

Investigating Effective Factors on Emotional Dissonance Among Nurses (Case Study; Tehran West Region Hospital's)

Akbar Talebpour

Assistant Professor in Sociology
University of Grand Ayatollah Boroujerdi
E-mail: talebpour110@yahoo.com

Jafar Mikaeli

M.S of Sociology
E-mail: moallem289@gmail.com

Mousa Khedmatgozar Khoshdel

Ph.D Candidate of Sociology
University of Isfahan, Isfahan, Iran
Mkxoshdel55@gmail.com

Doi:10.5901/mjss.2013.v4n6p173

Abstract

This study has investigated the emotional dissonance and its effective factors in Tehran West region hospitals. The sample consisted of 315 nurses working at the hospitals, Babak, Erfan, Ibne- Sina, Imam Khomeini, Jam, payambar, Sarem and sherkate naft. 67 percent of the respondents were women and the rest of them were men. Emotional dissonance as the dependent variable in this study using the Maslach and Jackson Emotional Dissonance Scale (1981) were measured in 9 items, surface acting and deep acting as independent variables using of Grandey Emotional Labor Scale (2003) and Kruml & Geddes Scale (2000) took the form of 13 items. The independent variable, job satisfaction using Hackman and Oldham Job Satisfaction Scale (1975) was measured in 5 items. Factor analysis of questionnaire items indicates a good construct validity of the measurement instrument and reliability of questionnaire items which extracted by Cronbach's alpha was suitable. The effect of each independent variable on the dependent variable was measured by using regression model. All independent variables were accounted for about 48 percent of the variability, but the remaining 52 percent were not explained by the regression model. The results showed the emotional dissonance of the nurses is above the average level and nurses feel their jobs are associated with fatigue. The results of the study also shows, surface acting was the most positive effects on emotional dissonance, while variables, job satisfaction and deep acting were the highest negative impact on the emotional dissonance.

Keywords: Emotional Dissonance, Surface Acting, Deep Acting, Construct Validity, Cronbach's Alpha

1. Introduction

One of the consequences of emotional labor is emotional dissonance that emerged in result of contradiction between the reality and the truth of emotions. According to Hochschild, as Harry Braverman emotional in labor and monopoly capital (1974) argues that in the twentieth century, emotional dissonance has become to the public trend, mind at the work process move to the organizational hierarchy and workers is de-valued. The employees constantly learn how to behave in the different events while their real attitude is not something that should be trained and paid to get it to work. In such circumstances, it is possible the real response should show a reaction to the tension and conflict arise (Hochschild:1983:126). The result of this process, emotional employees encounter with the inconsistency and feel that what they say or do not arise from their internal fact. In recent years the concept of emotional labor and its impact on staff, has gain a lot of attention and many researchers has concentrated on the effects of emotional dissonance, job satisfaction or other effecting impact's on the effects of emotional labor. (Glomb et al 2004,9)

Unfortunately, however, they aren't in sociological and even psychological work in this respect in Iran. The lack of such studies may lead to unwanted problems in the health care system and treatment on the one hand, and the negligence of nursing staff problems on the other. However, existence emotional dissonance studies connected with the nursing staff in the world and the lack of such studies in Iran, we decide to do a scientific research in this respect. Two aims is observed for this work; first, evaluating of main issues in this field and the other is opening the way for the future studies. This paper examines the social factors associated with the emotional dissonance among nurses in Tehran (case study: Tehran West Region Hospitals) and deals with the strategies to decrease the emotional dissonance, by Using multiple regression analysis, we try to measure emotional dissonance and its impacting factors via following purpose:

- 1- Which extent of emotional dissonance exist in target society?
- 2- which factors in doing emotional dissonance are the most effective?
- 3- what is the practical means to decrease emotional dissonance among nurses?

2. Literature Review and Theoretical framework

To The Hochschild, emotional labor may leads to negative emotions such as; stress and job burnout . She sees the emergence of emotional dissonance as cause of this negative results, that occurs when a person show emotions which is inconsistent with real feeling. Primary emotional dissonance is associated with surface acting that staff should change their appearance, not their real feelings, furthermore, the emotional dissonance, is an attempt to prove that the job is used to regulate emotions, these efforts may have adverse effects on employees. Negative results of emotional labor on the attendants and ticket collectors have been done by Hochschild in a qualitative study has shown, it may result in feeling like substance abuse, headaches and Absenteeism.(Hochschild:1983)

To the Hochschild opinion, when the stewardess feels that her laugh is not his real feelings, or when he/she feels that his/her surface acting and deep acting is not meaningful, tries to hide public transmutation. This work represents the commercialization of emotional labor to persuade the audience. When feelings are successfully commercialized, employees do not feel alienated or fraud, and somewhat aware of their personal service that really how it is, ones feel satisfy, in doing this job deep acting help to the employees , and is not the source of discouraged, but when the general process of sentiment commercialization split in its internal elements, viewing the job, becomes a waste of life, in this situation, occurs emotional withdrawal from the job , and responsibilities of individuals are used as a means of showing reluctance or willingness to do anything to hide their transmutations (Ibid,138, Talebpour et al:2013).

Whatever emotional management demands employee to have good look, presenting of service will be hard .If an employee always managed to show his good will, his work has done considerably well.(Talebpour et al: 2013)

In hochschild view procedures to respond to conflicts and inconsistencies is differently by the staff; detach is a tactic that occurs in the war between emotional management and industry work. Those who provide personal service may be working in different ways to detach, opposition to management commands, membership fees , uniform types, consumer rights and is other modes of protest. Employees may also claim varying degrees of control over their smiles and their interactions for example, an organization might expect to more smile and more intimacy, but workers may be called more advantages for their smile. (Ibid)

Generally according to Hochschild when staff performing emotional labor, they choose three different perspectives or modes, that each of them has its own risks. In the first case the employee does not make sense of separation between himself and his job; such a person is faced with the risk of burnout, this person may be considered the institution and serves as part of his/her self, therefore, knows any defect in the Service caused by his/her weakness, such a person do not depersonalized from job process.

In the latter case, the employee make a clear distinction between himself and his work, so the person does not suffer burnout , but such a person can be blamed himself for creating this distinction and his artificial behavior , and this work increases the risk of job.

In the third case, an employee in addition to make a clear distinction between himself and his work is recognized, he does not blame himself, but knows this due to the nature of the work does not, in this case, there is a risk of disappointment to be encountered.(Talebpour et al:2013)

However, Wharton (1993) found there is no significant relationship between Hochschild model of emotional labor and emotional exhaustion, but there is a high correlation between job satisfaction and emotional labor; those who felt their job has high emotional burden were less expressed job satisfaction from that people once felt less emotional burden on their jobs.(Ibid)

Ashfoeth & Humphrey have argued that emotional dissonance is deeply relevant concerned service providers about the welfare of the client. As deep action requires a greater degree of effort, when a service provider is concerned about the welfare of the clients may use appropriate techniques of feel for producing deep and sincere service. In contrast, if the service provider is not concerned about their customers, it is possible to use the surface acting to deal with them. As a result, people with high levels of empathic concern, use the genuine acting and true emotions at work. Even when the real and pure answer is difficult, those with high empathic concern will be used deep acting to generate appropriate feelings and responses. In both situations, , the incidence of emotional dissonance for such people is very unlikely. (Ibid,Ashforth& Humphrey1993, p88- 115)

In their view, a negative relationship exists between empathic concern and emotional imbalance, and it is expected that there is a positive relationship between empathic concern and emotional effort, In other words, employees with positive empathic concern, show more effort in the work process, in addition to this, the emotional dissonance of these employees is less than from employees who are not experience positive sympathetic.(Ibid)

Because many studies on emotional labor, were focused on administration's behavior,. Ashfoeth & Humphrey (1993) suggested: most researchers instead of feeling rules, are experimenting, statements norms or rules of display (not shown) .(see Mann:2005) In both cases, the set of rules have been created by people who have common culture, are instructed and reinforced. Rules for the Profile of Occupational communities and professional organizations tend to have their own forms of public norms,and show more specifically on the social interaction, However, the general trend is that these forms are combined with the main lines of the larger society.(Ibid)

However Ashfoeth & Humphrey emphasized that emotional labor , when was difference between the feeling feels and expected emotions, may be lead to emotional dissonance and alienation. But largely are emphasized on positive emotion results, such as, efficiency, and self-expression.(Talebpour et al:2013)

Morris and Feldman believe that although people can manage their emotions, but the proportion of each type of emotional response is defined largely by environmental factors. They focused on the characteristics of the position of emotional labor have proposed four dimensions:

1. frequency of emotional labor: that is substantially equivalent to, many times employees are interacting with other people, Morris and Feldman tell of much people interact with each other must be more rules in cohort organizational effects the result is a higher emotional labor requirements.
2. attentiveness (intensity of emotions, duration of interaction): Combined effects of emotional intensity and severity is needed to show, emotions that are stronger and feeling that appear longer, to be demanding more attention from the individual to manage.
3. variety of emotions required: whatever the number of emotions appears to be more, more needs to be emotional labor.
4. emotive dissonance (the difference between felt emotions and expressed emotions): When happened that, exists conflict between the good feeling of individuals and the feelings of organizational, when the external and display rules and individual emotions, is heterogeneous, it occur emotional dissonance. (Morris& Feldman: 1997)

Morris and Feldman suggest that, increasing the all of four dimensions of emotional labor, lead to higher emotional burnout, but the emotional dissonance, only has an impact on job satisfaction.(Ibid)

Grandey in his studies has shown, involving in emotion labor include skills that can be learned so individuals would be taught to show emotion and emotion management strategies in special events. For example, if the organization believes, deep acting more efficient than surface acting, in the quality of customer service, might have training staff about engaging in deep acting. In addition, employees to obtaining deep or surface acting depending on the location of the required training take apart in educational programs. The characteristics of a location may determine which of emotion regulation techniques are required. For example, doctors sometimes have to take care of a sick feeling do not get caught up in the emotional ties with patients to prevent burnout, so this may be trained as an advantage for them to surface interaction, and separates itself from the patients. (Grandey: 2000)

Kruml and Geddes (2000) in their study reached the conclusion that: emotional dissonance indicates the emotions shown by the employee that are in one continuum with real passion employee. Emotional dissonance , can include genuine deep acting and surface as the opposite side of the one continuum. According to Kruml and Geddes, when staff to take more surface acting, they experience more emotional dissonance on the other hand when the staff to take more pure acting, they experience less emotional dissonance.(Kruml, S.M., & Geddes, D :2000a&b)

Feldstein and Gemma (1995) reported that nurses may feel stress, but they conceal it, because they have learned that their feelings leads to delays in patient care. Others have shown, health care experts expect more to hide negative emotions, positive emotions must be shown (Hinds et al:1994,Hochschild:1983) .

Rafaeli and Sutton (1987) argue that emotional deviance differs from emotional dissonance in that dissonance leads to the performance of management strategies that will bring the expressed emotion in line with surrounding norms. In contrast, deviance takes place when an individual does *not* engage in management but continues to feel and express an emotion that clashes with feeling or display rules governing the interaction. In an occupational context, employees who are emotionally deviant disregard feeling and display rules and express emotions as they are experiencing them. Establishing 'deviance' may be more difficult than it first appears, however, in that there may be more than one set of emotion norms or display rules relevant to the interaction at hand. As Thoits (1990, 188) has noted, deviance may be more likely among those who hold multiple roles with 'mutually contradictory feeling expectations'. In the case of health care, the existence of competing sets of expectations is increasingly likely as the field continues to diversify and to become even more connected to market forces (Herdman 2004; Larson and Yao 2005; Montgomery et al. 2006; Tung 2000)

However, if healthcare providers have truly internalized professional or organizational feeling rules of the profession or organization then repeated deviations are likely to be perceived (and experienced by the professionals themselves) as indicators of burnout, inauthenticity, depersonalization, or even mental illness (Erickson and Wharton 1997; Mann 2005; Maslach 1978; Thoits 1985). For example, a nurse who repeatedly experiences a lack of empathy with her patients may come to sense that something is 'wrong' and to refer to herself as being burned out. These consequences are more likely among those who have *fully* internalized the requisite feeling rules but who cannot live up to them – something that we would suggest is more likely among healthcare professionals than among retail service workers, although this remains a question to be answered in future empirical research.

As Rafaeli and Sutton (1987, 33) note, research is also needed on emotional deviance in organizations to see if the consequences are all bad or whether there might be some hidden benefits. For example, Erickson (2001) reports that male nurses are less likely to engage in deep acting than female nurses and that nurses of color are less likely than white nurses to pretend to feel expected emotions. In Erickson's research, male nurses and nurses of color did *not* engage in all the forms of emotion management available to bring their experiences back into line with the surrounding feeling and display rules – in effect, they may have engaged in emotional deviance. Illustrating the link between emotional labor and negative outcomes, Erickson and Ritter (2001) showed that managing feelings of agitation at work was associated with higher levels of job burnout and inauthenticity (Rafaeli, A., & Sutton, R. :1987).

Lori J. Ducharme a; Hannah K. Knudsen b; Paul M. Roman (2009) in their study named" Emotional Exhaustion and Turnover Intention In Human Service Occupations" augmentation the protective role of coworker support in emotional decreasing, they showed that human service jobs are associated with high levels of burnout, it has different effects on people in this work places area. They stated that: although some studies have been studied the structural causes and consequences of burnout, but little studies has received attention the protective role of the social support. Researchers in this study, which was conducted on a sample of 1800 individuals, by use the structural equation modeling to examine the effects of job characteristics, social support and current procedures in the workplace on emotional exhaustion, the results of this study showed that:

- 1- Receipt of instrumental and informational support from coworkers has significant implications in exhaustion decreasing.
- 2- Coworker support reduced intent to quit both directly and indirectly via.
- 3- Social relationships play important role in protecting counselors' own mental health, and in discouraging turnover.
- 4- Coworker support have significant implications effects for client recovery and quality of care.
- 5- Counselors with greater job autonomy reported significantly lower exhaustion.
- 6- Supervisor support had direct effects on job satisfaction and turnover intention, but not on exhaustion.

The experience of emotional dissonance has been associated with emotional exhaustion (Foegen 1988; James 1989); job burnout or estrangement from one's true self (Erickson and Ritter 2001; Kruml and Geddes 2000; Rafaeli and Sutton 1987; Tolich 1993); and depression or anxiety (Ashforth and Humphrey 1993:). Moreover, several researchers have linked emotional labor and physical illness such as compromised immune function, hypertension, and heart disease (Goldstein et al. 1988; Goleman 1995).

Regarding the results of the studies examined in the review of literature about emotional dissonance as one of the consequences of emotional labor ,emotional exhaustion is manifested by both physical fatigue and a sense of feeling psychologically and emotionally "drained" (Maslach & Jackson, 1981; Wright & Cropanzano, 1998).

This study was sought to assess the level of emotional exhaustion in the study population ,and test variables and interaction effects of surface and deep acting and job satisfaction on emotional exhaustion .

3. Research Methodology

The methods used in this study is a survey .Measuring instrument for navigation, a 61-item questionnaire that, has been done among a sample size of 315 people, including 202 female and 103 male, that were employed in eight hospitals; Babak, Erfan, Ibn Sina, Imam Khomeini, Jam, payambar, Sarem and sherkate naft. The construct validity of the test instrument showed that the questions are adequate construct validity . The reliability of the questionnaire was tested using by Cronbach's alpha , that shows; the measurement tools would enjoy of appropriate reliability. Dependent variable of the study was emotional dissonance and the independent variables were included gender, age, surface acting, deep acting and job satisfaction.

Emotional dissonance as dependent variables was measured using Maslach and Jackson's (1981) nine item emotional exhaustion subscale of the 22-item Maslach Burnout Inventory (MBI). Previous studies have evidenced the internal consistency of the emotional dissonance scale (i.e., Abraham, 1998; Jackson, Schwab, & Schuler, 1986). Cronbach's alphas .87, .89, and .90 in successive studies (Wharton, 1993; Jackson, Schwab, & Schuler, 1986; Abraham, 1998) demonstrated the internal consistency reliability of the emotional dissonance subscale. Used items include the following items:

- I. I feel emotionally drained from my work.
- II. I feel used up at the end of the workday.
- III. I feel fatigued when I get up in the morning and have to face another day on the job.
- IV. Working with people all day is really a strain for me.
- V. I feel burned out from my work.
- VI. I feel frustrated by my job.
- VII. I feel I'm working too hard on my job.
- VIII. Working with people directly puts too much stress on me.
- IX. I feel like I'm at the end of my rope.

Emotional dissonance is measured on a five-point Likert scale ranging from (1) = "not at all" to (5) = "almost always," with no verbal labels for scale points. The Reliability of these items by using Cronbach's alpha Was equal to .91,and the Validity of emotional dissonance items were calculated using factor analysis, Was the top .85.

Surface acting as independent variable was measured using Grandey ELS(Emotional labor Scale) and Kruml & Geddes scale, used items include the following items:

- I. Put on a show at work.
- II. Put on a "mask" in order to express the right emotions for my job.
- III. Pretend to have the emotions I need to display for my job.
- IV. Put on an act in order to deal with patients in an appropriate way.
- V. Fake a Good Mood.
- VI. React to patients' emotions naturally and easily.
- VII. Easily express positive emotions to patients as expected for my job.

Deep acting as independent variable was measured using Grandey ELS(Emotional labor Scale), used items include the following items:

- I. Work hard to feel the emotions that I need to show to others.
- II. Make an effort to actually feel the emotions I need to display toward others.
- III. Work at conjuring up the feelings I need to show to patients
- IV. Hide anger about something someone has done.
- V. Hide disgust over something someone has done.
- VI. Hide fear of a patient who appears threatening.

Surface and deep acting is measured on a five-point Likert scale ranging from (1) = "not at all" to (5) = "almost always," with no verbal labels for scale points. The Reliability of these items by using Cronbach's alpha Was suitable,and the Validity of Surface and deep acting items were calculated using factor analysis, Was the top .85.

Job satisfaction as independent variable was measured using five items derived from the Job Diagnostic Survey (JDS; Hackman & Oldham, 1975). Five items employed from JDS (Hackman & Oldham, 1975) ask respondents attitudes about their jobs, specifically, how satisfied they are with their jobs and how often they think about quitting. Previous studies have evidenced the internal consistency of this scale (i.e., Hackman & Oldham, 1976; Morris, 1996; Morris & Feldman, 1997; Jones, 1998). Cronbach's alphas ranged from .71 to .87 in successive studies (Abraham, 1998; Morris, 1995) supported a moderately good reliability of this scale, however, used items include the following items:

- I. People on this job often think of quitting.
- II. I am satisfied with the kind of work I do in this job.
- III. I frequently think of quitting this job.
- IV. Most people on this job are very satisfied with their jobs.
- V. Generally speaking, I am very satisfied with this job.

The format for the five job satisfaction items is a five-point scale ranging from "extremely dissatisfied" to "extremely satisfied." The Reliability of these items by using Cronbach's alpha Was suitable, and the Validity of job satisfaction items were calculated using factor analysis, Was the top .90.

Hypotheses of the study are:

- a) There is a negative correlation between job satisfaction and emotional dissonance among nurses.
- b) There is a correlation between surface acting and emotional dissonance among nurses.
- c) There is a correlation between deep acting and emotional dissonance among nurses.

4. Finding

The findings of this study presented in the descriptive findings and analytical results, which are addressed below.

4.1 Descriptive Findings:

4.1.1 Respondents age:

As the Table a. shows the average mean of nurses age was 33 years and 6 months and more than 47 percent of the respondents were between 40-30 years old, the Comparative results of age are given in Table a.

Table a. Respondents age

Age range	Frequency	percent
19-30	100	31.7
30-40	149	47.3
40-50	62	19.7
50 & 50+	4	1.3
Total	315	100
Average mean	33.6	

4.1.2 Average mean of emotional dissonance items:

As the Table b. shows the average mean of emotional dissonance items was 3.04, generally research result show that: emotional dissonance of nursing staff are moderate, and attention to strategies to reduce their level of emotional dissonance is required. Top level related to emotional dissonance, was Eight item " Working with people directly puts too much stress on me with 3.48", and the lowest level of emotional dissonance was sixth item that " I feel frustrated by my job with 2.60". The Comparative results of emotional dissonance items are given in Table b.

Table b. Results of emotional dissonance items

emotional dissonance items	Average mean
1	3.10
2	3.40
3	2.98
4	2.78
5	2.94
6	2.60
7	3.34
8	3.48
9	2.76
Average mean of total items	3.04

4.2 Analytical Findings:

4.2.1 The effect of independent variables on emotional dissonance:

As the research regression model is shown in Table c. due to the fact is that R Square equal .489, that means the independent variables explained forty-nine percent of the variability in the dependent variable changes and the rest of fifty-one percent of the variance in the dependent variable changes is not explained in our analysis and is residual variance. Due to the fact that the Durbin - Watson is equal 1.7, it is assumed independence of errors in the dependent and independent variables have been considered, on the other hand, the error variables are independent of each other.

Table c. Summary of Regression Model

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.669	.489	.484	.67396	1.645

Predictors: (Constant), surface acting, deep acting, job satisfaction

4.2.2 ANOVA test with the independent variables of emotional dissonance:

As the ANOVA table is shown in table d.; the Variant analysis in one percent alpha level is significant that refers to the linearity relationship between the independent and dependent variables that is one of the most important assumptions in regression analysis . In other words, the independent variables used in the analysis were not correlated with each other, and are not explained the same variance in the dependent variable and independent variables independent of each other.

Table d. ANOVA Test

Model		Sum of Squares	df	Mean Square	F	Sig
	Regression	134.283	3	44.761	98.544	.000
	Residual	140.355	309	.454	-	-
	Total	274.638	312	-	-	-

Predictors: (Constant), surface acting, deep acting, job satisfaction

4.2.3 Regression Coefficients , Variables Significance, Collinearity:

According to the results of tests of VIF and Tolerance significant in Table e. it can be concluded that;

1. There is not multi collinearity of correlation among variables.
2. Correlation between emotional dissonance and surface acting was significant.
3. Correlation between emotional dissonance and deep acting was significant.
4. Correlation between emotional dissonance and job satisfaction was significant.

The following equation is obtained from the sum of the regression coefficients;

$$\text{Emotional Dissonance} = (.280) + \text{Surface Acting} (.390) + \text{Deep Acting} (-.164) + (-.630).$$

Table e. Regression Coefficients , Variables Significance, Collinearity

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig	Collinearity Statistics	
		B	Std.Error	Beta			Tolerance	VIF
1	(Constant)	4.205	.280	-	14.993	.000	-	-
	SUACTING	.711	.085	.390	8.392	.000	.766	1.305
	DPACTING	-.247	.073	-.164	-3.407	.001	.712	1.405
	SATISFAC	-.784	.054	-.630	-14.653	.000	.896	1.117
Sig of Tolerance and VIF							.000	.000

4.3 Test hypotheses: The following hypotheses were supported based on findings:

- a) There is a negative correlation between job satisfaction and emotional dissonance among nurses.
- b) There is a correlation between surface acting and emotional dissonance among nurses.
- c) There is a correlation between deep acting and emotional dissonance among nurses.

5. Conclusion and Suggestions

As the results showed emotional dissonance in our studied society is higher than average, many nurses feel they are associated with fatigue and hardship, and they are feeling exhausted at the end of the work day.

The results also indicated that surface acting have the most impact on emotional dissonance, while the variables, job satisfaction and deep acting, have the highest negative impact on the emotional dissonance. The points should be considered regarding the hypothesis and theoretical framework presented in the decrease of emotional dissonance among nurses are the following ones;

- 1- Due to the fact that nurses' responses to item " I feel used up at the end of the workday" was higher than average, it can be concluded that nurses do more than their body can be, thus, it may lead to increased fatigue and within their nursing care occur errors, so it is recommended to nurses have a break every two hours for a quarter to perform their duties with better physical strength.
- 2- To increase the job satisfaction of nurses mechanisms such as the granting of more job autonomy, increasing salaries and leave entitlements must be considered, this mechanism are increases job satisfaction and increased job satisfaction reduced emotional exhaustion.
- 3- This is due to the of deep acting emotion is negatively associated with emotional dissonance, it is recommended to; teaching of deep acting is necessary to reduce the risk of emotional dissonance and burnout.
- 4- Regarding to this fact that demonstrating surface acting lead to decrease emotional dissonance among nurses it is recommended to; in nursing education programs, teaching deep acting should be considered.
- 5- Given that the nursing is associated with many physical and emotional problems, and due to the nurses' responses to items; " Working with people directly puts too much stress on me" and " I feel I'm working too hard on my job" is higher than average it is recommended hospitals to construct unit to Psychological Counseling for nurses so they do periodic consultation, to decrease their occupational stress.

References

Abraham, R. (1998). Emotional dissonance in organizations: Antecedents, consequences, and moderators. *Genetic, Social, and General Psychology Monographs*, 124, 229-246.

Ashforth, B.E., & Humphrey, R. H. (1993). Emotional labor in service roles: The influence of identity. *Academy of Management Review*, 18, 88-115.

Ducharme Lori J. a; Hannah K. Knudsen b; Paul M. Roman(2009) Emotional Exhaustio and Turnover Intention in Human Service Occupations: The Protective Role of Coworker Support: Sociological Spectrum, Taylor & Francis Group, LLC.

Erickson, R., & Wharton, A. S. (1997). Inauthenticity and depression: Assessing the consequences of interactive service work. *Work and Occupation*, 24, 188-213.

Erickson, Rebecca J. and Christian Ritter(2001). 'Emotional Labor, Burnout, and Inauthenticity:Does Gender Matter?' *Social Psychology Quarterly* 64: 146-63.

- Foegen, J. H. (1988). 'Hypocrisy Pay.' *Employee Responsibilities and Rights Journal* 1: 85–87.
- Glomb, T. M., & Tews, M. J. (2004). Emotional labor: A conceptualization and scale development. *Journal of Vocational Behavior*, 64, 1–23.
- Goldstein, Harris S., Robert Elderberg, Carl E. Meier and Lee Davis(1988). 'Relationship of Resting Blood Pressure and Heart Rate to Expressed Anger.' *Psychosomatic Medicine* 50: 321–29.
- Goleman, D. (1995). *Emotional intelligence*. New York: Bantam Books.
- Grandey, Alicia A. (2000). 'Emotion Regulation in the Workplace: A New Way to Conceptualize Emotional Labor.' *Journal of Occupational Health Psychology* 5: 95–100.
- Hackman, J. R., & Oldham, G. R. (1975). Development of the job diagnostic survey. *Journal of Applied Psychology*, 60, 574-580.
- Herdman, Elizabeth A. (2004). 'Nursing in a Postemotional Society.' *Nursing Philosophy* 5: 95–103.
- Hinds, Pamela S., Alice G. Quargnenti, S. Sherry Hickey and G. Hope Magnum (1994). 'A Comparison of the Stress-Response Sequence in New and Experienced Pediatric Oncology Nurses.' *Cancer Nursing* 17: 61–71.
- Hochschild, Arlie Russell (1983). *The Managed Heart: Commercialization of Human Feeling*. Berkeley, CA: University of California Press.
- Jackson, S. E., Schwab, R. L., & Schuler, R. S. (1986). Toward an understanding of the burnout phenomenon. *Journal of Applied Psychology*, 71, 630-640.
- James, Nicky (1989). 'Emotional Labour.' *Sociological Review* 37: 15–42.
- Jones, J. R. (1998). *An examination of the emotional labor construct and its effects on employee outcomes*. Unpublished doctoral dissertation, University of Nebraska, Lincoln.
- Kruml, S.M., & Geddes, D. (2000a). Exploring the dimensions of emotional labor: The heart of Hochschild's work. *Management Communication Quarterly*, 14, 8-49.
- Kruml, S. M., & Geddes, D. (2000b). Catching fire without burning out: Is there an ideal way to perform emotion labor? In N. M. Ashkanasy, C. E. Härtel, W. J. Zerbe (Eds.), *Emotions in the workplace* (pp.177-188). Westport, CT: Greenwood.
- Larson, Eric B. and Xin Yao (2005). 'Clinical Empathy as Emotional Labor in the Patient- Physician Relationship.' *Journal of the American Medical Association* 293: 1100–6.
- Mann, Sandi (2005). 'A Health-Care Model of Emotional Labour.' *Journal of Health Organization and Management* 19: 304–17.
- Maslach, C. (1978). The client role in staff burnout. *Journal of Social Issues*, 34, 111- 124.
- Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of Occupational Behavior*, 2, 99-113.
- Montgomery, Anthony J., Efharis Panagopolou, Martin de Wildt and Ellis Meenks (2006). 'Work-Family Interference, Emotional Labor, and Burnout.' *Journal of Managerial Psychology* 21: 36–51.
- Morris, J. Andrew and Daniel C. Feldman (1996). 'The Dimensions, Antecedents, and Consequences of Emotional Labor.' *Academy of Management Review* 21: 986–1010.
- Morris, J., & Feldman, D. (1997). Managing emotions in the workplace. *Journal of Managerial Issues*, 9, 257-274.
- Rafaeli, Anat and Robert I. Sutton (1987). 'Expression of Emotion as Part of the Work Role.' *Academy of Management Review* 12: 23–37.
- Talebpour, Akbar., Rabbani, Ali., Ghasemi Vahid (2013). Social factors associated with emotional labor Among Nurses (case study ; Tehran West Region Hospitals). *Mediterranean Journal of Social Sciences*, Vol.4, No.2, 369-379.
- Thoits, Peggy A. (1985). 'Self-Labeling Processes in Mental Illness: The Role of Emotional Deviance.' *American Journal of Sociology* 91: 221–49.
- Thoits, P. A. (1989). The sociology of emotions. *Annual Review of Sociology*, 15, 317- 342.
- Tolich, M. B. (1993). Alienation and liberating emotions at work. *Journal of Contemporary Ethnography*, 22, 361-381.
- Tung, Charlene (2000). 'The Cost of Caring: The Social Reproductive Labor of Filipina Live-in Home Health Caregivers.' *Frontiers: A Journal of Women Studies* 21: 61–82.
- Wharton, Amy S. (1993). 'The Affective Consequences of Service Work: Managing Emotions on the Job.' *Work and Occupations* 20: 205–32.
- Wright, T., & Cropanzano, R. (1998). Emotional exhaustion as a predictor of job performance and voluntary turnover. *Journal of Applied Psychology*, 83, 486-493.

