Zapf, 1994; Greiner & Leitner, 1989; Zapf, 1993). The scales include emotional regulation requirements (sub-scales: the requirement to express positive emotions, the requirement to express and handle negative emotions, the requirement to be sensitive to clients' emotions, and the requirement to show sympathy), emotional regulation possibilities (control), and emotional regulation problems (emotional dissonance).

Zapf *et al.* (1999) developed several hypotheses in order to explore the construct validity of the emotion work scales developed in their study, namely: (1) emotion work is multidimensional; 2(a): emotional requirement scales are positively correlated; 2(b): emotional requirement scales are also positively correlated with emotional dissonance; 2(c): emotion control is negatively related with emotional dissonance; (3): there are both positive and negative relations between emotional requirements and strain and well-being.

Questionnaires in Zapf's study were developed and applied in a sample of employees in a handicapped children's home ($N = 83$), in the hotel business ($N = 175$) and among employees working in call-centres ($N = 250$). An estimated Cronbach's alpha of .57 was reported in the total calculation but not for the scales separately. However, exploratory and confirmatory factor analyses revealed minor problems with discriminant validity of the scales. Construct validity showed that emotion work scales were both positively and negatively related to psychological health. Furthermore, as in most of the other empirical studies, emotional dissonance has proven to be a stressor that shows a negative relationship with health. As in most of the other studies, it was possible to develop measures for emotional dissonance with good scale properties and the expected correlations with other emotion work and health variables (Zapf *et al.*, 1999).

Scales from the Frankfurt Emotion Work Scales were administered in this study. Another proposition supported by this study is that emotion work is a multidimensional construct, that it can be related to well-being. Scales from the Frankfurt Emotion Work Scales (FEWS) were used for the purpose of measuring emotion work in a care-giving environment reported in this article. One of the reasons for choosing this measurement lies in the validity of this measurement in comparison with other emotion work measures. Although the internal consistency was reported to be .57, the results in this article report the internal consistency of the scales used. It is important to note that this does not indicate that all other measures of emotion work are not reliable or valid; but according to the literature study the FEWS is one of the more reliable and valid measures developed to date as only minor problems with discriminant validity of the scales were experienced. Another reason for preferring this measurement lies in Zapf *et al.*'s (1999, p. 396) conclusion in their article: "It can be concluded that in jobs where interacting with clients is a substantial part of the work, traditional concepts of job stress do not suffice but should be complemented by concepts measuring emotional requirements and emotional dissonance at work." In contrast, Brotheridge and Lee (2003) did not see emotional dissonance as a part of emotion work, although they did acknowledge the probable association of emotional dissonance with surface or deep acting. Emotional dissonance, according to Zapf (2002), is a relevant dimension of emotion work, and therefore he regarded it as a factor to be included in measurement of emotion work. The authors also assessed the subscales of the instrument as an applicable measure for the job requirements of care-givers.

In concluding this section, the authors propose that previous instruments with certain limitations be explored and that future research regarding validity and internal consistency is needed. The understanding of differences in the experience of emotion work in various groups and professions will contribute to the effective measurement and the necessary implementation of emotion work mediators and informative programmes. The following research objectives were formulated based on the problem statement:

The research objectives of this article is to a) to provide a framework of emotion work measurements by means of a literature review, b) to report on the factorial validity and internal consistency of a measure of emotion work that have been determined and c) to apply this

measurement to indicate demographical differences for a sample of care-givers in the private and public health sectors in Gauteng and the North-West provinces in South Africa.

The potential value-add of this study

The next section reports on an investigation of the psychometric properties of the FEWS (by means of an exploratory factor analysis and internal consistency reports) and demographic differences found for care givers employed within a care-giving environment.

RESEARCH DESIGN

Research approach

The research objectives were achieved by employing a survey design. The specific design selected was the cross-sectional design. In this design, data is collected from the sample population at a given point in time (Shaughnessy & Zechmeister, 1997). The data gathered was used to describe the population at that point in time. The cross-sectional design was used to examine groups of subjects in various stages of development simultaneously. The survey describes a technique of data collection in which questionnaires were used to gather data about an identified population (Burns & Grove, 1993). The design can also be used to assess interrelationships. According to Shaughnessy and Zechmeister (1997), this design is ideal to address the descriptive functions with correlational research.

METHOD

Research Participants

An availability sample ($n=294$) of care givers was taken from a care-giving environment, more specifically, from different hospitals in the public and private sector, within the Gauteng and North-West Provinces in South Africa. The participants were predominantly female (93,5%). Furthermore, the sample consisted of white (49%), African (42,2%), coloured (6,8%) and Indian (1,7%) participants of whom 44,2% were Afrikaans-, 22,8% English- and 14,6% isiZulu-speaking. The languages Setswana, Sesotho, isiXhosa and Sepedi made up a representation of 18,3%. The participants were also predominantly from the Gauteng province (71,8%), while 28,2% were from the North-West province. The percentage of participants from the private sector (51,7%) and the percentage from the public sector (48,3%) were divided almost evenly. The majority of the participants were between the ages of 20-29 (41,5%) and 30-49 (45,2%). Regarding the qualification level of the participants: 41,8% had a diploma, 17% had a degree, and 11,2% of the participants had a Grade 12 qualification. The participants who had a qualification lower than Grade 12 made up 17% of the population and 4,4% of the participants had a post-graduate degree.

Measuring instrument

The Frankfurt Emotion Work Scales (FEWS) (Zapf *et al.*, 1999) were administered. This instrument is based on the existing literature on emotion work, action theory and emotional regulation requirements. The scale consists of five scales and the subscales include the requirement to express positive emotions, the requirement to be sensitive to clients' emotions, the requirement to show sympathy, emotion regulation possibilities (control), and emotional regulation problems (emotional dissonance). These aspects were differentiated in this questionnaire. Scales showed satisfactory reliabilities according to the authors. Exploratory and confirmatory factor analysis revealed minor problems with discriminant validity of the scales within samples of a handicapped children's home ($N=83$), in the hotel business ($N=175$) and employees working in call centres (250). Construct validation showed that emotion work scales were both positively and negatively related to psychological health (Zapf *et al.*, 1999). Scales that indicate display of positive emotions, emotional sympathy, demands for sensitivity, and, emotional dissonance were administered in this study as to the researchers felt that these scales reflected the inherent job requirements of the care-givers.

Research procedure

The scales of emotion work pertaining to care-givers were first selected from the FEWS. Hospital managers were approached in both public and private hospitals in Gauteng and the North-West Province to explain the rationale for the research project and to obtain permission for care-givers to participate in this study. Participation was voluntary and confidentiality was secured by participants not revealing their identity. A letter explaining the rationale of the study was provided with the questionnaire and contact numbers were given. Questionnaires were handed to participant care-givers personally and completed in the presence of the researchers. After the questionnaires had been completed they were placed in a cardboard postal box that prohibited any contamination of the questionnaires.

Statistical analysis

The statistical analysis was carried out with the help of the SPSS-programme (Muijs, 2004). The dataset was studied to identify bivariate and multivariate outliers. To identify bivariate outliers, the data was standardised (to z-scores). Values higher than 2,58 were inspected to decide whether they should be deleted from the dataset. An inspection was also made of the anti-image scores of the different items. Items with scores lower than .60 are problematic and were therefore excluded from the rest of the statistical analysis. Furthermore, missing values were analysed and replaced where possible. Principal factor extraction with oblique rotation was performed on the measuring instrument to determine the factor structure for care-givers. Principal component extraction was used prior to principal factor

extraction to estimate the number of factors, presence of outliers and factorability of the correlation matrices. The eigenvalues and scree plot were studied to determine the number of factors underlying the specific measuring instrument. Descriptive statistics (e.g. means, standard deviations, range, skewness and kurtosis) and inferential statistics were used to analyse the data. In terms of statistical significance, it was decided to set the value at a 95% confidence interval level ($p \leq .05$). Effect size (Stein, 1999) was used to decide on the practical significance of the findings. MANOVA and ANOVA were used to determine the differences between groups. Cronbach alpha coefficients were used to determine the internal consistency, homogeneity and unidimensionality of the measuring instrument (Clark & Watson, 1995). Coefficient alpha contains important information regarding the proportion of variance of the items of a scale in terms of the total variance explained by the particular scale.

RESULTS

Descriptive Statistics

A principal axis analysis was carried out on the selected scales of the Frankfurt Emotion Work Scales (FEWS). These selected scales include the following: Display of Positive emotions; Emotional Sympathy; Demands for Sensitivity and Emotional Dissonance. Analysis of eigenvalues larger than one and the scree plot indicated that three factors should be extracted. The three factors with eigenvalues larger than one were extracted and were named Client Care, Emotional Dissonance and Display of Positive Emotions.

Results indicated that acceptable Cronbach alpha coefficients were obtained for two of the scales: emotional dissonance and display of positive emotions. These two scales were higher than the guideline of $\alpha > .70$ (Nunnally & Bernstein, 1994). The client care scale however did not fully conform to the required guideline, as this scale's Cronbach alpha coefficient was just below .70 ($\alpha = .64$). Overall the scores on the scales were normally distributed and it therefore appears that the measuring instruments had acceptable levels of internal consistency.

Factor Analysis

The results of the factor analysis on the FEWS are shown in Table 2. Loading of variables on factors, communalities and percent variance is shown. Variables are ordered and grouped by size of loadings to facilitate interpretation. Labels for each are suggested in a footnote.

Table 2

Factor Loadings, Communalities (h^2), Percentage Variance and Covariance for Principal Factors Extraction and Oblique Rotation on FEWS items

| Item | F | F ₂ | F ₃ | h^2 |
|--|--------------|----------------|----------------|--------------|
| How often is it necessary in your job to put yourself into your clients' place? | .89 | -.05 | .12 | .81 |
| How often is it of importance in your job to know how the clients are feeling at the moment? | .88 | .05 | .19 | .82 |
| How often do you have to express sympathy towards clients? | .87 | -.07 | .07 | .77 |
| In Person A's job, it is important to sympathise with the present feelings of clients in order to handle the tasks of the job successfully. In Person B's job, tasks can be handled successfully, regardless of whether or not one sympathises with the feelings of clients. Which one of these two jobs is most similar to yours? | -.86 | .02 | .03 | .75 |
| Person A has to display –if any- only very superficial positive feelings towards clients. Person B must, in addition, also display intensive positive feelings towards clients. Which one of these two jobs is most similar to yours? | .58 | -.08 | .41 | .52 |
| How often is it necessary in your job to empathise with the client's emotions? | .57 | .39 | .04 | .49 |
| How often in your job do you have to display emotions that do not agree with your true feelings? | -.03 | .82 | -.08 | .68 |
| How often in your job do you have to display emotions that do not agree with your actual feelings towards the clients? | -.04 | .70 | .05 | .50 |
| How often in your job do you have to suppress emotions in order to appear "neutral" on the outside? | -.04 | .67 | .04 | .45 |
| How often in your job do you have to display pleasant emotions (i.e. friendliness) or unpleasant emotions (i.e. strictness) on the outside while actually feeling indifferent inside? | -.03 | .64 | .03 | .41 |
| How often in your job do you have to display, according to the situation, differing positive emotions towards clients (i.e. friendliness and enthusiasm and hope etc.)? | -.06 | .12 | .87 | .78 |
| How often in your job do you have to put clients in a positive mood (i.e. pleasing somebody)? | .12 | -.21 | .67 | .52 |
| How often do you yourself have to come across as being in a positive mood when dealing with clients (i.e. cheerful)? | .26 | .23 | .63 | .52 |
| Percentage variance explained | 34.00 | 16.97 | 11.53 | 62.53 |

Factor labels: F1 Client Care F2 Emotional Dissonance F3 Display of Positive Emotions

The principal axis-factor analysis indicated three factors, which explained 62,56% of the total variance. The three factors showed eigenvalues larger than one. A principal axis-factor analysis with an oblimin rotation was then performed on the 14 items. Table 3 shows that the principal axis analysis with an oblimin rotation resulted in three factors, namely:

- (1) Items loading on the first factor relate to the display of emotions to show client care (e.g. showing understanding, sympathy and assimilating own feelings to those of the client).
- (2) The second factor addresses the experience of emotional dissonance, while interacting with patients (display of emotions that do not agree with true feelings).
- (3) A third factor was labelled the display of positive emotions (pleasing clients and to put them into a positive mood).

Multivariate analysis of variance

Next, MANOVA (multivariate analysis of variance) was used to determine differences between demographic groups with regard to emotion (of Table 3).

Table 3
MANOVA – Differences in emotion work levels of demographic groups

| Variable | Value | <i>F</i> | <i>Df</i> | <i>p</i> | Partial Eta Squared |
|---------------|-------|----------|-----------|----------|---------------------|
| Province | .80 | 28.80 | 3 | .00* | .20 |
| Age | .80 | 3.30 | 15 | .00* | .06 |
| Qualification | .80 | 2.70 | 24 | .00* | .70 |
| Sector | .50 | 3.00 | 3 | .00* | .52 |

* $p \leq .05$ = statistically significant

In an analysis of Wilk's Lamda values, a statistically significant difference ($p \leq .05$) regarding emotion work factors (client care, emotional dissonance and display of positive emotions) was found between the different groups and further analysed using ANOVA. Because sample sizes were different, the Games-Howell procedure was used to determine whether there were any statistical differences between groups.

The results of the ANOVA based on *Province* are given in Table 4.

Table 4
ANOVA – Differences in emotion work levels based on province.

| Item | Gauteng | North-West | <i>P</i> | Partial Eta Squared |
|------------------------------|--------------------|--------------------|----------|---------------------|
| Client care | 17.00 ^a | 21.80 ^b | .00* | .19 |
| Emotional dissonance | 13.80 ^b | 12.40 ^a | .02* | .03 |
| Display of positive emotions | 11.60 | 12.00 | .14 | .00 |

* Statistically significant difference: $p \leq .05$

^a Group differs statistically significantly from type (in row) where ^b is indicated

Table 4 indicates statistically significant difference between levels of client care and emotional dissonance. The display of client care in the North-West province was higher compared to the Gauteng province. In contrast, care givers in Gauteng experienced higher levels of

| Item | Lower than Grade 10 | Grade 10 | Grade 11 | Grade 12 | Diploma | Degree | Post Graduate Degree | p | Partial Eta Squared |
|------------------------------|---------------------|--------------------|--------------------|--------------------|--------------------|--------------------|----------------------|------|--|
| Client care | 13.50 ^a | 18.50 ^b | 15.00 ^a | 17.60 ^a | 18.00 ^b | 2.20 ^b | 21.80 ^b | .00* | .17 |
| Emotional dissonance | 13.80 | 12.20 | 13.00 | 13.60 | 13.50 | 14.00 | 13.80 | .70 | .18 |
| Display of positive emotions | 1.60 | 12.30 | 1.60 | 11.40 | 11.70 | 12.00 | 12.80 | .09 | .46 |
| Client care | 15.70 ^a | 17.00 ^a | 17.70 ^a | 20.60 ^b | 20.80 ^b | 21.30 ^b | .00* | 1.14 | |
| Emotional Dissonance | 15.70 | 13.80 | 13.10 | 13.30 | 13.20 | 10.80 | .83 | .30 | |
| Display of Positive Emotions | 12.70 | 11.20 | 11.70 | 12.30 | 12.30 | 11.90 | .73 | .30 | emotional dissonance than care givers in North-West. The |

results of the ANOVA based on qualifications are given in Table 5.

Table 5
ANOVA -- Differences in emotion work based on qualifications

* Statistically significant difference: $p \leq .05$

^a Group differs statistically significantly from type (in row) where ^b is indicated

Table 5 points to statistically significant differences between levels of client care. The experienced client care levels among care givers within a care-giving environment with Grade 10, diplomas, degrees and post-graduate degrees were higher when compared to care givers with qualifications lower than Grade 10, care givers with Grade 11 and care givers with Grade 12. The results of the ANOVA based on age are given in Table 6.

Table 6:
ANOVA: Differences in emotion work based on age groups

Statistically significant difference: $p \leq .05$

^a Group differs statistically significantly from type (in row) where ^b is indicated

Table 6 shows statistically significant differences between levels of displayed client care. Healthcare professionals in age groups 40-49, 50-59 and 60-65 experienced higher levels of displayed client care when compared to age groups 18-19, 20-29 and 30-39.

The results of the ANOVA based on sector are given in Table 7.

Table 7
ANOVA – Differences in emotion work based on sector

| Item | Private Sector | Public Sector | P | Partial Eta Squared |
|-------------|--------------------|--------------------|------|---------------------|
| Client care | 21.80 ^b | 15.00 ^a | .00* | .50 |

| | | | | |
|------------------------------|--------------------|--------------------|------|-----|
| Emotional dissonance | 12.80 ^a | 14.00 ^b | .00* | .03 |
| Display of positive emotions | 12.00 ^b | 11.30 ^a | .00* | .03 |

* Statistically significant difference: $p \leq .05$

^a Group differs statistically significantly from type (in row) where ^b is indicated

Table 7 indicates statistically different levels of client care, emotional dissonance and display of positive emotions between sectors. The experienced display of client care was higher in the private sector than in the public sector. Care-givers in the public sector experienced higher emotional dissonance levels when compared to care givers in the private sector. Lastly, display of positive emotions was experienced as higher in the private sector than in the public sector.

CONCLUSION

Psychometric properties

The research aim of this article was to report on the factorial validity and internal consistency of a measure of emotion work and to indicate demographic differences for a sample of care-givers in the private and public health sectors in two provinces in South Africa, namely Gauteng and North-West Province.

The psychometric soundness of the Frankfurt Emotion Work Scales (FEWS) was tested. To initiate this, three factors were extracted on four scales (display of positive emotions, emotional sympathy, demands for sensitivity, and, emotional dissonance) of the FEWS. These factors, which were named client care, emotional dissonance and display of positive emotions, explained 62,56% of the total variance. Two scales were thus replicated from the original scales, namely display of positive emotions and emotional dissonance. The other two scales (emotional sympathy, demands for sensitivity) collapsed into one factor which was themed client care, as these scales measured the requirement to display sympathy and sensitivity towards patients. This finding is in accordance with Hiller, Knight, Broome and Simpson (1998) who indicated the substantial emotion work in building therapeutic relationships by care-givers. Grey and Smith (2009) support this notion by stating that care-givers regard emotion work as an integral part of the culture of care in health services. According to Hunter and Smith (2007) nurses (care-givers) feel that client care still lies at the very heart of nursing. This means that the use of the selected FEWS can be applied as an effective and valid measurement in measuring emotion work in a care-giving environment. Furthermore, the hypotheses can be posed that the experience of emotion work in care-givers may be universal and that the FEWS shows promise to be applied in a care-giving environment.

The scales overall showed acceptable reliabilities. Acceptable Cronbach alpha coefficients were obtained for two of the scales: emotional dissonance and display of positive emotions. These two scales were in accordance with the guideline of $\alpha > .70$ (Nunnally & Bernstein, 1994). The client care scale did not fully conform to the required guideline, as this scale's Cronbach alpha coefficient was just below .70 ($\alpha = .64$). However, by convention a lenient cut-off point of .60 is common in exploratory research (Bin Hj & Wahab, (2005) and therefore it was decided to treat the internal consistency of the client care score as satisfactory. Another explanation is that a larger sample sizes can lead to lower alpha scores in psychological research studies (Shevlin, Miles & Davies, 1998). As the scales were not tested for item bias and the sample was heterogeneous (consisting of white and African participants) it could be that the understanding and experience of client care varied within these two cultures.

Group Differences

In an analysis of Wilk's Lamda values, a significant statistical difference ($p \leq .05$) regarding emotion work factors (client care, emotional dissonance and display of positive emotions) was found between the different groups and further analysed using ANOVA. Because sample sizes were different, the Games-Howell procedure was used to determine whether there were any statistical differences between groups. Differences in emotion work based on province, age, qualification and sector were found.

Differences in emotion work based on province showed statistically significant differences between levels of client care and emotional dissonance. The requirement to display client care in the North-West province was higher compared to the Gauteng province. In contrast, care givers in Gauteng experienced higher levels of emotional dissonance than care givers in North-West, indicating that care givers in

Gauteng experience more pressure to display certain emotions which may be in contrast to their personally felt emotions. This is interesting since care givers within the North-West province experienced more client care (e.g. showing understanding, sympathy and assimilating own feelings to those of the client). One explanation can be that the experience to display client care is a 'positive' interaction when viewed from the deep acting perspective of emotion work – the displayed client care was actually felt by participants in the North-West province. Zapf (2002) states in this regard that emotion work can also be a positive experience when the display of positive emotions and care are internalised and that it can result in higher work engagement.

Statistically significant differences between levels of client care were evident in qualifications pertaining to emotion work. The experienced client care levels among care-givers with Grade 10, diplomas, degrees and post-graduate degrees were higher when compared to those of care givers with qualifications lower than Grade 10, care givers with Grade 11 and care givers with Grade 12. This may be because care-givers with higher qualifications are better equipped by their education to engage in the display of client care.

Differences in emotion work based on age showed statistically significant differences between levels of displayed client care. Care-givers in the age groups 40-49, 50-59 and 60-65 experienced higher levels of displayed client care when compared to those in the age groups 18-19, 20-29 and 30-39. This may indicate that the skill to display emotions such as patience, empathy, understanding and sympathy increases or grows with age.

Differences in emotion work based on sector showed statistically different levels of client care, emotional dissonance and display of positive emotions between sectors. The experienced display of client care was higher in the private sector than in the public sector. Care-givers in the public sector experienced more emotional dissonance when compared to care-givers in the private sector. Lastly, display of positive emotions levels were experienced as being higher in the private sector than in the public sector. To summarise: It would seem that care givers within the private sector are better at showing client care and in contrast experience less emotional dissonance. Private sector care givers also appear to find it easier to please patients and put them in a positive mood. This may mainly be due to the well-known lack of resources such as equipment, time, personnel and education in the public sector.

The group differences of emotion work in provinces and sector points to the fact that health care and care-giving is a much diversified sector. Literature suggests that reactions to different working environments may have an influence on the emotion work experiences. In each of these provinces and sectors characteristics of the organisational environment (i.e. complexity and uncertainty) and the organisation structure (i.e. decision authority) also affect employee work experience and employee well-being (Knudsen, Ducharme & Roman, 2006; Tummers, Van Merode & Landeweerd, 2002).

To conclude: the importance of these findings regarding group differences is that the selected scales of the FEWS are able to discriminate among group differences; that there are differences in the experience of emotion work; that individual characteristics such as education and age influence the experience of emotion work and that work context (such as province and public/private sectors) plays a major role in the prevalence of emotion work. The results reported here are in accordance with Grandey's (2000) conceptual model, namely that organisation factors, such as social support and organisation commitment, and individual factors, such as positive and negative affect and emotional intelligence, possibly influence an employee's experience of emotion work.

Limitations of the study

This study had several limitations. The first was that the researchers relied exclusively upon self-report measures, which could lead to common method variance (Podsakoff & Organ, 1986). The second limitation was that the questionnaires were only administered in one language (English) although only 22,8% of the study group were English-speaking while the rest of the study group represented seven other different language groups. This may have led to inaccuracy with regard to the interpretation and understanding of the questionnaires. It may therefore be wise to rewrite the FEWS items in a more appropriate South African language format. According to the results obtained in this study, the use of the FEWS is recommended to assess emotion work in a care-giving environment.

Recommendations

It is suggested that future research should focus on the reliability and validity of the FEWS for other occupational settings, as the FEWS was found to be reliable and valid for this particular sample only. It is also important to determine norm levels for other occupations in South Africa for both questionnaires respectively. It is recommended that larger samples with a more powerful sampling method be utilised to enable generalisation of the findings to other similar groups. Furthermore, the use of adequate statistical methods, such as structural equation modelling, equivalence and bias analysis is recommended. It might also be necessary to translate the FEWS into other languages used in South Africa. Similarly, the role of individual differences and organisational factors in the experience of emotion work must be further investigated in care-giving environments.

This article has added value by providing the factor structure of selected FEWS scales in a care-giving environment and reporting on the internal consistency of the measurement. It has indicated that the FEWS scales can be applied to detect group differences and the results have highlighted that individual differences and organisational settings influence the experience of emotion work in care-givers.

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