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THE SPEECH-LANGUAGE PATHOLOGIST & EMOTIONAL LABOR, STRESS, AND COMPASSION FATIGUE

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THE SPEECH-LANGUAGE PATHOLOGIST & EMOTIONAL LABOR, STRESS,

AND COMPASSION FATIGUE

by

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A Dissertation
Submitted to the Graduate School,
the College of Education and Human Sciences
at The University of Southern Mississippi
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Philosophy

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May 2023

Published by the Graduate School

THE UNIVERSITY OF
SOUTHERN
MISSISSIPPI.

ABSTRACT

Employees in service professions often utilize emotional labor strategies. The purpose of this quantitative study was to evaluate speech-language pathologists' (SLPs) experiences regarding emotional labor and the extent to which emotional labor is possibly related to job stress, compassion satisfaction, and compassion fatigue. This study also considered the SLPs' occupational settings in relationship to emotional labor.

A pilot study was conducted and minor revisions were made to the instrument prior to the final study. The researcher collected and analyzed data using an online survey comprised of three validated instruments, ELS, SLPSI, and ProQOL-5. The participants were 270 certified speech-language pathologists across 45 states within the United States. This investigation revealed that speech-language pathologists used genuine emotions more often than surface acting or deep acting when interacting with their clients/students. However, there was no notable difference between the three emotional labor strategies used across occupational settings. The results from a Pearson correlation revealed a statistically, strong positive correlation between the use of genuine emotion and compassion satisfaction and a significant, moderate negative correlation between genuine emotion and compassion fatigue. Though compassion fatigue was relatively low in this sample of SLPs, they did report a moderately noticeable impact of stress primarily due to time and workload management which was predominantly manifested through emotional fatigue. These results are relevant to the field of speech-language pathology as they support the need for further research in these areas of concern, leading to the development of policies and procedures that may help to reduce stress and further increase the use of positive aspects of emotional labor.

ACKNOWLEDGMENTS

First and foremost, I thank my Lord and Savior, Jesus Christ, for never leaving my side. His Word often reminded me to "Be anxious for nothing, but in every thing by prayer and supplication with thanksgiving let your requests be made known unto God. And the peace of God, which surpasses all understanding, shall keep your hearts and minds through Christ Jesus." Phil 4:6-7. Also, I acknowledge and thank my special church family for their prayers and words of encouragement at times when I needed it most.

My heartfelt gratitude is extended to Dr. Kyna Shelley, the chairperson of my dissertation committee. I deeply appreciate the many hours she spent teaching me, encouraging me, gently pushing me, and reviewing my work. Her sincere concern and advice from the first meeting to the final reading provided the guidance I needed to make it through this entire process. I acknowledge and thank my committee members, Dr. Thomas Lipscomb, Dr. Thomas O'Brien, and Dr. Peter Paprzycki for their time, interest, and expert advice which helped me to grow as a researcher. The faculty and staff in the R.E.S.A. program provided me with a solid educational foundation through their instruction throughout my graduate education at the University of Southern Mississippi. I thank my editor, and son, Jacob Martin, who spent hours reading my work and teaching me to be a better writer.

I offer my earnest appreciation to Dr. Maureen Martin who saw potential in me and first encouraged me to seek a PhD. Also, I deeply appreciate Dr. Missy Schraeder and the staff at the USM DuBard School for Language Disorders for their unwavering love and support.

My deepest appreciation and thanks are extended to my special friends, Denise Dickson, and Dr. Kerri Fontenot Liuzza, who answered every call and text and always gave me hope.

DEDICATION

To my husband and best friend, Johnny Martin, for your love, devotion, support, and never-ending belief in me. Your steady encouragement gave me the strength to see this entire process through. You made sure that I had dedicated time to do whatever needed to be done at the time. You complete me and I love you more than words can express.

To my children, Nikki and Jacob, and my daughter-in-law, Haley, for believing in me and making me feel that anything is possible. I love you from the bottom of my heart.

To my grandchildren, Jay, Shay, Mary, Quinn, and John for loving me unconditionally. I will always believe in you and your ability to change the world. I love you so much.

In loving memory of my aunt and uncle, J.W. and Ethel Rochelle, who loved me first and raised me to believe that I could do anything. I am forever grateful for their sacrifice.

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LIST OF ABBREVIATIONS

ASHA	American Speech-Language Hearing Association
BO	Burnout
COR	Conservation of Resources
DA	Deep Acting
DEELS	Discrete Emotions Emotional Labor Scale
ELS	Emotional Labor Scale
GA	Genuine Acting
GE	Genuine Emotions
ProQOL-5	Professional Quality of Life Scale-5th Ed.
PTSD	Post-Traumatic Stress Disorder
SA	Surface Acting
SLP	Speech-Language Pathologist
SLPSI	Speech-Language Pathologist Stress Index
STS	Secondary Traumatic Stress

CHAPTER I – INTRODUCTION

"Now hiring people with simulated emotions!"

"Wanted: Workers who laugh and obey company rules!"

The healthcare profession was the largest employment industry in 2019, employing 361,000 employees, yet it is unlikely that any of the posted job listings included "must be willing to perform emotional labor" as one of the requirements for employment (Current Employment Statistics [CES], 2020). Emotional labor, employees' internal and external emotive management at work, is critical for the employees and the organizations (Grandey et al., 2013, Hochschild, 1983, 2003), but can be difficult to measure. The growing demand of observable work skills in professions has resulted in the near absence of emotional labor skills from job descriptions, performance reviews, and reward systems (Guy et al., 2008). Professionals involved in the hiring process are usually well-trained regarding which questions can and cannot be asked during interviews. Falcone (2009) wrote *96 Great Interview Questions* and none of the questions are worded explicitly to ask potential employees about their willingness to perform work that fits under the rubric of emotional labor to benefit the organization. However, the requirement of emotional labor is neither hidden nor ignored by organizations, and employees are often aware of their obligation to perform such work in specific job positions. This work is governed by the employers' specific requirements or norms referred to as "display rules" (Wharton, 2009). Indeed, some organizations write or imply guidelines for emotional labor in their display rules, either formally or informally, and many employees—as evidenced by their actions—have been found to be able to perceive these norms (Grandey, 2000; Hochschild, 1983, 2003; Morris & Feldman, 1996). Yet

these rules and guidelines are rarely cited within or as part of an employee's performance review.

Job Performance

Positive job performance—measured by observable work skills and self-satisfaction scales—are typically used to align the employee and the organization to meet goals, and in some cases, increase profits. Kalleberg (1977) described an employee's work as valuable skills that can lead to job satisfaction. Also, organizations that include employees in the processes of setting their goals and making decisions can help to drive the organizations' purpose (Berghoff & Kelley, 2019). However, the perfect situation between employee and employer regarding the organization's display rules is hard to obtain. Employers, society, and culture design the display rules (norms), which, in turn, govern which emotions are acceptable and which are not acceptable in the workplace (Sutton & Rafaeli, 1988; Wharton, 1993, 2009). Therein lies a precondition for employees to perform emotional labor.

Emotional Labor

Emotional labor is the act of managing, or attempting to manage, internal emotions and producing external expressions of those emotions to match cultural norms, organizational rules, expectations of others, and job demands (Grandey, 2000; Hochschild, 1979, 2003). Emotional labor is typically described by two core processes: surface acting (SA), which considers a person's inhibitions and acting out, hiding, or faking of emotions; and deep acting (DA), which may be closely related to a person's real emotions or the emotions that they have been taught to be appropriate as related to specific situations and job demands (Hochschild, 1979, 2003). Surface acting is

expressed through verbal and nonverbal cues, such as smiling, gesturing, and using a calm or polite tone of voice when speaking to others (Ashforth & Humphrey, 1993; Hochschild, 1979, 2003), yet the person does not feel the emotion inwardly that is portrayed outwardly. Maxwell and Riley (2017) associate surface acting with negative outcomes such as job burnout, declining job satisfaction, mental challenges, and physical health problems. They also have associated the expression of deep acting emotions with more positive outcomes such as increased job performance, a willingness to support and serve others, and a positive self-view especially for those who are in control of their emotional management (Ashforth & Humphrey, 1993; Guy et al., 2008; Maxwell & Riley, 2017; Pugliesi, 1999).

Service Professions

Service-related professions are those professions that involve working directly with people who have specific needs. The people who hold these positions help to address others' physical, emotional, psychological, intellectual, and educational needs. Oftentimes, the professional is addressing a combination of these needs. Those who typically hold such positions include, but are not limited to: physicians, nurses, nurse practitioners, counselors, psychologists, social workers, teachers, administrators, pastoral care providers, law enforcement, firefighters, public health providers, store managers, clerks, sales persons, bank tellers, and therapists (occupational, physical, and speech language pathologists). Researchers who study emotional labor have focused on many of these professions, a list that includes bank tellers (Asumah, et al., 2019; Aziz, et al., 2019), customer service workers (Ishii & Markman, 2016; Sutton & Rafaeli, 1988) and allied health professionals (Grace & VanHeuvelen, 2019; Maura, et al., 2019) across

many countries. Some have studied them in both face-to-face and remote (phone) interaction (Ishii & Markman, 2016; Sutton & Rafaeli, 1988). The most common professions that have been studied are those within the medical and public relations sectors. Yet, despite the many studies conducted, the emotional labor research has overlooked those professionals in speech-language pathology.

Speech-Language Pathology

Even before speech-language pathology was formally declared a profession in 1925 by a small special interest group, there were medical professionals, educators, and elocutionists who felt it was important to help people with speech problems (Duchan, 2002). Though the profession of speech-language pathology encompasses more than merely helping people speak clearly, its goal to help people communicate effectively still endures.

Speech-language pathologists (SLPs) diagnose and treat speech disorders such as apraxia and articulation errors, oral and written language disorders, swallowing disorders, pragmatic language and processing disorders, voice disorders, and fluency disorders (American Speech-Language-Hearing Association [ASHA] website, 2019). In addition, SLPs collect data, administer speech-language tests, develop educational or treatment plans, and provide trainings to staff and families (ASHA website, 2019).

SLPs have reported emotional stress due to typically working with those who have disabilities as part of the nature of the profession (Maxwell & Riley, 2017; Oh, 2019). For the SLPs to effectively meet social expectations and the demands of their positions, they must manage their own internal emotions and appropriately display external expressions to match specific situations such as talking with an angry

administrator or explaining a lifelong disorder of a child to a worried parent (Ashforth &

Humphrey, 1993; Maxwell & Riley, 2017). SLPs may learn to perform *emotional labor*

to accomplish these challenging but expected tasks (Ashforth & Humphrey, 1993;

Hochschild, 1979, 2003; Maxwell & Riley, 2017).

Job Satisfaction

Admittedly, emotional labor can be taxing and yet it can be uniquely satisfying to

the employee. This is related, possibly, to the belief that compassion for humanity guides

service workers to help others and is an essential element in workers' direct service to

others (Radey & Figley, 2007). Therefore, the deep-seeded compassion of the worker

drives him/her to do their job well which leads to satisfaction. Social scientists,

psychologists, and economists have widely researched job satisfaction and have

correlated it with internal and external factors such as motivation, productivity, higher

qualities of physical and mental health, positive work values, lower rates of absenteeism,

higher rates of presenteeism, and loyalty (Blood et al., 2002; Kalleberg, 1977; Karanika-

Murray et al., 2015; Ogungbamila, 2018; Ting Wu et al., 2019). These factors are closely

related to the ones Radley and Figley (2007) noted for compassion satisfaction: affect,

work resources, and self-care. Historically, explanations of job satisfaction have included

personality variables, attitudes and perceptions workers hold regarding work, and

behavioral patterns people have established in their jobs. However, none of these

explanations alone can fully describe the constructs of compassion satisfaction nor job

satisfaction (Kalleberg, 1977; Radey & Figley, 2007). Instead, it is only through unique

combinations of these and other variables that researchers might obtain data to predict the

factors that contribute to these concepts (Edgar & Rosa-Lugo, 2007; Kalkhoff & Collins, 2012; Kalleberg, 1977).

Establishing rapport with customers, clients, families, and co-workers opens an avenue for employees to communicate effectively and meet the needs of their clientele. However, this does not usually happen quickly. It may take time and effort which includes listening, watching, showing interest, and respect to build strong professional relationships (Brehm, 2008). Brehm reminds her readers that communication occurs in words *and* actions, including facial expression and body language. Eye contact, smiles, and professional attire all aid in establishing strong rapport (Brehm, 2008). Brehm asserts that clients can tell when these actions from the professional are not sincere; therefore, avoiding surface acting and employing deep acting may aid in establishing rapport.

Compassion Fatigue

Yet, this emotional labor exhibited by the employee over-and-over can be hard to sustain; hearts *give out* to fatigue (Radey & Figley, 2007). In 1995, Figley introduced the notion of *compassion fatigue* and identified it with exposure to clients' suffering, noting that it can become debilitating for service workers. Four key concepts seem to be part of the cause of compassion fatigue: poor self-care, previous unresolved trauma, inability to control work stressors, and lack of satisfaction for the work (Figley, 1995a). According to Figley (1995), employees who present with the signs of compassion fatigue are more susceptible to burnout.

Burnout and Secondary Traumatic Stress. de Beer et al. (2016) and Ogungbamila (2018) defined job burnout as the inability to keep up with the demands of a job because of the feeling of total mental, physical, and emotional exhaustion. Burnout encompasses

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the employees' emotions, cynicism, and professional efficacy (Maura et al., 2019), and the number of hours an employee has worked may impact burnout (Afonso et al., 2017; Dembe & Yao, 2016; Morken et al., 2019). Working between 40 and 59 hours per week may cause work-life imbalance and worsen mental and physical health (Kleiner & Pavalko, 2010). In addition, the demands placed upon employees such as workload and positional hierarchy regarding decision-making have been associated with job burnout (Brough & Biggs, 2015). Job burnout may slowly progress over time because of the interactions of many variables or it may happen quickly. A single traumatic encounter with a client, such a client's severe illness or death, may cause an employee to experience adverse mental and physical effects (Ashforth & Lee, 1997; Ogungbamila, 2018; Ravi et al., 2016).

However, the stressful encounter does not have to be direct, it may be indirect. Figley (1995a) looked at compassion fatigue as a secondary traumatic stress disorder. Secondary traumatic stress (STS) occurs when professionals lose their sense of self to the clients whom they serve (Figley, 1995a). The therapists are entangled in the clients' stressful situation. This typically happens in such cases of therapists who work with rape victims, emergency personnel who work with trauma victims, and lawyers who work with criminals or victims of crime. But the list does not stop there as it has been seen in many who work and live with those directly dealing with trauma or distress such as researchers, teachers, children, and parents (Figley, 1995a).

Remaining mentally and physically healthy while working has proven challenging for many employees. Exposure to adverse internal and external work conditions can negatively contribute to their health or their illnesses (Besse et al., 2015; Page Deutsch,

2017; Piotrowski, 2012). Page Deursch (2017) and Piotrowski (2012) note that weak leadership, poor teamwork, questionable ethics, downsizing, workaholism, and inadequate resources reflect an unhealthy work environment. In contrast, teamwork, collaboration, respect, support from leadership, and positive attitude toward work are a few characteristics of a healthy work environment (Page Deutsch, 2017; Piotrowski, 2012).

Conclusion

Compassion satisfaction, job satisfaction, and compassion fatigue—including burnout and secondary traumatic stress—are closely related, and the variables that govern them often interact. After all, what may make one employee satisfied with the job could lead another employee to experience the effects of fatigue and burnout (Fabian & Breunig, 2019; Kalkhoff & Collins, 2012). Researchers have conducted numerous studies using participants from the helping professions, including physicians, nurses, teachers, clergy, and therapists to examine the variables that contribute to job satisfaction and job burnout (Creager et al., 2019; Grace & VanHeuvelen, 2019; Spratt et al., 2006). Yet, the research data pertaining to how these negative experiences from the service providers influence the quality of the services provided are much more limited.

Possibly, the data about the influence of adverse job experiences on the quality of services rendered are limited because the quality of service/care can be a hard construct to measure and the validity of this data has been debated (Smith & Smith, 2018). Service quality is multifaceted and often requires governing bodies from specific disciplines to define indicators of quality within their respective professions. Governing entities develop guidelines, criteria, policies, and procedures for their employees to ensure that

the recipients of the service (e.g., customers, clients, patients) have been provided a service of high quality (ASHA, 2005; Biancone et al., 2014; King, 2012; Smith & Smith, 2018). These external indicators of quality assurance closely follow organizational structure, and quality improvement is internally motivated by the employees' own standards and search for quality (Frattali, 1991). As the employees strive to provide high-quality service demanded by their professional organizations they, as a result, may struggle internally with their own emotions especially if these emotions conflict with the organizations' required emotions leading to a state of emotional dissonance (Abraham, 1998; Hochschild, 1983, 2003; Morris & Feldman, 1996).

Employment is a practical component of peoples' lives because it provides income, stability, and a sense of coherence (Antonovsky, 1987; Maura et al., 2019); however, for some employees their employment may be thought of as more of a 'calling' rather than a job (Fabian & Breunig, 2019; Page Deutsch, 2017). These callings may lead employees to experience emotional dissonance indicating that a gap exists between the ideals and the realities of the job demands placed upon them (Page Deutsch, 2017). Employees experiencing the effects of emotional dissonance may feel a sense of inauthenticity or hypocrisy which may in turn lead to poor self-esteem, depression, cynicism, alienation, and physical illnesses (Ashforth & Humphrey, 1993; Hopp et al., 2010).

Some professions may be particularly vulnerable to emotional dissonance such as the healing professions which include physicians, nurse practitioners, therapists, nurses etc. (Grace & VanHeuvelen, 2019; Lahelma et al., 2008; Milstein et al., 2002). Similarly, the service professions such as teachers, counselors, social workers, and speech-language

pathologists may experience emotional dissonance (Besse et al., 2015; Maura et al., 2019; Oh, 2019; Spratt et al., 2006).

<center>Statement of the Problem</center>

The research on health professionals suggests that many variables influence stress, compassion satisfaction, and compassion fatigue—burnout and secondary traumatic stress—(Dasan et al., 2015; Hinderer et al., 2014; Klein et al., 2018; Stamm 1995; Ting Wu et al., 2019). These variables include, but are not limited to, job performance and skill level, job satisfaction, and ability to perform multiple types of emotional labor. The vast amount of research on job burnout included reports of the effects of physical and mental well-being of the employees (Afonso et al., 2017; Ashforth & Lee, 1997; Brotheridge & Grandey, 2002; Chang, 2009; Clifford, 2014; de Beer et al., 2016; Freudenberger, 1974; Goh et al., 2015; Harding et al., 2019; Marante & Farquharson, 2021; and Maura et al., 2019).

There was a limited amount of research studies found that connected speech-language pathologists' mental health and well-being to their reports of job burnout. And there is even less research on SLP compassion fatigue. These studies typically related to specific job demands that the SLPs reported having experienced (e.g., number of hours required to work, size of their caseload, and expectations of their employers). Only one closely related research article has associated teachers' well-being and depressive symptoms with students' well-being and psychological distress; the authors of this research note that they had not found other research specifically relating the two and reported the need for more data in this area (Harding et al., 2019).

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A detailed search of the literature reveals Harding et al. are correct: Though an abundant amount of research was found that supported SLPs' experiences with job satisfaction and burnout (Amir et al., 2021; Blood et al., 2002; Caesar and Nelson, 2008; Harris et al., 2009; McNeilly, 2018; and Oh, 2019) there appears to be no research that connects the work of SLPs and professional emotional labor, despite evidence that emotional labor has been widely studied in other "service professions" and linked to the well-being of the employees working in these occupations. In addition, there was no research data that connects SLPs' well-being—which may be influenced by their experienced emotional labor—to the quality of service they provide.

Purpose of the Study

The purpose of this quantitative study was to evaluate speech-language pathologists' (SLPs) experiences regarding professional emotional labor and the extent to which emotional labor is possibly related to job stress, compassion satisfaction, and compassion fatigue (i.e., burnout and secondary traumatic stress). This study also considered the SLPs' occupational settings in relationship to emotional labor and the outcome variables of the study.

Research Questions

RQ1: Which strategy of emotional labor (Surface Acting, Deep Acting, Genuine Emotion) is most often utilized by speech-language pathologists?

RQ2: What do SLPs identify as the primary sources and manifestations of occupational stress within the profession of speech-language pathology?

RQ3: Does reported frequency of use of a specific Emotional Labor Strategy (Surface

Acting, Deep Acting, or Genuine Emotions) correlate with reported experienced

Compassion Satisfaction or Compassion Fatigue?

RQ4: Does the SLPs occupational setting make a difference in type of emotional labor

strategy (Surface Acting, Deep Acting, Genuine Emotion) used?

<div align="center">Justification for the Study</div>

Hochschild (1979) set a base marker in the emotional labor research when she

coined the term "emotion work" and described it as the way people manage how they feel

or try not to feel during specific interactions while at work. The outcomes propose to add

to the widely researched connection of emotional labor and helping professions by

introducing an additional professional environment, speech-language pathology. More

specifically, this research aims to add to the limited data on emotional labor and SLPs by

providing evidence as to whether SLPs experience emotional labor and if so, how the

results of the emotional labor may affect their stress level, compassion satisfaction, and

compassion fatigue. This research study could encourage further research regarding

quality of services in the profession of speech-language pathology.

In addition, the outcomes of this study may increase SLPs' self-awareness

regarding their therapeutic practices and their potential use of emotional labor strategies.

This may include behaviors such as pretending to listen attentively to a student's speech

errors while thinking about how long it will take to complete the required paperwork or

showing emotions of calmness and gentleness to a client's family member who is

reacting harshly to their billing statement because that is what the SLP's administrators

expect in such situations. If SLPs are empowered by a better understanding of their

potential to "work" harder emotionally, they may be able to find new avenues to alleviate the potential negative effects of emotional labor such as burnout, absenteeism, and added stress. The result the SLPs' emotional changes could be valuable to their employers through higher rates of employee job satisfaction and an overall increase of professionalism that aligns with the organizations' values.

Also, if SLPs alter their emotions and create a better working environment for themselves, their students may benefit because they have full attention and true compassion from their therapists. The students may learn to express themselves more effectively verbally and non-verbally because they see their therapists expressing themselves genuinely. As the students gain better speech-language skills because the quality of therapy increases, they may be able to communicate with their families in more natural ways which could improve interactive family dynamics.

Ultimately, receiving quality services from SLPs who are not overly emotionally labored could impact the students by helping them become stronger members of society and by helping them to attain employment that otherwise may not have been attainable. The long-term benefits could potentially be far-reaching into the future for the research community, SLPs, employers, students, families, and communities.

<center>Theoretical Framework</center>

As the understanding of emotional labor has grown over the past 40 years, so has the development of multiple theoretical frameworks that surround emotional labor. However, the primary framework for this study is Arlie Hochschild's emotional labor theory (1983). Hochschild's theory is rooted in sociology and makes the distinction between "surface acting" and "deep acting." Hochschild builds the emotional labor

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theory upon earlier findings from Erving Goffman (symbolic interaction/dramaturgical analysis) and Sigmund Freud (emotion-management perspective). The many aspects of the emotional labor theory closely align with the research purpose and key research questions and variables identified in this study.

Due to the nature of this study, the foundational theoretical framework is expected to be strengthened to include additional theories as the various layers of the study are more deeply explored. Frederick Herzberg's Motivator-Hygiene Theory (also known as the Two-Factor Theory of Motivation) could aid this study in examining the relationships of SLPs to their coworkers and managers, the intrinsic and extrinsic elements that may cause SLPs to be satisfied with their work or dissatisfied with their work, and their subjective reports of control and resistance in the workplace. Similarly, Hobfoll's (1989) Conservation of Resources (COR) theory could aid this study in considering 'stress' as a measurable objective. Additionally, COR may aid in the consideration of the SLPs' possible benefits compared to their loss of resources because of the displays of specific emotional labor behaviors. Lastly, Grandey's (2000) emotional regulation theory as it relates to display rules may prove beneficial as a framework as related to the occupational settings of the SLPs.

CHAPTER II – LITERATURE REVIEW

Emotional Labor as Defined by Research

Key Terms/Operational Definitions

Emotions. In 1884, Professor William James asked, "What is an emotion?" Nearly a century later, Kleinginna and Kleinginna (1981) compiled over 100 definitions and statements from the literature of emotion. The *APA Dictionary of Psychology* has defined emotion. Cowie named it in 2005. Cowen and Keltner (2020) and Parrott (2007) categorized phenomena within it, and various sociologists, philosophers, psychologists, psychiatrists, biologist, and anthropologists have theorized about emotion (Cherry, 2020; Dixon, 2012; Fehr & Stern, 1970; Gillian Bendelow & Simon J Williams, 2005; Izard, 2009; Oatley et al., 2006; Pober, 2018). Yet, a widely accepted multidisciplinary definition does not exist (Izard, 2007; Scherer, 2005).

The efforts for multiple disciplines to agree on a definition have failed, in part, because of linguistic, cultural, and idiosyncratic differences regarding ongoing research findings and theories (Scherer, 2005). In addition, growing research in emotion, as it is related to work, has advanced methodology and narrowed research outcomes. These advances, in return, have resulted in the need for clarification among and distinctions between the many facets of emotion constructs (Ashkanasy et al., 2000; Izard, 2009).

This research focuses on emotion as it relates to mediating social interactions (Oatley et al., 2006) and more specifically work interactions (Ashforth & Humphrey, 1995; A. A. Grandey, 2000; Hochschild, 2003).

Labor. Merriam-Webster Dictionary (2020) defines *labor*, as it relates to employment, as the expenditure of physical or mental effort especially when difficult or

compulsory; the services are performed by workers for wages as distinguished from those rendered by entrepreneurs for profit. Amadeo (2020) added to that definition by including the social effort used to produce goods and services. Amadeo used the phrase *social effort* to mean service work—those who work to provide a service—such as custodial staff, electricians, or carpenters.

This research focuses on labor from the perspective of the employee who uses physical, mental, and social effort to provide a service for a wage.

Emotional Labor. Research on the construct of emotional labor has highly evolved over the past four decades. Researchers and theorists agree that an increased understanding of emotional labor is important; however, the fine distinctions between definitions and philosophies have caused inconsistency and confusion (Bono & Vey, 2005; Cropanzano et al., 2003; Grandey, 2000). Rubin et al. (2005) characterized the literature on emotional labor as being in a state of "theoretical disorientation" and the researchers themselves as in a "conceptual quandary." Though this literature review includes many legendary works and theories that differ from Rubin's theory, this study conceptualized emotional labor as the employees' behaviors displayed and managed in the workplace for the purpose of meeting employers' expectations (job demands) and obtaining personal gain, including wage. This working definition is reflected in the research questions since it emphasizes specific outcomes of performing emotional labor.

History of Emotional Labor and Prominent Definitions

Research on emotional labor in the workplace has evolved over the past several decades. It did not begin being directly correlated to employment, but instead was rooted in sociology. Erving Goffman, an American sociologist, discussed in detail how people

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present themselves to one another in such a way as to convey an impression (Goffman, 1959; Newman & O'Brien, 2008). Goffman (1959) painted a vivid picture of what happens when people appear before others and how their often-dramatic actions define the social situation presented. Individuals typically care about how others perceive them; therefore, people are likely to act in such a way that makes others view them favorably (Goffman, 1959). For example, one may walk more upright when passing by other people, smile to indicate desire to socialize or join a specific group, and flavor one's conversation using kind words and flattery. These dramaturgic exchanges described by Goffman were not specific to work relations but were described in the context of most all social interactions, where outer appearance and perception were the focus. Hochschild (1979) gave credit to Goffman's ideology regarding the outer actions of people but felt that he neglected to address the inward emotions, feeling rules, and social structure as it related to those behaviors. Hochschild noted that fellow sociologists had reported how people feel *and* how people act; however, they failed to integrate the two concepts (Hochschild, 1975). Therefore, Hochschild (1975) thoroughly examined the data to develop her sociological theory, The Sociology of Feeling and Emotion. Hochschild (1979) wrote an essay arguing that emotions can be managed. This essay set in place the first building blocks for her theory. Hochschild's concept of managing one's emotions to remain "appropriate" according to societal rules began when she was a child and watched diplomats from around the world interact as she served them in her family's home (Hochschild, 1983, 2003). Hochschild recorded her memories of how her parents discussed the minute details of the diplomats' interactions with one another (i.e., smiles, glances, handshakes) after the meetings and wondered if she had helped serve *people* or

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actors (Hochschild, 1983, 2003). Then later, as a graduate student, Hochschild (1979) began tracing the links between social structure, feeling rules, emotional management, and emotive experience.

Hochschild's continued interest in emotions quickly led her to apply her findings to the workplace setting. Hochschild studied Delta Airline flight attendants and determined that the emotional tasks that the attendants were asked to perform (i.e., present a positive body language such as smiles and laughs, be open to customers' requests, remain calm when faced with a possible disaster, not to drink when in uniform, and even keep personal finances in order) took "effort" to uphold (Hochschild, 1983, 2003). This foundational research regarding emotions in workplace settings ignited a spark of research interest that resulted in over 10,000 academic articles being written on *emotional labor* by 2013 (Grandey et al., 2013). That spark grew into a blazing academic fire. A simple Google search conducted in 2020 yielded results of over 170,000,000 articles and web pages that contained the term *emotional labor*. This exponential growth in the literature on emotional labor over the last four decades has broadened the scope of the views and incorporated meanings far beyond those reported in the foundational research. Surveying the increasing interest in the literature, Arlie Hochschild, original author of the term *emotional labor,* characterized emotional labor as an "evolving concept" that stemmed from the substantial increase in service work (Grandey et al., 2013, Foreword).

Researchers have given the term emotional labor similar definitions, yet each researcher has expanded the concept to include additional characteristics as new data have been collected and analyzed and as new ideas/theories emerged in the literature.

Hochschild initially defined *emotional labor* as "the management of feeling to create a publicly observable facial and bodily display; emotional labor is sold for a wage and therefore has exchange value" (Hochschild, 1983, p. 7).

A few years later, Rafaeli and Sutton (1987) explained that by studying emotion only as "an intrapsychic outcome," the researcher failed to reveal the complexity of the role of emotional labor within service occupations. Various service positions have expectations of distinctive displays of emotions required to complete the job in an expected manner. For example, employees in customer service positions such as clerks, salespersons, flight attendants, etc., are expected to smile and "act" friendly as part of their work role, while other customer service positions such as bill collectors, funeral directors, coroners, prison wardens, etc., are expected to hold a more serious composure and "act" frank and even sad. Rafaeli and Sutton noted that researchers have studied employees' behaviors and determined which led to burnout and which led to job satisfaction. Yet, when closely evaluated, the behaviors exhibited were not always indicators of the employees' actual emotions at all, but rather were requirements of their work role (Rafaeli & Sutton, 1987).

Ashforth and Humphrey (1993) built upon Hochschild's work but took a more behavioral approach and included the display of expected emotions by workers during service encounters. These displays of emotional labor are ones that are socially desired or are deemed appropriate for specific work settings according to Ashforth and Humphrey. They formally defined *emotional labor* as "the act of displaying the appropriate emotion (i.e., conforming with a display rule)" (Ashforth & Humphrey, 1993, p. 90). Noting that it was the compliance with display rules (i.e., societal, occupational, and organizational

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norms) that the recipients of the service can see, these researchers chose to focus on the observable behaviors of the workers rather than the emotions motivating their behaviors. Ashforth and Humphrey argued that workers may conform to display rules without having to manage their feelings as Hochschild (1983) had stated. In fact, Ashforth and Humphrey suggested that the employees' ability to conform to the employers' display rules may not inevitably require conscious effort but instead become part of their work routine and a positive source of effectiveness if the customers perceived the emotional expression as sincere and not fake. This approach is a benefit to researchers because observations of behavior is mostly objective. The disadvantage of Ashforth and Humphrey's approach is the lack of a theoretical link between emotional labor and possible outcomes such as stress, satisfaction, fatigue, and burnout which are more subjective measures (Bono & Vey, 2005).

In 1996, Morris and Feldman contributed to the emotional labor research by directing their focus to the organizational demands placed upon employees. Employees were expected to present themselves in ways that made the customers or consumers feel special so they would return to the business repeatedly. Morris and Feldman noted that the research, up until that time, had neglected to direct precise attention to how organizations attempted to control how their employees' displayed emotions toward the customer. These researchers defined *emotional labor* as "the effort, planning, and control needed to express organizationally desired emotion during interpersonal transactions" (Morris & Feldman, 1996, p. 987). This definition was consistent with Hochschild's (1983) work in that both found that the expression of emotion, which had once been determined by the employee, had become a marketplace commodity that could be bought

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and sold by the employer making these controlled emotions part of the actual job requirement (Morris & Feldman, 1996). The difference in focus between Morris and Feldman's work and Hochschild's work was Morris and Feldman's identification of observable behaviors that are organizationally desired rather than the employees' subjective management of feeling. The work of Hochschild (1983), Ashforth and Humphrey (1993), and Morris and Feldman (1996) all acknowledged, however, that emotions can be modified and that the social setting determines when those modifications happen.

Morris and Feldman's (1996) observations led to the development of a complex conceptualization of emotional labor. Their approach emphasized that emotional labor is not a dichotomous variable as it includes intensity of emotional labor–not only whether an employee is performing it (Bono & Vey, 2005). They built a framework around four distinct dimensions: frequency of appropriate emotional display, attentiveness to required display rules, variety of emotions required to be displayed, and emotional dissonance produced (Morris & Feldman, 1996). In addition to the four dimensions, Morris and Feldman examined the antecedents and consequences of emotional labor to help future researchers "untangle" inconclusive research results and better understand the construct of emotional labor.

There are discrepancies in the literature regarding the consequences of employees performing emotional labor. Many researchers have valid documentation of the negative effects on employees who perform emotional labor such as emotional exhaustion/burnout (Kahn, 1993; Maslach, 2003), increased stress levels (Hochschild, 2003; Pugliesi, 1999), and emotional dissonance (Abraham, 1998; Hochschild, 2003; Rafaeli & Sutton, 1987).

In fact, the vast amount of emotional labor research focuses on these and other negative

consequences; nonetheless, the consequences of emotional labor are not always negative.

Positive consequences of performing emotional labor have been recorded in the literature

especially employees with greater job autonomy (Adelmann, 1995; Morris & Feldman,

1996). Additional findings included those of researchers (Hochschild, 2003; Morris &

Feldman, 1996) who observed a positive relationship between emotional labor and job

satisfaction and findings from Ashforth and Humphrey (1993) who proposed that by

performing emotional labor according to the organizations' expected display rules,

employees can cognitively distance themselves from emotion and maintain objectivity

and preserve impartiality. The ability to emotionally distance oneself from his or her

work is essential for workers in fields such as healthcare, law enforcement, and

psychiatry to maintain a sense of personal well-being (Adelmann, 1995; Carrasco et al.,

2014; Cropanzano et al., 2003; Grandey & Sayre, 2019; Kumar et al., 2010).

In 1999, Pugliesi acknowledged the existence of a substantial body of empirical

research surrounding emotional labor and its link to physical and mental health; however,

she desired to explore these links at a deeper level than had previously been investigated

in the literature. Pugliesi agreed with other researchers in the field regarding the belief

that employees' emotional labor was subject to the control and supervision of their

employers. This belief led her to define emotional labor as "the performance of various

forms of emotion management in the context of paid employment" (Pugliesi, 1999, p.

126). Similar to Hochschild's (1983) definition of emotional labor, Pugliesi's notion of

emotional labor only included that which is publicly observable. Pugliesi took the

research a step farther and studied the independent effects of two types of emotion

management at work: self-focused and other-focused. *Self-focused* emotional

management referred to those management strategies used to manage one's own feelings

while interacting with clients, the public, and co-workers (e.g., mask or suppress a true

feeling of agitation or anger and present with a friendly demeanor); *other-focused*

emotional management referred to the management strategies used to manage others'

feelings while at work (e.g., others' distress, enhance others' self-esteem, and mediate

conflicts) whether the other persons are clients or co-workers (Pugliesi, 1999). *Self-*

focused emotional management is similar to the self-management technique "surface

acting" that Hochschild described in her book *The Managed Heart* (1983, 2003). Both

self-focused emotional management and surface acting require the employee to disguise

their real feelings in front of people and act like others would expect given a specific job

description. Similarly, other-focused emotional management and surface acting both

encompass the intent to use one's own actions to evoke a desired feeling from another.

Pugliesi found that, though both self-focused and other-focused emotional labor resulted

in negative effects for the employee, those performing self-focused emotional labor

experienced more pervasive negative effects that were stronger in magnitude than did

those who performed other-focused emotional labor. Pugliesi's expansion of the

emotional labor research, which includes examining emotional labor aimed at

coworkers–not only clients and customers–has helped future researchers by highlighting

the multidimensionality of the construct that had previously been limited to the workers'

interactions with customers and their determinations to manage their own emotions.

The rate of research on emotional labor greatly increased between 1995 and 2000.

In 1995, approximately 540 articles had been written on the topic and by 2000 that

number had grown to over 1750 articles (Grandey et al., 2013). However, even with the growth in the emotional labor research, there was not a predominant framework nor an agreed upon definition of the construct when Grandey and her colleagues began publishing work in the area. Grandey (2000) sought to change this reality by comparing the previously documented perspectives of emotional labor to provide a definition that encompassed these perspectives and a guiding theory that would enhance understanding of the construct. Grandey (2000) reminded her readers that, prior to the early 1990s, emotions as they pertained to organizational behavior had been disregarded because they did not belong in the workplace where sound judgment was the goal. However, this thought is no longer prevalent and models of how employees' various emotional interactions may impact their job performance have been developed (Arvey et al., 1998). These models include how organizations seek specific behaviors and emotions from their employees to maximize job fit (Barry et al., 2019; de Castro AB et al., 2004; Hülsheger & Schewe, 2011).

Grandey (2000) looked at the similarities between Hochschild's (1983), Ashforth and Humphrey's (1993), and Morris and Feldman's (1996) research and found the same underlying theme: Individuals can regulate the way they express their emotions while at work. Grandey (1999) defined *emotional labor* in her dissertation as "the employee's effort to regulate emotional expression in response to organizational demands." Shortly thereafter, Grandey refined the definition of *emotional labor* as "the process of regulating both feelings and expressions for the organizational goals" (Grandey, 2000, p. 97). Both definitions, whether the employee's effort or a process, considered the employees' ability to regulate their internal feelings (deep acting) and observable expressions (surface

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acting) and provided a useful way of operationalizing the emotional labor construct.

Grandey's contributions to the research in emotional labor have acknowledged previous

philosophies and brought new observations into the realm of what it means to exert

emotional effort to conform to a job position. Grandey's hypotheses and findings

surrounding deep acting and surface acting as they relate to employees' awareness of

display rules, job satisfaction, emotional exhaustion, and affective delivery left an impact

on the emotional labor research as evidenced by over 2400 citing references (Grandey,

2003). Grandey has taken interest in studying the many ways that emotional labor

directly impacts the employees and this data has made it possible for future researchers to

examine new but connected features of the paradigm.

Around the same time as Grandey began to publish articles related to emotional

labor, Brotheridge (2001) began to study the effects of stress in the workplace and how

coworker support, workload, and emotional exhaustion serve as direct deterrents of work.

Brotheridge and Grandey joined together and provided research that gave insight into the

emotional components of work that comprise burnout (Brotheridge & Grandey, 2002).

Brotheridge and Grandey (2002) defined two types of emotional labor: job-focused and

employee-focused. *Job-focused emotional labor* represented the level of emotional

demands in an occupation including frequency of interactions and expectations of the job;

employee-focused emotional labor represented the employees' process of managing

emotions/expressions to meet the demands of the job (Brotheridge & Grandey, 2002). For

example, employees with service work job titles (e.g., service, sales, caring professions)

tend to have higher levels of burnout because of the amount of emotional labor expected

and expended than do other employees (e.g., administrator, manager, physical laborer,

etc.). The employee-focused emotional labor is personal to the employee as he/she must perform surface acting to meet the requests/demands of the employer.

Prior to Brotheridge and Grandey's (2002) study, there had been no known studies that had examined different occupations using the various definitions of emotional labor that recorded the construct as a predictor of burnout. This contribution to the emotional labor research and burnout research was meaningful because it gave researchers insights to a broader range of occupations compared to "service workers" only. The results of Brotheridge and Grandey's study suggested that there are emotional differences in the nature of "people work" and the frequency of contact with customers/clients should not be viewed as the primary predictor of emotional exhaustion or burnout. Lastly, by comparing job-focused and employee-focused emotional labor, Brotheridge and Grandey successfully supported Hochschild's (1983) findings regarding surface acting and deep acting. They found evidence that faking or pretending was positively related to exhaustion and detachment, whereas deeper emotional work and feeling the emotions displayed were positively related to a sense of accomplishment (Brotheridge & Grandey, 2002).

It became clear that employees across service professions had been performing deep acting and surface acting, but the answers to when, why, and to what purpose employees performed emotional labor was not absolute in the literature. Brotheridge and Lee (2003) attempted to answer these basic questions when they expressed that employees performed emotional labor "when they regulate their emotional display in an attempt to meet organizationally-based expectations specific to their roles" (Brotheridge & Lee, 2003, p.365). Brotheridge and Lee examined the empirical research and theories

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of emotional labor that had been collected between 1979 and 1996 (Ashforth &

Humphrey, 1993; Hochschild, 1979; Morris & Feldman, 1996) and used that data as the

basis for the development of the *Emotional Labour Scale* (ELS). It took several years to

fully develop the ELS, as evidenced by the authors' initial presentation of its

development at the First Conference on Emotions in Organizational Life in August, 1998

(Brotheridge & Lee, 2003). This Emotional Labour Scale, in its final format, consisted of

15 items that reflected a single construct and remained neutral in wording (Brotheridge &

Lee, 2003). There had been a few researchers who had developed instruments to measure

emotional labor prior to 2003 (Kruml & Geddes, 2000; Wharton, 1993). However, none

of the instruments were designed to measure emotional labor as a multifaceted construct

until Brotheridge and Lee sought to measure surface acting and deep acting as two

separate dimensions. They accomplished this by developing and validating the Emotional

Labour Scale.

In 2008, Guy, Newman, and Mastracci wrote the book *Emotional Labor: Putting

the Service in Public Service*. Again, reaching back to the foundational work of

Hochschild (1983) emotional labor was identified as a performance, an expectation, and a

part of public service (Guy et al., 2008). Emotional labor was once again described, but

not explicitly defined. Guy et al. (2008) felt that the English language came up short

when trying to define emotional labor because of its many characteristics and

dimensions; however, they endeavored to give the practitioners who exercised these skills

daily (i.e., 911 call center operator, counselor, prison guard, etc.) a voice through their

research. They uniquely conceived emotional labor as "relational in nature" (Guy et al.,

2008, p. 3). They further stipulated that emotional labor is "…essential for job

completion and is a prerequisite for quality public service" (Guy et al., 2008, p. 3). These behaviors require workers to manage their emotions to effectively continue their working relationships.

Amy Wharton referred to emotional labor as "the process by which workers are expected to manage their feelings in accordance with organizationally define rules and guidelines" (Wharton, 2009, p.147). Wharton (2009) recognized that research in emotional labor had exploded since its conception in 1983 when Hochschild wrote *The Managed Heart,* but felt the research had not provided enough theoretical guidance in the area. Possibly, the literature needed more theoretical guidance because the research on emotional labor had begun to extend to a wider variety of occupations and its innumerable related concepts, such as job burnout, gender, job requirements, personality, etc. had emerged (Wharton, 2009). The research field surrounding emotional labor was and continues to have fruitful avenues for deeper investigation; nevertheless, theoretical guidance is crucial (Wharton, 2009).

Hülsheger and Schewe (2011) recounted several theoretical frameworks (Côté, 2005; Grandey, 2003; Rubin et al., 2005) in a quantitative meta-analysis which stood to help future researchers expand the literature on the consequences of emotional labor. Yet emotional labor remained undefined and described only by three of its central facets: deep acting, surface acting, and emotional dissonance. This proved to be further evidence that a clear definition of emotional labor had not been provided in the literature, even after thirty years of research.

The research within the construct of emotional labor branched into specifically related areas (i.e., emotion regulation, self-monitoring, self-control, emotion

management, emotional exhaustion, etc.) after its conception by Hochschild (1983).

Fewer attempts to specifically define *emotional labor* were made and the experts' previously stated definitions were simply recycled, re-worded, and shortened following the emotional labor research explosion between 2005 and 2010. The definition(s) of emotional labor became simple statements within the related published research and fewer researchers sought to specifically define the construct. For example, Grandey, Rupp and Brice, who have conducted extensive research, developed theories, taught classes, and wrote books, articles, and chapters around emotional labor, simply referred to emotional labor as "the management of emotional displays as part of one's work role" as they sought to expose the price of emotional labor upon workers. Grandey and Sayre (2019, p. 1) explained that emotional labor "encompassed a process that includes (a) explicit emotional requirements (i.e., display rules) and (b) the effortful strategies needed to meet those requirements (i.e., emotion regulation)" again describing the elements of emotional labor more so than defining it.

All the specific definitions and operationalizations presented by the expert researchers in emotional labor can be summed to reflect the impact on the employees, employers, co-workers, customers/clients, and the combinations thereof. Emotional labor is an integral part of public service. It is not often seen with the human eye but it is felt within the persons performing it and the people who observe it, though it may be perceived differently by the two.

As the concept of emotional labor continues to advance, the appreciation of emotional labor as a multidimensional construct migrates across disciplinary boundaries. Researchers from numerous fields of study (e.g., education, health services, psychology,

and sociology) have endeavored to explain how emotion connects workers to employers, co-workers, and customers (Bellas, 1999; Chang, 2009; Chen et al., 2019). A deeper and more complex understanding of the components of emotional labor has grown as the various disciplines have conducted research and developed theories (Grandey & Gabriel, 2015).

Seminal Works Guide Research Focus

Scientific constructs typically progress following three developmental stages: 1) concept introduction and elaboration, 2) concept evaluation and augmentation, and 3) concept consolidation and accommodation (Reichers & Schneider, 1990). Arlie Hochschild (1983) introduced emotional labor approximately forty years ago. Afterward, researchers and scholars elaborated on emotional labor by presenting data that legitimized the construct and educated others (James, 1989; Rafaeli & Sutton, 1987). Ashforth and Humphrey (1993) took a behavioral approach examining emotional labor and Morris and Feldman (1996) expanded the emotional labor concept by identifying specific dimensions leading emotional labor into the second stage, concept evaluation and augmentation. The rapid growth of the service sector—which grew by more than threefold in many Western countries—from 1850 to the mid 1980s contributed to the extensive augmentation of the construct (Urquhart, 1984; Wachter, 2001). The pattern of evaluating and expanding the construct of emotional labor to include a multitude of moderators and mediators such as display rules, affect, gender, age, emotional dissonance, etc. placed the construct deep into the second developmental stage. A general agreement appeared to emerge in the literature that emotional labor encompassed managing emotions at work to conform to organizational rules but, there has been less

agreement on how to best measure or operationalize the construct (Bono & Vey, 2005). The few published meta-analytic studies placed the construct in Reichers and Schneider's (1990) third developmental stage, concept consolidation and accommodation, according to the definition. However, researchers who have studied emotional labor for well over a decade described the construct as being at a crossroad with a need for new innovative methodological approaches (A. A. Grandey & Gabriel, 2015).

Numerous researchers have examined the construct of emotional labor, but the thousands of articles get blurry if the focus of the research is not sharply outlined. Grandey et al. (2013) organized the seminal works into three perspectives: (1) emotional labor as occupational requirements (2) emotional labor as emotional displays, and (3) emotional labor as intrapsychic processes. The field of sociology captures the occupational perspective, the field of organizational behavior captures the emotional displays perspective, and the field of psychology captures the intrapsychic processes (A. Grandey et al., 2013). Close consideration of each perspective provides guidance for the structure of emotional labor research.

Emotional Labor as an Occupational Requirement. Emotional labor as an occupational requirement was first discussed by the sociologist who coined the term, Arlie Hochschild (1983). The central belief surrounding emotional labor as an occupational requirement is that the employees who work in jobs requiring frequent interactions with the public must follow the expected display rules in exchange for a wage (A. Grandey et al., 2013). Hochschild (1983, 2003) reported twelve standard occupational groups of which six contained many of the jobs that required emotional labor in *The Managed Heart*. A 2019 report by the U.S. Bureau of Labor Statistics

indicated 22 standard occupational groups, of which at least twelve contained many of

the jobs that required emotional labor as Hochschild predicted in 1983 (US Government,

2020). Many of these occupational groups are expected to continue to grow by as much

as 22.6 percent by 2029 (i.e., healthcare support occupations, community and social

service occupations, and personal care and service occupations) indicating a need for

continued understanding of how emotional labor impacts the workforce (US

Government, 2020).

Emotional Labor as Emotional Displays. The second perspective, emotional labor

as emotional displays at work, stems from organizational behavior theories which

recognize how people act and interact within organizations. Rafaeli and Sutton (1987)

stressed that emotion plays a complex role in organizational life and pointed out that

observable expressions such as smiling and acting "friendly" do not necessarily indicate

well-being, but rather may be part of the job role. These "performances" presented by the

employee refer to observable behaviors and not internal feelings; therefore, the

performances are linked to display rules more so than feeling rules (Ashforth &

Humphrey, 1993; A. Grandey et al., 2013; Rafaeli & Sutton, 1987). The central belief

surrounding emotional labor as organizationally-required displays is that the performance

can be accomplished without having to manage feelings (Ashforth & Humphrey, 1993).

The employers manage or control the employees' emotional displays through

organizational, occupational, and social norms (A. Grandey et al., 2013; Rafaeli &

Sutton, 1987). The seminal work in emotional labor made note that the actions of

emotional labor, whether cheerful, gloomy, hostile, or a combination thereof, are part of

the work role (Rafaeli & Sutton, 1987). Rafaeli and Sutton (1987) recognized two

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sources of expectations of job roles: the organizational context and emotional transactions. The *organizational context* is made up of the organizations' formal and informal practices including recruitment and selection techniques, socialization, rewards, and punishments that are used to influence the employees' presentation of emotion whereas the *emotional transactions* occur when employees display emotions, note the reaction of "target" persons, and adjust their emotions accordingly creating an interaction between the two parties (Rafaeli & Sutton, 1987). According to Grandey et al. (2013), the result of emotional labor as emotional displays at work is either emotional harmony (the feelings and displays match the job role expectation) or emotional deviance (the emotional expressions do not match the job role expectation). Emotional labor as emotional displays at work differs from emotional labor as an occupational requirement by proposing that emotional labor benefits the employee through physical and financial well-being though research does not consistently support this notion (Grandey et al., 2013).

Emotional Labor as Intrapsychic Processes. Lastly, emotional labor through the perspective of intrapsychic processes is a person-focused view that pulls from psychological literature and centers on the internal experiences of employees, how they manage their emotions at work, and the state of their personal well-being (A. Grandey et al., 2013). The seminal works with this focus of emotional labor include Morris and Feldman's (1996) definition of emotional labor as "the effort, planning, and control needed to express organizationally desired emotion during interpersonal transactions" (p. 987), and their examination of the psychological consequences that employees face while performing emotional labor such as emotional exhaustion and job satisfaction. Morris and

Feldman provided a more complex conceptualization of emotional labor that included a framework of four distinct dimensions rather than using the previous simple structure of determining whether emotional labor is either present or absent in service jobs. Grandey (2000) discussed emotion regulation as a guiding theory for better understanding and operationalizing emotional labor and included surface acting (managing observable expressions) and deep acting (managing feeling) to do this. These two concepts, together with emotional dissonance build the three primary concepts of the perspective of emotional labor as intrapsychic processes (A. Grandey et al., 2013).

The seminal works of the pioneers of emotional labor (Ashforth & Humphrey, 1993; Grandey, 2003; Grandey et al., 2013; Hochschild, 1983, 2003; Morris & Feldman, 1996; Rafaeli & Sutton, 1987) provided conceptual context, measurement methods, empirical evidence, and theoretical background for the continuation into the study of emotional labor. The differences of how this valuable information was obtained and presented is reflected by whether the construct is viewed from the perspective of occupational requirements, emotional displays, or as intrapsychic processes. Nevertheless, emotional labor is not fully revealed in any *one* of the three perspectives but is a result of the dynamic interactions among all three perspectives (A. Grandey et al., 2013). Grandey et al. (2013) advised researchers to utilize all three perspectives (i.e., occupational, emotional displays, and intrapsychic processes) in their own research approaches to present results with broad inferences for the field of emotional labor.

A Closer View of the Dimensions and Measurement of Emotional Labor

  Hochschild's two-dimensional structure. Kruml and Geddes (2000) asked basic questions, which required complex answers, regarding emotional labor such as, "What

are emotional labor's defining characteristics?" "How can it be measured?" and "Is emotional labor harmful or healthy for service workers and their companies?" The responses to these questions helped to better define, identify, measure, and conceptualize emotional labor. The researchers who have sought to distinctly define emotional labor have provided structures, dimensions, and conceptualizations around the construct.

Most of the work carried out on emotional labor begun with Hochschild's definition which states that the employees who display emotional labor either have face-to-face or voice-to-voice contact with the public and are required by the nature of their job to produce a feeling, thought, or act from the client or customer (Hochschild, 2003; Kruml & Geddes, 2000). Hochschild's (1983, 2003) extensive ethnography of Delta Airline flight attendants led to the vivid description of a *two-dimensional structure* of emotional labor: surface acting and deep acting. Simply put, surface acting is shaping the outward appearance; whereas, deep acting is creating the inner shape of a feeling (Hochschild, 1983, 2003). However, the elements of surface acting and deep acting are not simple, but instead are considerably complex concepts which represent how employees manage their emotions and observable expressions to meet the demands of their work roles (Brotheridge & Grandey, 2002; A. A. Grandey, 2000).

Surface acting has been described as a "put on" and not a real "part" of the person as with an actor in a theatre (Hochschild, 1983, 2003). Others have described surface acting as faking in good faith (Rafaeli & Sutton, 1987), simulating emotions that are not truly felt (Ashforth & Humphrey, 1993), and even suppression of truly felt emotions (Hennig-Thurau et al., 2006). Surface acting may be accomplished by conscientious presentation of verbal and nonverbal cues, such as facial expressions (i.e., smiles,

grimaces, rapid eye movements), gestures (i.e., hand-shaking, waving, crossed arms), and voice tone (i.e., friendly yet professional, empowering, firm) (Ashforth & Humphrey, 1993). Hochschild (1983, 2003) was clear that though the employees may be deceiving the customers, they are not deceiving themselves when they perform surface acting. One of the flight attendants, interviewed by Hochschild (1983), gave a perfect real-life example of how she used surface acting in her job:

> Even though I'm a very honest person, I have learned not to allow my face to mirror my alarm or my fright. I feel very protective of my passengers. Above all, I don't want them to be frightened. If we were going down, if we were going to make a ditching in water, the chances of our surviving are slim, even though we [the flight attendants] know exactly what to do. *But I think I would probably* – and I think I can say this for most of my fellow flight attendants – *be able to keep them from being too worried about it.* I mean my voice might quiver a little during the announcements, but somehow I feel we could get them to believe . . . the best.
>
> (p. 107)

In the above scenario, the flight attendant regulated his/her emotions to adapt to a specific situation and to display an emotion—calmness—that was not truly felt (Ashforth & Humphrey, 1993). However, situations may not be the actual trigger for an emotion because the same situation, under the direction of different goals, will not necessarily prompt the same emotion (Newberry, 2013) For example, the flight attendant most likely felt deeply concerned for the customers' welfare though his/her displayed emotions appeared less concerning and more reserved. This differs from a situation such as a salesperson who unthinkingly greets a customer may appear cheerful and excited but is

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not deeply concerned with the customer's welfare (Ashforth & Humphrey, 1993). Regardless of the situation at hand, the employee performed surface acting as a response-focused form of emotional regulation that does not involve an adjustment of one's actual feelings but rather to the management of their emotional expression (Hülsheger & Schewe, 2011). People regulate their emotions for various reasons and in response to various situations, including forcing emotions that are not naturally prompted. For instance, people regulate emotion for protective purposes such as suppressing emotions to shelter oneself from vulnerability, or concealing emotions so as not to hurt the feelings of others (Newberry, 2013).

Surface acting requires effort because it involves the continuous monitoring of genuine and desired emotions for changing the emotional expression or response (Hülsheger & Schewe, 2011). Data from several studies have suggested that this effort to constantly regulate one's emotions and subsequently alter outward expressions (surface acting) drains mental resources, increases emotional strain, leads to emotional exhaustion, and may be harmful to one's overall well-being ((Brotheridge & Grandey, 2002; Côté, 2005; Hülsheger & Schewe, 2011; Martínez-Iñigo et al., 2007).

Surface acting is often seen played out in service-related positions as described and defined by Hochschild (1983, 2003); however, it is implemented in private life, in public places, and for many reasons. In 1959, Goffman published a book *The Presentation of Self in Everyday Life* in which he described how people express themselves while in public. Goffman (1959) named two types of communication— expressions given and expressions given off—and he primarily addressed the latter which is a theatrical, contextual, non-verbal, and presumably unintentional expression that may

be purposely contrived. Goffman took great care to describe scenarios in detail such as the vacationing Englishman, Preedy, who appeared on the beach of his hotel carrying a Spanish translation of *Homer*, looking over people instead at them, smiling only when something happened to surprise him with a desire to present himself as "kind" as he strolled along the sand and into the water allowing others to admire his swimming abilities (Goffman, 1959). Goffman does not specifically call such behaviors *surface acting*; yet, fragments of his vivid descriptions are closely related to what Hochschild (1979) described as surface acting. Hochschild (1979) critiqued Goffman's writings and found his concept of acting to be problematic claiming that though Goffman posits *one* type of acting—the direct management of behavioral expression—his graphic illustrations described *two* types of acting: the direct management of behavioral expression and the management of feeling from which expression can follow. Hochschild (1979) called this second type of acting "deep acting" and noted that Goffman failed to distinguish it from the first type which underestimates the power of social factors.

The second dimension of Hochschild's *two-dimensional structure* of emotional labor is deep acting. Deep acting differs from surface acting by working from the "inside out" instead of from the "outside in" (Meanwell et al., 2008). This type of acting becomes authentic and deep within the person exhibiting the behaviors and often they deceive themselves as much as they deceive others, which is different from surface acting wherein 'others' may be deceived but the 'actor' is not deceived (Hochschild, 1983). Frequently, in the literature, deep acting has been linked to dramaturgical actors (Hochschild, 2003; Kruml & Geddes, 2000; Stanislavsky, 1936). Constantin Stanislavski, Russian actor, and director, explained how this type of acting is in the realm of emotions

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and not of reason and developed a theoretical system around many of the same elements that Hochschild (1983) described as deep acting (i.e., feeling deeply, obtaining power to convince, sincere smiles, and sincere conversations). Stanislavski (1936) captured the essence of deep acting in *An Actor Prepares* by describing a personal experience:

> At a party one evening, in the house of friends, we were doing various stunts and they decided, for a joke, to operate on me. Tables were carried in, one for operating, the other supposedly containing surgical instruments. Sheets were draped around, bandages, basins, various vessels were brought. The "surgeons" put on white coats and I was dressed in a hospital gown. They laid me on the operating table and bandaged my eyes. What disturbed me was the extremely solicitous manner of the doctors. They treated me as if I were in a desperate condition and did everything with utmost seriousness. Suddenly the thought flashed through my mind: "What if they really should cut me open!" The uncertainty and the waiting worried me. My sense of hearing became acute and I tried not to miss a single sound. All around I could hear them whispering, pouring water, rattling instruments. Now and then a large basin made a booming noise like the toll of a funeral bell. "Let us begin!" someone whispered. Someone took a firm hold on my right wrist. I felt a dull pain and then three sharp stabs…I couldn't help trembling. Something that was harsh and smarted was rubbed on my wrist, then it was bandaged, people rustled around, handing things to the surgeon. Finally, after a long pause, they began to speak out loud, they laughed, congratulated me. My eyes were unbandaged and on my left arm lay . . . a new-born baby made out of my right hand, all swaddled in gauze. On the back of my hand they had painted a silly, infantile face. (pp. 283–284)

Stanislavski was not play-acting during this experience. He was truly afraid at moments, and though these feelings were self-induced, the emotion became a part of him—a reality formed in his subconscious that took effort (Hochschild, 2003; K. Stanislavsky, 1989). Those who prepare to be actors have used The Stanislavski Method/Technique since the early 1900s demonstrating that these refinements can be taught, learned, and developed to meet the needs of organizations. Hochschild (2003) observed similarities between the Recurrent Trainings for Delta Airlines flight attendants and the trainings used in acting classes; however, the purpose for which the techniques were used were different—to be sold for a wage.

The ability to alter feelings is a fundamental property of deep acting. Employees are trained, or socially engineered, to present themselves in such a way that the customers/clients believe the encounters (i.e., smiles, kind words, description of the product) that they witnessed were truly meant for them (Hochschild, 1983). The customer may say things such as, "They must trust in their own product to sell it that well" or "You can tell their work is important to them." Hochschild (1983) observed diplomats and actors being the best at using deep acting, and young children being the worst. This notable distinction suggested that one can learn the skill of deep acting and how to align inner feelings to displayed emotions (Brotheridge & Lee, 2002). Deep acting is more than naïve pretending and requires persistent training to yield a sincere presentation of honesty and authenticity to the customer/client of an organization. A successful display of deep acting has been described as the most generous gesture of self-persuasion (Hochschild, 1979).

Although deep acting may be expressed in personal and family interactions, it is more expected to be experienced as part of the job (Hochschild, 1979). Workers decide whether to participate in surface acting and/or deep acting and to the degree in which to do so. Both concepts (i.e., surface acting and deep acting) refer to the *effort* or act of attempting to display the suitable emotion to match the situation, not to the outcome (Ashforth & Humphrey, 1993; Hochschild, 1979). The outcome of emotional labor refers to the quality of the effort displayed by the employee (Ashforth & Humphrey, 1993; Hochschild, 1979). The customer decided during/after an interaction with an employee whether the actions witnessed were genuine or not; therefore, the customer assigned the degree of service quality received. Thus, organizations have attempted to control the emotional displays of their employees using rewards and punishments to help ensure high quality of customer service (Abraham, 1998). Organizations use rewards to maintain employees' behaviors and punishments are used to alter employees' behaviors (Rafaeli & Sutton, 1987).

Deep acting requires more effort than surface acting because the person must change internal emotions rather than outwardly use charming facial expressions (Kammeyer-Mueller et al., 2013). Hochschild (1983) acknowledged that deep acting has an edge over surface acting in its power to persuade customers and therefore employers are justified in their investment for the time spent training their employees how to utilize deep acting. An employee who has chosen to utilize surface acting may have a strong or a weak concern for the customer/client depending on the situation; however, the conscious effort needed to perform deep acting tends to be more consistent with a strong concern for the customer/client (Ashforth & Humphrey, 1993).

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Additional dimensions of emotional labor have been recognized since its founding author, Hochschild (1983), introduced the construct and defined it through surface and deep acting and these are worthy of discussion.

Ashforth and Humphrey's Perspective Included Genuine Emotions. Ashforth and Humphrey (1993) reviewed and broadened the scope of Hochschild's two-dimensional model. They agreed that service providers expended effort to comply with the expected norms through surface acting and deep acting, as Hochschild (1983) had described; however, they noted that these workers also used expressions of spontaneous and *genuine* emotion (Ashforth & Humphrey, 1993). Hochschild (1983) discussed authenticity in *The Managed Heart*, but she did not refer to it as a third dimension. The use of genuine emotions contends that the worker may conform to the expected norms, display rules, without having to actively perform or manage their feelings. Ashforth and Humphrey noted that a worker "may naturally feel what he/she is expected to express without having to work up the emotion" (1993, p. 94), such as a nurse feeling compassion at the sight of a hurt baby.

Ashforth and Humphrey included the "expression of genuine emotions" (1993, p.88) in their definition of emotional labor. Glomb and Tews (2004) recognized the role of genuinely felt displays of emotions and included the concept in their emotional labor framework used to develop the Discrete Emotions Emotional Labor Scale (DEELS). Diefendorff, Croyle, and Gosserand (2005) investigated the dimensions of emotional labor and found the expression of naturally felt emotions to be a unique dimension and suggested that researchers incorporate it into emotional labor research. They went as far as to imply that surface acting and deep acting may be compensatory strategies that

service workers use only when they are unable to display naturally felt emotions (Diefendorff et al., 2005).

Other terms such as *emotional harmony* (Rafaeli & Sutton, 1987), display of *appropriate* emotion (Ashforth & Humphrey, 1993), and *naturally* felt emotions (Diefendorff et al., 2005; C. Yang et al., 2019) are used in the literature to describe when service workers display what they feel without faking or acting. Yang et al. (2019) noted the expression of genuine emotions to be the most common strategy for emotional labor, and Jordan et al. (2008; as cited in Yang et al., 2019) noted genuine emotion to be the most effective form of emotional labor.

However, most emotional labor conceptualizations hold to the two originally defined dimensions—surface acting and deep acting—since both involve "acting" and require some degree of self-management (Brotheridge & Lee, 1998, 2002; Grandey, 2003; Mann, 1999; Van Dijk et al., 2011). Another view of the display of genuine emotion is that it is not considered a dimension at all because the service worker is not "acting" and therefore management of their emotions is not required (Asumah et al., 2019). Instead, it is simply an act of displaying on the outside what is felt on the inside. Lastly, the expression of genuine or naturally felt emotions may be ignored altogether. The shortage of empirical research may explain why some authors ignore it altogether (Walsh, 2019).

Morris and Feldman's Four-Dimensional Structure. Deep acting and surface acting established the core of emotional labor; however, researchers broadened the construct to include a myriad of dimensions. Morris and Feldman (1996) argued that emotional labor has four distinct dimensions:

- frequency of appropriate emotional display,

- attentiveness to required display rules (duration and intensity of emotional display),

- variety of emotions to be displayed, and

- emotional dissonance.

Frequency of emotional display is a dominant feature of emotional labor and one of the most examined components in emotional labor research. However, the frequency of occurrence alone does not consider the level of planning, control, or skill needed for the employee to successfully display appropriate emotions (Morris & Feldman, 1996). If researchers measured only the frequency dimension, other vital components would not be captured; therefore, Morris & Feldman (1996) added the three additional dimensions for measurement consideration.

The second dimension, attentiveness to required display rules, referred to the attention to the display rules required by the job position. Employees whose jobs required higher psychological energy and physical effort had increased levels of attentiveness to the display rules that surrounded their position; therefore, they also had increased emotional labor (Morris & Feldman, 1996). Two characteristics impacted the thought of attentiveness to required display rules–the duration of interactions between employee and customer and the intensity of an emotion experienced or expressed (Morris & Feldman, 1996). Previous research comparing duration and frequency of interactions between employees and customers have shown a positive relationship–short durations of interaction require less intensity and longer durations of interaction require more intensity of emotions (Frijda et al., 1992; Morris & Feldman, 1996; Rafaeli, 1989). It is reasonable

to imagine that the longer the employee and customer interact, more emotional labor will be required because the interactions tend to become less scripted and more personal (Morris & Feldman, 1997). For example, clerks at convenience stores typically have scripted formats to follow (e.g., short smile, simple thank you, "come again"), but physicians typically have less scripted and more personal formats to follow (e.g., "how are you today," "when did these symptoms appear," "describe to me how you cope").

The third dimension described by Morris and Feldman (1996) was the variety of emotions required to be expressed. Different job types as well as different tasks within specific jobs influence the variety of emotions an employee is required to display at any given time. Service providers whose positions require them to change their emotional responses from task to task, day to day, or within the same workday require more psychological energy to meet the demands of the job (Morris & Feldman, 1996). For example, some service positions (professors, therapists, medical personnel, etc.) may be expected to have positive emotions to build motivation and courage, have neutral emotions to complete required paperwork and schedule appointments, and have negative emotions to support disciplinary measures and enforce corrective behaviors (Morris & Feldman, 1996; Sutton, 1991).

The fourth dimension described by Morris and Feldman (1996), emotional dissonance, referred to the conflict between the employees' genuinely felt emotions and those desired by the organization to be displayed. Though several researchers (Kruml & Geddes, 1998; Zerbe, 1998) supported the importance of the relationship between emotional labor and emotional dissonance, only Morris and Feldman considered it a dimension of the emotional labor construct. Grandey (2000) disagreed and viewed

emotional dissonance as a consequence instead of a dimension. Grandey stated that emotional dissonance does not fit Morris and Feldman's definition because it is a state of being instead of an effortful process and that dissonance does not account for all the ways employees manage their emotions at work. Lazányi (2010) noted that emotional dissonance should be clearly distinct from emotional labor altogether since it is the consequences of emotional dissonance (defined as discrepancy between expected/displayed and real emotional states) that may lead to harm for the employees, not the emotional labor.

Morris and Feldman's (1996) basis for defining the four dimensions of the construct of emotional labor remained consistent: the level of planning, control, and skill required to present appropriate emotional display in the work setting. The four dimensions are directly and indirectly related to one another, but together comprise the concept and define the meaning of emotional labor from the perspective of Morris and Feldman. Morris and Feldman's multidimensional conceptualization of emotional labor provided theoretical evidence that emotional labor need not be simply present or absent nor equally damaging to all employees.

In 1997, Morris and Feldman described a three-component conceptualization that included frequency, duration, and emotional dissonance, in a survey research study. These three components were closely related to the four dimensions they described the year before; however, the variety of emotions displayed (third dimension) was not indicated as a component but a "range" was suggested as a possible dimension (Morris & Feldman, 1997).

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Kruml and Geddes Dimensions of Emotional Labor. Kruml and Geddes (2000) examined Morris and Feldman's (1997) outlined approach to three dimensions and claimed there were conceptual and methodological concerns regarding how the dimensions were identified. Kruml and Geddes (2000) questioned the content validity and construct validity of Morris and Feldman's measure. They claimed that the three components did not conceptually link to their stated definition of emotional labor and they used exclusively a priori assumption and conceptualization in determining both the number of the dimensions and the corresponding items (Kruml & Geddes, 2000). For example, they argued that frequency and duration of service encounters may present more like job characteristics that affect how the employees perform than as emotional labor itself (Kruml & Geddes, 2000). The example of how a fast food worker who spends just a few minutes with each customer may fake emotions more than a hospice nurse who spends an hour with a patient made their point clearer (Kruml & Geddes, 2000).

Instead, Kruml and Geddes (2000) chose to use Hochschild's (1983) framework as their starting point to define the dimensions of emotional labor. However, Kruml and Geddes construed Hochschild's two-dimensional structure (i.e., surface acting and deep acting) as three-dimensional by noting surface acting as one dimension, but dividing deep acting into two separate dimensions–active deep and passive deep. This framework led to Kruml and Geddes's development of a measure of emotional labor and in the process supported a new two-dimensional view of emotional labor, *emotive effort,* and *emotive dissonance*. The two constructs, emotive effort (the emotional effort exerted by employees to display situationally appropriate emotions) and emotive dissonance (the difference between felt and feigned emotions) were found to act distinctly regarding

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antecedents and outcomes associated with emotional labor (Kruml & Geddes, 2000). For example, Kruml and Geddes found that men, older employees, and those not emotionally attached to customers were more likely to experience higher levels of emotive dissonance; and older employees, those given more training in how to express their emotions, and employees with less experience working with the public were more likely to exert more emotive effort to feel situationally appropriate.

Kruml and Geddes (2000) expounded upon Hochschild's (1983) two-dimensional structure and further validated emotional dissonance as a dimension of emotional labor. More importantly, Kruml and Geddes identified an additional dimension, *emotive effort*, that had not previously been classified in the literature. Consequently, Kruml and Geddes proposed that their model of emotion labor would lead to varied personal and organizational outcomes and further emotional labor research by exploring contradicting findings involving emotional exhaustion, personal accomplishment, depersonalization, job involvement, and related concepts.

Grandey's Conceptual Model of Emotional Labor (Emotion Regulation). In 2000, Alicia A. Grandey closely examined three prominent studies of emotional labor (Ashforth & Humphrey, 1993; Hochschild, 2003; Morris & Feldman, 1996) and found that they all discussed surface acting and deep acting, and, though they had vastly different perspectives, they had one underlying theme: People can regulate their emotional expressions at work. Furthermore, Grandey (2000) recognized the benefits of using surface acting and deep acting as defining dimensions of emotional labor since each has positive or negative outcomes. For example, a service worker may choose to employ surface acting techniques (e.g., fake smile, agreeable countenance, nod) with a difficult

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client to create a pleasant atmosphere and afterward find themselves satisfied with the outcome of a happy client and a job well-done as required by the organization. On the other hand, the service worker may feel anxiety and depression because they knew they were "faking," whether the client knew it did. The same positive or negative outcomes can occur when the service worker chooses to employ deep acting techniques. These emotional outcomes allow researchers to explain various results obtained through studies and allow organizations to provide guided training and stress management programs (Grandey, 2000).

Considering the models previously proposed, none clearly explained *why* managing one's emotions should be related to the suggested outcomes. This thought lead to Grandey's (2000) proposal that the emotion regulation theory can easily be applied to emotional labor and can help explain *why* managing emotions are linked to the work-related outcomes (i.e., burnout and stress). The fact that emotions exist in the workplace is not disputed because people feel and behave; however, Grandey reminded readers that these emotions greatly impact the service worker and the workplace. Grandey acknowledged that the definition and operationalization of "emotion" remained unclear; however, Grandey felt it necessary for the newer field of emotional labor to learn from more established emotion theories. Surface acting and deep acting remained Grandey's primary variables in the conceptual model. However, these emotional displays are deeply affected by antecedents including: expectations of the interaction, emotional events, and perceived long-term consequences (Grandey, 2000).

Glomb and Tews Conceptualizations Used in the Development of the DEELS. Glomb and Tews (2004) developed a psychometrically sound instrument to measure

emotional labor, *Discrete Emotions Emotional Labor Scale* (DEELS). They acknowledged that in research it is the question that drives the theoretical orientation credited in the study; therefore, theoretical perspectives have merit and should be examined before conducting one's own research. Glomb and Tews considered three theoretical perspectives when developing the DEELS. These perspectives included the internal state of dissonance (discrepancy between the actual emotion displayed and the one felt), the internal process (self-regulation processes such as surface acting and deep acting), and behavioral display (the behavior associated with conforming with a display rule). Their research focused on the behavioral displays thus they purported that "emotional labor is the (1) expression of emotions and (2) non-expression of emotions, which may or may not be felt, in accordance with display rules" (Glomb & Tews, 2004, p.4). Though others have focused on the behavioral aspect of emotional labor, Glomb and Tews' framework differed in that it accounted for felt emotion that co-occurs with conformance to display rules, acknowledged that the behaviors exhibited may involve expressing appropriate emotions or not expressing inappropriate emotions, and recognized the role of genuinely felt emotions. In addition, their framework made a distinction between positive and negative emotions and included other forms of affect such as moods (Glomb & Tews, 2004). These specific aspects of Glomb and Tews' framework set it apart from others such as Morris and Feldman (1996), who did not specify the emotional state, and Mann (1999) who combined seventeen different emotional states.

Overview of Dimensions of Emotional Labor

The working definition and a solid conceptual framework of emotional labor must be established before the construct can be properly measured. There is general agreement in the literature that service workers often manage their emotions at work by using emotional labor strategies (i.e., surface acting, deep acting, genuine display of emotions) to conform to the organization's expectations but less agreement on how to measure these strategies (Bono & Vey 2005). Bono and Vey conducted a meta-analysis in 2005 and found that researchers measured emotional labor in different ways; some measured emotional labor by observable behaviors or performance of the workers, others by the internal dissonance between experienced and expressed emotions, and still others by deep acting or surface acting. The commonality of these measurement variables depicted emotional labor as an emotional regulation approach; however, emotional labor goes beyond simply modifying one's display of expressions to include the economic exchange of wages and rewards (Barry et al., 2019; A. A. Grandey et al., 2013). Therefore, the emotional labor construct may be better viewed as an "umbrella construct" comprised of interrelated factors (Barry et al., 2019).

Hochschild (1983) classified job types as an aspect of measurement and Morris and Feldman (1996) considered frequency, intensity, duration, and variety of interactions to measure emotional labor; however, these and other similar operationalizations turned the focus more toward job demands or job characteristics instead of emotional labor strategies (Bono & Vey, 2005). The extensive number of variations of emotional labor dimensions led to questions as to whether these variables are observable and measurable dimensions of emotional labor or instead antecedents and consequences of emotional

labor that would better be measured as latent variables (Bono & Vey, 2005; Morris & Feldman, 1996).

Early in the development of the emotional labor construct, Morris and Feldman (1996) contributed to the understanding that emotional labor is not just about whether or not an employee performs certain emotional strategies. Instead, Morris and Feldman proposed a multi-dimensional construct that examined the intensity, frequency, and variety of emotions displayed during emotional labor. However, these and other precise dimensions such as job demands, job characteristics, role requirements, and display rules made it difficult to distinguish between dimensions and antecedents (Bono & Vey, 2005).

The dimensions of emotional labor build the framework from which the construct can be defined and measured. Bono and Vey (2005) conducted a meta-analysis of the early research on antecedents and consequences (i.e., predictors and outcomes) of emotional labor and found four prominent dimensions: surface acting, deep acting, emotional dissonance, and emotional labor performance. Surface acting scales measured the extent employees faked the expected emotion; deep acting scales measured the extent employees changed their internal emotional states; emotional dissonance scales measured the employees' self-reported dissonance between their emotional displays and their actual emotional states; and emotional labor performance scales measured how well employees regulated their emotions when dealing with customers or clients (Bono & Vey, 2005; Diefendorff & Richard, 2003; A. A. Grandey, 2003). Often researchers found themselves between the fine lines within the described dimensions. For example, Abraham (1998) researched emotional dissonance as an independent dimension of emotional labor with its own antecedents, consequences, and moderators and found significant relationships with

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job autonomy, emotional exhaustion, job satisfaction, and social support. Abraham's research attested to Morris and Feldman's (1996) conceptualization of dissonance as a dimension of emotional labor. However, Grandey (2000) described dissonance as a "state of being" and explained that "experiencing dissonance does not comprehensively cover all the ways one may manage emotions at work" (p. 97) which makes it difficult to measure; therefore, Grandey questioned whether dissonance is an actual dimension.

Antecedents. The antecedents to emotional labor, or predicting factors, have been studied less than the consequences, or outcomes, of emotional labor (Bono & Vey, 2005). Historically, emotional labor antecedents have primarily been measured through organizational variables and/or individual (employee) variables. Organizational methods included such variables as explicitness of display rules, job characteristics (e.g., control, autonomy, routinization), organizational commitment, and social support albeit supervisor or coworker (Allen & John P. Meyer, 1990; Bono & Vey, 2005; Morris & Feldman, 1996). Individual (employee) characteristics included such variables as gender, age, motivation, commitment, affectivity, mood, tenure, personality type (e.g., introvert or extravert), and emotional stability (Bono & Vey, 2005; Chi & Grandey, 2019; Hochschild 1983; Kruml & Geddes, 2000; Schaubroeck & Jones, 2000). The researchers who incorporated these variables in their studies found varying outcomes depending on how they measured emotional labor (Bono & Vey, 2005).

Morris and Feldman (1996) hypothesized that the following antecedents have the greatest impact on the dimensions of emotional labor:

- explicit display rules from the organization (e.g., use of handbooks, trainings, and advertisements will increase the frequency that the employee will display emotional labor),

- close monitoring of the employee by the organization (e.g., secret shoppers and supervisors force the employee to comply with rules of the organization),

- gender (e.g., women tend to display emotion more often than men),

- routineness of the task or standard operating procedures (e.g., tasks required at fast food restaurants are more scripted and routine than other in other service jobs such as nursing resulting in difference of level of emotional labor displayed),

- power of the role receiver (e.g., high status guests receive more positive attention from the employees than do the typical guests), variations of the task at hand (e.g., medical residents working in the oncology department have to express a broader range of emotions than the laboratory technician reading the x-rays),

- form of interaction (e.g., face-to-face interaction between employees and customers require more control of emotions and therefore more emotional dissonance),

- job autonomy (e.g., employees who have higher job autonomy may be more likely to violate the organizational display rules if they do not agree with them)

- affectivity (e.g., the employees' positive or negative feelings regarding the organizations' display rules is directly linked to the emotional dissonance they feel during interactions).

The most studied antecedent of emotional labor has been display rules (Bono & Vey, 2005). Organizational display rules serve as the norms or standards for the appropriate

expressions of emotions expected at organizations (Ashforth & Humphrey, 1993; Gosserand & Diefendorff, 2005). Guidance from supervisors, expressions in trainings, handbooks, or scripts, and displays on bulletin boards normally establish display rules for dictating the emotions that employees should express (Gosserand & Diefendorff, 2005; Kruml & Geddes, 2000; Leidner, 1999).

Consequences. Regarding consequences of emotional labor, most research has focused on the negative psychological effects on employees (Morris & Feldman, 1996). However, with most facets of emotional labor, the more recent research findings indicated a wide range of consequences, both negative and positive.

Hochschild (1983) found many of the employees whom she interviewed from Delta Airlines resorted to use of drugs and alcohol, reported higher degrees of absenteeism, and had more complaints in general than non-service workers. Some researchers have examined the theory of self-labeling mental illness and found that workers in the service sector who found it difficult to react "appropriately" to expected social norms often felt that they were "going crazy" (Thoits, 1985). Adelmann (1989) asked table servers about their perceived consequences of emotional labor in their jobs and found that, overall, emotional labor had negative consequences for employees. She noted that employees in jobs that required high amounts of emotional labor reported significantly lower job satisfaction, lower levels of self-esteem and happiness, more depression, and poorer health reports. However, Adelman noted that the results could be inconsistent as proven by a response from one waitress who performed emotional labor and despised it while another performed emotional labor with pleasure and pride. This

would lead one to think the psychological and physical differences might bear much different outcomes depending on the internal attitude of employees.

Grandey (1999) found negative consequences including emotional exhaustion and depersonalization were significantly related to surface and deep acting. Also, surface acting was negatively related to personal accomplishment though deep acting was not. She noted that the various conceptualizations of emotional labor may help to explain the seemingly contradictory consequences or outcomes (Grandey, 1999). Possibly, this would lead one to think it may be the *type* of emotional labor used that influences the consequences.

As studies continued to evolve around emotional labor, more researchers noted positive relationships between emotional labor and its consequences and the reasons for them. Rafaeli and Sutton (1987) noted circumstances whereas emotional labor can bring positive consequence such as when the workers' expressed feelings are consistent with the emotions they experienced creating "emotional harmony." Wharton (1993) posited that the reason so many studies have presented negative effects was because all the studies had been conducted with the participants as "service workers" which makes it impossible to control for other features that could be the cause of the social-psychological outcomes. Wharton's study was designed to examine male and female workers in two organizations (hospital and bank) to identify the person and job conditions under which the use of emotional labor has negative consequences or a sense of well-being. Wharton found gender more complicated than Hochschild and others assumed. Hochschild (1983) noted that women tended to exhibit more negative consequences of emotional labor than men; however, Wharton did not note the same finding. Wharton's results contradicted

others' findings in that they suggested that service workers, whose jobs required them to interact with the public, were experienced in such jobs making some employees emotionally exhausted, but other workers satisfied in their positions. The reasons as to why the variations between the consequences of emotional labor exist are as common as the researchers who examined the concept, but it appears that person-job fit is a significant reason (Wharton, 1993). Zapf and Holz (2006) noted these equivocal effects of emotional labor on psychological well-being as proof that emotional labor is a multidimensional construct with dimensions having positive and negative health effects.

Occupational Stress

Stress is listed in the DSM-5 diagnostic category of "Trauma and Stressor-Related Disorders", which includes adjustment disorders and post-traumatic stress disorder (PTSD). The Health and Safety Executive in the UK defined work-related stress as being "the process that arises where work demands of various types and combinations exceed the person's capacity to cope" (Chirico, 2015). Work-related stress considers PTSD, burnout, adjustment disorder, depression, and anxiety (Chirico, 2015). Many questions remain regarding work-related stress, but an increase in stress-related psychological consequences have been seen by physicians for more than a decade (Chirico, 2015). These increases of stress can lead to deterioration in quality of care and a reduced workforce (Fimian et al., 1991).

How these phenomena of stress play out in workers' day-to-day work lives varies from person to person. It is distinctive for all people and for different job positions. Training on how to deal with job-related stress plays an important part. For example, professional socialization, where medical personnel are taught how to appear concerned,

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but not to the point of causing severe psychological distress, provided helpful coping strategies (Daniels, 1960; Rafaeli & Sutton, 1987). The theory of person-job fit proves beneficial for many workers. Rafaeli and Sutton (1987) described a lack-of-fit between the workers' personality and the job requirements lead to negative effects of emotional labor such as stress and job dissatisfaction, but the other side of good-fit between the workers' personality and the job requirements lead to positive effects such as enjoyment and an affirmative self-concept.

The triggers for occupational stress extend from internal to external variables such as one's own personality to the customers they serve. Rafaeli and Sutton (1987) noted that the effects of job stress came down to how individual characteristics (i.e., empathy, personality, emotion management, and stress management) affect the way workers perform emotional labor strategies while continuing to manage their stress. Customers/clients can be the cause of major stress for workers; still, they can provide great amounts of pleasure and satisfaction especially when the workers choose to engage in genuine emotions (A. A. Grandey, 1999; Tolich, 1993).

The literature catalogs many aspects of occupational stress including, poor health outcomes, lack of social support, distress among diverse groups of employees, lack of autonomy, increased job demands, various stress levels, source of stressors, stress reduction techniques, emotional exhaustion, burnout, short-term effects versus long-term effects of stress, workload, depersonalization, reduced personal accomplishment, etc. (Morris & Feldman, 1996; Pugliesi, 1999; L.-Q. Yang et al., 2020; Zapf, 2002). These different qualities of stress impact workers in many ways. It is often difficult to measure which stressor will impact each worker and to what extent.

Speech-language pathologists, service professionals, encounter stress while serving clients, patients, and students. Fimian et al. (1991) developed and validated the Speech-Language Pathologist Stress Inventory (SLPSI) to measure the stress that speech-language pathologists (SLPs) encounter. They noted that it was unlikely that SLPs escape the tension, stress, and negative attitudes that professionals in similar professions experience. The authors took into consideration the increasing demands for accountability, large caseloads, mounting paperwork, and pervasive feelings of isolation as they developed the stress index (Fimian et al., 1991). The authors reported that the stress that SLPs encounter affects them in negative ways, but also affects the clients whom they serve. It is more likely that SLPs can minimize their stress levels if they have a way to identify their stressors thus highlighting the importance of the SLPSI. Fimian et al. noted six interpretable stress factors from the data gathered from the 626 SLPs surveyed. These included four sources of stress for the SLPs: bureaucratic restrictions (e.g., administrative policies that limit their professional growth, needs are unmet, lack of control over programmatic decisions, and little intellectual stimulation on the job); time and workload management (e.g., too much work to do without time to do it, little time to prepare, too much paperwork, large caseloads, and over-commitment); instructional limitations (e.g., students/clients made little progress, were poorly motivated, had discipline problems—which made SLPs feel that they lacked training that would allow them to manage their jobs effectively); and lack of professional support (e.g., SLPs felt unrecognized, alienated from other staff, and misunderstood by the public and other professionals). Additionally, Fimian et al. noted two manifestations of stress: emotional-fatigue (i.e., depression, insecurity, fatigue, and anxiety) and biobehavioral (i.e., rapid,

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and shallow breathing, heart pounding, and stomach cramps.) These sources of stress and manifestations collectively made up the general concept of SLP stress (Fimian et al., 1991).

Later, Harris, Prater, Dyches and Heath (2009) used the SLPSI to help determine why there was a shortage of SLPs in Utah. Their research revealed three specific areas of stress: caseload size, salary, and use of prescription drugs. Another study conducted by Edgar and Rosa-Lugo (2007) revealed that SLPs mostly enjoyed working with children, working in an educational setting, and working the school-based hours, but they did not like their workloads, role equivocality, and caseloads.

An article published online by Anderer (2019) revealed that an average employee feels stressed out for a third of their workday. The researchers surveyed 2,000 adults and found that the "modern employee" is more stressed than ever before—some have reached their "breaking point" (Anderer, 2019). Three of ten adults surveyed stated that they had been pushed to the brink of tears by workplace stress and one in five turned to alcohol for relief (Anderer, 2019). Stress is not all bad and everyone experiences it from time-to-time. When too much stress is experienced, work can become unmanageable and workers can reach unhealthy levels of frustration; however, not all work stress is harmful. A healthy amount of stress may make some workers work better (Anderer, 2019).

Compassion Satisfaction

There is an abundant amount of data on stress, burnout, and fatigue related to service workers; whereas, the data on compassion satisfaction is much sparser. Compassion satisfaction (CS) has been defined variously as "the joy of helping others" and the opposite of compassion fatigue (CF) (Galiana et al., 2020) or the "positive

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aspects/outcomes of helping or caring for others" (Hinderer et al., 2014; Stamm, 2010).

Workers who present with high levels of CS scored themselves higher on the ProQOL 5

when answering questions such as:

- "I like my work as a helper"

- "My work makes me feel satisfied"

- "I am happy that I chose to do this work"

Compassion satisfaction has been positively related to self-care practices, mindfulness,

self-compassion, and empathy (Galiana et al., 2020). Circumstances and environments

that may contribute to compassion fatigue for some may not affect another worker in the

same manner. The joy and satisfaction they receive from helping others far outweighs the

negative circumstances and environments (Stamm, 2010). What makes one worker

satisfied while another fatigued? Dasan, et al. (2015) desired to know the answer;

therefore, they studied the potential causes and consequences of compassion satisfaction.

The authors found that out of 681 emergency medicine workers, 98% reported at least

"average" in compassion satisfaction on the ProQOL. Type of workplace (i.e., trauma

centers scoring much higher) and number of years worked (i.e., gradually worsen over

time, except at 20 years and above where it improved) were the areas associated with the

highest scores (Dasan et al., 2015). The authors found the key features differentiating

compassion satisfaction and compassion fatigue included having strategies to deal with

the stress of work and having positive views of the team of professionals with whom they

worked (Dasan et al., 2015). Similarly, Hinderer et al. (2014) found compassion

satisfaction to correlate with greater strength of supports including specialized training,

higher participation in exercise, use of meditation, and positive relationships with one's

coworkers.

Compassion Fatigue

Carla Joinson (1992) first used c*ompassion fatigue* to describe nurses who

experienced a myriad of feelings including helplessness, anger, withdrawal, apathy, and

depression. These, and similar, emotions may be felt as part of other syndromes such as

stress, anxiety, or burnout and under various circumstances; however, compassion fatigue

has been narrowed to affect the people who work in caregiving professions (Joinson,

1992). Caregivers perform many tasks depending on their specific occupation, but

Joinson (1992) affirmed that the fundamental product they give is *themselves*. Giving of

oneself can deplete resources needed to maintain personal physical and mental wellbeing.

Oftentimes, workers in positions of caregiving do not have an awareness that they are

experiencing compassion fatigue. They do not relate their forgetfulness, recurrent

headaches, stomachaches, shorter attention spans, and/or frequent and intense anger with

work situations to this syndrome (Joinson, 1992). Instead, they attribute their fatigue and

headaches to a poor night's sleep and their forgetfulness to overstretched schedules.

Joinson reported that these caregivers ignored the symptoms of compassion fatigue until

they reached a point of such severity that they quickly became ill.

Possibly, the caregivers did not ignore the symptoms of compassion fatigue but

instead were not aware that the condition existed or possibly they conflated it with

burnout. The confusion between the two concepts is common in the literature. Some

researchers have found burnout to be related to compassion fatigue, others have found it

to be an antecedent to compassion fatigue, and yet others found it to be a consequence of

compassion fatigue (Henson, 2020; Jenkins & Warren, 2012; Kelly & Todd, 2017; Klein et al., 2018). The term *burnout* is a more commonly used word to describe some of the same symptoms as exhibited with compassion fatigue, but one differentiation is that compassion fatigue is acute and burnout is chronic.

  Burnout. Stress may lead to burnout, but in and of itself is not burnout. Psychologist, Herbert Fredenberger, first introduced the term *burnout* in 1974 in the article "Staff Burnout." He sought to determine whether certain personalities were more prone to burnout and which workers exhibited the characteristics of burnout. Fredenberger found that it was those workers who were dedicated and committed to the work of taking care of the needs of people that experienced burnout most often. These employees could easily be referred to as caregivers or service providers. Fredenberger (1974) explained that the physical symptoms of burnout were easily seen and included exhaustion, fatigue, inability to quickly recover from colds, frequent headaches and stomachaches, sleeplessness, and shortness of breath. Most of the behavioral signs are slightly more difficult for coworkers or family to see and may include suspicion, paranoia, use of prescription medications such as tranquilizers and barbiturates or self-medications such as marijuana and alcohol (Freudenberger, 1974). The caregiver's thinking may become closed, negative, excessively rigid, stubborn, and inflexible which makes it hard for him/her to be reasoned with and for change to happen (Freudenberger, 1974). Often, the caregivers experiencing burnout may have lost their friends and possibly family members because they continued to increase their work hours to the point that their personal life outside of work ceased to exist (Freudenberger, 1974).

Secondary Traumatic Stress. The second component of compassion fatigue, in addition to burnout, is secondary traumatic stress. Secondary traumatic stress (STS) arises from exposure to other people who have experienced trauma firsthand. Secondary traumatic stress is a complex phenomenon that applies to paid workers (e.g., medical personnel, therapists, emergency workers, etc.) and volunteers (e.g., Red Cross responders, citizen volunteers, crisis responders, etc.) (Stamm, 2010). Some trauma at work may be direct (primary) meaning that it happened to someone personally, but STS happened to those who were exposed to or worked with the primary victim. They may have worked with them directly or simply heard their traumatic story such as with 911 dispatchers (Stamm, 2010). Either way, the worker experienced such difficulties as intrusive thoughts or images, fear, sleep complications, avoidance techniques, or anxiety (Kelly & Todd, 2017; Stamm, 2010). The responses to vicarious exposure of traumatic events prevent the worker from developing and maintaining caring relationships with coworkers and possibly family members (Kelly & Todd, 2017). Figley (1995b) explained that one of the costs of caring for clients is listening to their stories of fear, pain, and suffering. Some workers may lose a sense of themselves and take on the persona of their clients, especially those who easily show their feelings and easily express empathy (Figley, 1995b).

Workers who present with high levels of STS scored themselves higher on the ProQOL 5 when answering questions such as:

- "I am preoccupied with more than one person I help."
- "I jump or am startled by unexpected sounds."
- "I feel as though I am experiencing the trauma of someone I have helped."

Compassion Fatigue vs Burnout. Burnout and compassion fatigue are akin in many ways which can make it difficult to scientifically distinguish between the two concepts. Henson (2020) methodically compared the concepts of burnout and compassion fatigue to determine whether the two terms shared enough attributes for professionals to use the terms interchangeably or if they are separate conditions. Henson concluded that though both concepts shared related attributes, they are indeed separate conditions. The primary overlap between burnout and compassion fatigue was that both were experienced by service professionals (e.g., nurses, case workers, first responders, family caregivers, therapists, etc.). Other commonalities included decreased quality of care of clients/patients, reduced quality of personal and professional life, maintenance of communication with co-workers, clients, and families, anger, frustration, anxiety, and depression (Henson, 2020). However, burnout and compassion fatigue varied in their defining attributes as confirmed by model cases (Henson, 2020).

More distinctly, Henson (2020) found through research of the literature that compassion fatigue often occurred suddenly with little warning and resulted in abrupt behavioral deviations, whereas, burnout tended to occur over time with subtle changes in behaviors and personality. Emotional, physical, social, and spiritual exhaustion along with apathy toward patients were crucial symptoms for those experiencing compassion fatigue; while, moderate-to-high levels of emotional exhaustion and cynicism were fundamental for those experiencing burnout (Dugani et al., 2018; Henson, 2020). Lastly, those identified with compassion fatigue felt *helpless* after all their coping strategies had been exhausted; but, those identified with burnout felt *hopeless* after acknowledging their

obligations to patients and powerlessness to fulfill the obligations due to work-related

bureaucracies (Clifford, 2014; Henson, 2020; Rushton et al., 2015).

<center>Past and Current Theories/Research on Related Professional Fields</center>

Theories found throughout the emotional labor literature depended on the

emphasis of the studies on constructs such as job characteristics, occupational

differences, display rules, emotional regulation, and emotional dissonance (Diefendorff &

Gosserand, 2003). Hochschild (1983) discussed the intricacies of two basic theories of

emotion in *The Managed Heart*: an organismic model and an interactional model. The

organismic model from the works of Charles Darwin, William James, and Sigmund

Freud, defined emotion primarily as a biological process (motored by instinct) and

assumed to be present whether one is aware of it or not (Hochschild, 1983, 2003).

Furthermore, Hochschild described the interactional model, from the works of John

Dewey, Hans Gerth and C. Wright, and Erving Goffman, as emotion always involving a

biological component, but the main component is the meaning that psychological

processes employ. In short, the interactional theorists view emotion as open-ended and

the organismic theorists view emotion as fixed (Hochschild, 1983, 2003). Hochschild

developed a new social theory of emotion that had both a social and a psychological

component drawing from parts of all the noted theorists and her own beliefs and findings.

Her driving question, "How do institutions control how we 'personally' control feeling?"

led her to an understanding that emotion is a sense that requires *action* and *cognition*.

Hochschild believed that personalities are not simply "sold" but people actively manage

their feelings in an attempt to "fit" into public-contact work.

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Grandey (2000) posited that the way employees managed their feelings was by regulating their emotions. Grandey applied the emotion regulation theory, developed by Gross (1998), to emotional labor. Emotion regulation theory is defined as "the processes by which individuals influence which emotions they have, when they have them, and how they experience and express these emotions" (Gross, 1998, p. 275). According to Gross's emotion regulation theory, emotions may be regulated at five different points of an interaction: selection of the situation (choosing which situations one will emotionally respond to), modification of the situation (change the situation one is currently in), deployment of attention (change how one is attending to a situation they are currently in by shifting or modifying the goal perceived), change of cognitions (change the way one is thinking about a situation they are experiencing), and modulation of responses (modifying the physiological or behavioral response to a situation). Gross noted that the reason people should and do regulate their emotions (experiential, behavioral and physiological responses) is to change or modify the consequences of the interaction for themselves and for others (黄海娟, 2014; YouTube, 2014; Gross, 1998).

Schaubroeck and Jones (2000) examined a psychological approach to emotional labor by looking at job demands within the work environment and found that workers either express or suppress emotion to meet the demands of the job. A short time later, Brotheridge and Lee (2002) used Hobfoll's conservation of resources (COR) theory to examine outcomes of emotional labor such as burnout and stress. According to the COR theory, people are motivated to build, retain, and protect their resources (i.e., objects, personal characteristics, conditions, or energies) and those things that threaten the resources gained produce stress for the persons (Hobfoll, 1989). Workers manage their

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emotions and stress by attempting to minimize the net loss of their resources by replacing

the loss—either directly or symbolically—substituting for the loss, reinterpreting the loss

as a challenge, or reevaluating the value of specific resources to lessen the loss and

reduce the stress associated with it (Hobfoll, 1989). Researchers of emotional labor have

used the COR theory to frame their emotional labor research (Aziz et al., 2019;

Brotheridge & Lee, 2002; Sayre et al., 2021; Zhang et al., 2018).

<center>Definition and Theories Behind Display Rules</center>

"Central to all theories of emotional labor is the idea that individuals follow

emotional display rules that specify the appropriate expression of emotions on the job"

(Diefendorff & Richard, 2003, p.284).

In Hochschild's book, *The Managed Heart,* feeling rules are described as

standards used in emotional exchanges. The exchange was compared to currency:

> …to determine what is rightly owed and owing in the currency of feeling. Through
>
> them, we tell what is "due" in each relation, each role. We pay tribute to each other
>
> in the currency of the managing act. In interaction we pay, overpay, play with
>
> paying, acknowledge our dues, pretend to pay, or acknowledge what is emotionally
>
> due another person. In these ways…we make our try at sincere civility.
>
> (Hochschild, 1983, p.18)

It is in that space between "what one feels" and "what one perceives one should feel" that

people depend on feeling rules to guide them. These may be consciously or

unconsciously recognized, but are defined by the society in which a person lives or works

(Hochschild, 1983). For example, one's gender, religious beliefs, and societal class can

dictate which feeling rules they follow. People remind themselves and each other of the

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proper feeling rules and the actions that accompany the feelings, such as when a mother says to her daughter, "Smile and speak as we enter into the room and join the party." If rules are broken, people remind one another either subtly or directly by saying such things as: "You should be ashamed of yourself." "You have no right to be mad." "Hey, is this not a wonderful party?" and "I know you are so happy about this opportunity." (Hochschild, 1983) Hochschild made a distinction between the "falseness" and "wrongness" of a feeling. She explained that "falseness" referred to a discrepancy between what *is* felt and thought and what *appeared* to be felt and thought and "wrongness" referred to a discrepancy between what *is* felt and thought and what *should* be felt and thought (Hochschild, 1983).

How is one to know what is expected to be felt, thought, or acted upon? Organizations have "expressed" and "implied" guidelines for employee behavior that are aligned with the job position(s) the employee holds (Mesmer-Magnus et al., 2012). These guidelines are developed with strict expectations of what are acceptable and unacceptable behaviors/emotions that may be displayed while at work (Mesmer-Magnus et al., 2012).

Rafaeli and Sutton (1987) proposed a conceptual framework to guide theory development regarding the causes, qualities, and consequences of emotions that workers expressed to fulfill the role expectations of the job. The framework included role expectations about emotional expressions, the range of such emotional expressions, and the influence these expressions have on organizations and workers (Rafaeli & Sutton, 1987). Rafaeli and Sutton posited that emotions can be arranged on a continuum ranging from positive, through neutral, to negative and that those expressed emotions reinforce the workers' self-esteem. For example, some occupations require workers to support

others (e.g., social workers, teachers, therapists, etc.); some to remain neutral (e.g., judges, referees, etc.); and, others to reduce the self-esteem of others (e.g., military sergeants, poker players, bill collectors, etc.) (Rafaeli & Sutton, 1987). Though the authors stated that this theoretical framework was not perfect, it was a foundational structure for others to build upon.

Ashforth and Humphrey (1993) agreed with Rafaeli and Sutton (1987) that feeling rules should be called "display rules" because the norms are displayed through surface acting, deep acting, or genuine emotion. It is the behavior or the compliance with the display rules rather than the employees' feelings that the clients, customers, students, etc., observe. The employee may conform with the organizations' display rules without managing their feelings. Ashforth and Humphrey made it clear that societal display rules differ in degree and kind from occupational/organizational display norms.

Progress continued from 1985 when Hochschild brought to light emotional labor in the view of feeling rules; however, after fifteen years of continued research, an overarching framework to guide the research had not been established. Grandey (2000) proposed emotion regulation as a guiding theory for understanding and explaining how emotional labor may be stressful to workers, yet beneficial to the organizations. Emotion regulation theory was defined as "the processes by which individuals influence which emotions they have, when they have them, and how they experience and express these emotions" (Gross, 1998, p.275). According to the emotion regulation theory, people regulate their emotions at different points in the emotional process (Grandey, 2000). Grandey presented an example of the work setting where the employee experiences an event that evokes an emotional response (e.g., anger, sadness, anxiety) and the

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inappropriate behavioral response follows (e.g., verbal attack, crying, complaining); however, because the display rules state that such behavioral responses are inappropriate, the worker regulates his/her response. These *regulations* transpire using emotional labor strategies of surface acting or deep acting. For example, the employee simply fakes the regulated response by changing facial expressions or body language or instead adjusts their thought patterns to reassess the situation and then react with a more appropriate response (Grandey, 2000).

Display Rules and Service Professions. The role that emotions play in the workplace have been studied for years by researchers; however, around the turn of the century, data emerged regarding display rules with the focus on emotional labor (Diefendorff & Richard, 2003). The competitive work setting caused management to focus on how employees talked and acted toward the customers and co-workers and, most of all, how that affected sales, team decisions, therapy outcomes, student success, and patient satisfaction (Diefendorff & Richard, 2003). But the question remained, "Are these controlled emotional reactions different for specific professions?" Zerbe and Falkenberg (1989) found that the norm strength for display rules was greater for service occupations (e.g., nurse, flight attendant) than for nonservice occupations (e.g., shipping clerk, janitor). Newberry (2013) noted Hebson, Earnshaw, & Marchington's (2007) research that reported that teachers engaged in surface acting to conform to display rules rather than relying on their own judgment when being monitored.

Emotional Labor and Service-Related Professions

Hochschild (1983) reported that of the twelve standard occupational groups used by the U.S. Census, half of them contained jobs that required emotional labor.

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Hochschild's prediction that the requirement for service-related professions would continue to grow was accurate. Brotheridge and Lee (2003) reviewed the literature while developing an instrument for measuring emotional labor and found a cross-section of occupations that required the use of emotional labor: nurses, hospital workers, debt collectors, waiters and waitresses, cashiers, and Disney employees. This list of professionals has continued to expand. A review of the literature from 2013-2018 indicated additional occupations such as: teachers, hotel workers, sales and call center employees, dental hygienists, toll collectors, researchers, and bank employers (Aung & Tewogbola, 2019). This increase in service-oriented jobs from production-oriented jobs has led to an increase in the use of emotional labor as evidenced by the studies that positively associated emotional labor with an increase in perceived quality of services by the recipients (Aung & Tewogbola, 2019). Emotional labor is such a strong component of some service-related jobs (e.g., social workers, emergency medical workers, therapists) that if these professionals did not engage in emotional labor, they could be considered unprofessional. For instance, if a police officer showed fear during an arrest or a therapist cried in the presence of a client, they could be viewed as acting improperly or incompetently.

For the purposes of this research, the theoretical framework for the construct of emotional labor was primarily based on Hochschild's (1983) foundational principles and Grandey's (2000) description of display rules and emotional regulation. The principles from the conservation of resources theory (Hobfoll, 1989) were applied to the construct of stress and occupational settings.

Speech-Language Pathologists

The speech-language pathologist (SLP) is defined as "the professional who engages in professional practice in the areas of communication and swallowing across the life span" (ASHA, 2016). More specifically, SLPs diagnose and treat people of all ages who exhibit disorders related to articulation, receptive and expressive language, reading, writing, processing, cognition, feeding, swallowing, voice, resonance, dysfluency, hearing, and overall academic performance of students. SLPs who received a master's degree or doctoral degree, completed postgraduate professional experience, and passed the national examination are eligible to hold the Certificate of Clinical Competence (CCC). Certified SLPs (those who have obtained the CCC) are responsible for practicing within a well-defined scope of practice—written display rules—set forth by the American Speech-Language-Hearing Association (ASHA) (ASHA, 2016). ASHA (2016) presented eight domains of speech-language pathology service delivery: collaboration; counseling; prevention and wellness, screening; assessment; treatment; modalities, technology, and instrumentation; and population and systems. Additionally, ASHA (2016) delineated five domains of professional practice: advocacy and outreach, supervision, education, research and administration/leadership. The field has grown since its first recognition in 1926. ASHA expects SLPs to provide safe and effective services as they stay current with the advances in the field as technology and science advances. "The highest standards of integrity and ethical conduct are held paramount in this profession" (ASHA, 2016, p. 4).

An SLP should practice only in the areas in which he/she is competent, based on their education, training, and experience; therefore, he/she does not typically practice in all areas of clinical service (ASHA, 2016). SLPs are expected to collaborate with other

SLPs who have expertise in different areas as well as with other professionals such as

teachers, medical doctors, administrators, etc. to aid in improving quality of life. SLPs are

expected to understand personal factors of their clients including, but not limited to, age,

gender, ethnicity, educational level, social background, and profession to provide high

quality services (ASHA, 2016). The SLP can expect to counsel individuals, families, and

caregivers regarding acceptance and decisions made regarding their disability. One role

of the SLP includes conducting counseling related to "emotional reactions, thoughts,

feelings, and behaviors" that result from living with a disorder under the SLP's scope of

practice (ASHA, 2016). Another role of the SLP includes prevention and wellness which

is done through educating the concerned parties and involvement directed toward

individuals who are vulnerable. The SLP leads and promotes programs which are "aimed

to positively change behaviors or attitudes" (ASHA, 2016, p.10). In general, SLPs are

expected to have a set of skills and knowledge that extend beyond the clinical practice

(ASHA, 2016). These skills and knowledge may be viewed as commodities or services

that can be "sold" for a wage. Employment of SLPs is projected to grow 29% from 2020

to 2030 according to the U.S. Bureau of Labor which is much faster than the average for

occupations. Over the ten years, the growth would mean about 15,200 openings for SLPs

each year (BLS, 2021).

The median annual wage of an SLP is $80,480 according to the U.S. Bureau of

Labor Statistics (2020). SLPs worked in a wide variety of occupational settings; however,

53.5% of the SLP population worked in educational facilities and 39.9% worked in health

care facilities in 2020 (ASHA, 2021).

Educational Setting. Approximately 85,000 working SLPs are employed in

educational facilities (ASHA, 2021). This includes special schools, preschools,

elementary schools, secondary schools, several schools, and colleges/universities (ASHA,

2021). SLPs have a unique role in educating students such as helping them meet federal,

state, and local performance standards while functioning in their least restrictive

environment (Amir et al., 2021). SLPs may pull students to work one-on-one with them

or in small groups depending on the type of service needed. However, the school-based

SLP's job responsibilities have morphed into over 15 different roles including obligations

such as assessment, caseload management, evaluation, counseling, research, advocacy,

program design, compliance, parent training, mentorship, professional development,

research, prevention, intervention, and collaboration with other school professionals

(ASHA, 2010).

Researchers examined SLPs' job satisfaction and found them moderately to

highly satisfied within their profession (Amir et al., 2021; Blood et al., 2002; Caesar &

Nelson, 2008; Kaegi et al., 2002). Amir (2021) found the highest levels of satisfaction

included benefits, resources, workspace, interprofessional opportunities, and

compensation. Blood et al. (2002) reported that SLPs value their jobs and feel they make

positive contributions to their professional field.

However, there are common themes throughout the literature regarding unsolved

issues within the school-based SLP setting. Blood et al. (2002) speculated that SLPs in

schools compared themselves to the other school professionals and perceived pay

inequalities and fewer opportunities for advancement within the school setting. Another

ongoing concern for school-based SLPs is workload/caseload size. Blood et al. (2002)

found that the larger caseload sizes aided in the prediction of lower job satisfaction. Marante and Farquharson (2021) noted that "SLPs nationwide are being asked to work with caseloads that are larger, more culturally diverse, than ever before" (p. 666). The larger number of students on caseload, billing, and legal mandated paperwork (e.g., Individual Educational Programs (IEPs), assessment reports, therapy documentation, etc.) lead to an increased amount of paperwork for the SLPs in the school setting. Blood et al., (2002) surveyed 655 certified practicing SLPs and found paperwork (82%) to be the top stressor. Most of the paperwork required of the SLP is completed without support. Only 15% of the SLPs surveyed by Harris et al., (2009) reported that they had support personnel to help reduce the burden of paperwork. These and other occupational stressors have contributed to the "shortage of qualified applicants," and the students feel the greatest impact (Caesar & Nelson, 2008; Squires, 2013).

Health Care Setting. Approximately 64,000 working SLPs are employed in health care/medical facilities (ASHA, 2021). This includes hospitals, residential facilities, and non-residential facilities (i.e., home health care, private physician's offices, speech and hearing centers, etc.) (ASHA, 2021). The SLP working in the medical setting is required to have state licensure in the state(s) where they practice. SLPs working in medical settings have the responsibility to provide unique behavioral and physiological approaches when assessing and treating patients with communication deficits, feeding/swallowing problems, and dementia (Golper et al., 2019). Typically, these professionals work with infants, children, and adults through physician referrals. Their primary goal in all conditions is to contribute to improving the health and well-being of the patient during their stay (Golper et al., 2019). It is essential for the SLP to work as a

team member in the medical setting since they work with hundreds of various medical professionals (Golper et al., 2019).

Randolph (2005) studied rehabilitation professionals, including SLPs, and discovered that intrinsic factors such as professional growth, recognition of accomplishments, opportunities for professional contribution, and working in environments with like beliefs were reasons for the professionals to stay in the workplaces. These intrinsic factors outweighed the extrinsic factors such as pay and continuing education (Randolph, 2005).

Kalkhoff and Collins (2012) compared SLPs who worked in schools to those who worked in medical settings across the United States and found that the SLPs who worked in the medical settings had significantly higher overall satisfaction scores. This was comparable to other medical professionals such as physicians and nurses (Kalkhoff & Collins, 2012). According to the authors, SLPs in medical settings were satisfied with promotions, incentives, operating conditions, and closeness with co-workers. The most challenging issues in the medical setting included time constraints with patients, specific training opportunities, and high caseloads (Gormley & Light, 2019; Randolph, 2005).

Display Rules for SLPs

Display rules are ordinarily substantiated through guidance from employers through supervisors or managers. They may be expressed verbally in organizational trainings or in written format such as in handbooks, documents, or textbooks, but all are expressed to dictate the emotions that employees should express behaviorally while at work (Gosserand & Diefendorff, 2005; Kruml & Geddes, 2000; Leidner, 1999). ASHA's 18-page document—scope of practice in speech language pathology—is publicly

available and all SLPs are expected to read it and conform to its contents. It was developed by the ASHA ad hoc committee on the scope of practice in speech-language pathology and approved by the board of directors on February 4, 2016. All organizations that employ SLPs expect them to obey ASHA's code of ethics in addition to any specific organizational rules.

It is not only the National Association for SLPs (ASHA) that have provided guidance to SLPs on the expectations related to stated rules, but also included are organizations such as the World Health Organization, U.S. Department of Education, State Department of Education, etc. Additionally, federal legislation such as the No Child Left Behind Act (NCLB) of 2001 (PL 107-110) and the Individuals with Disabilities Education Improvement Act (IDEA) of 2004 (PL 108-446) provided rules/laws for SLPs. IDEA of 2004 explicitly defined speech-language therapy in section 15. The definition included that SLPs should identify, diagnose, refer, and counsel those who have disabilities within their scope of practice. Lastly, public documents and books such as the *Diagnostic and Statistical Manual of Mental Disorders V* (DSM-5), the *SLP's Handbook for Inclusive School Practices* by Causton & Tracy-Bronson (2014), and the *Professional Communication in Speech-Language Pathology: How to Write, Talk, and Act Like a Clinician* Fourth Ed. by Burrus and Willis (2022) guide the profession of speech-language pathology through their framework of display rules. Burrus and Willis stated that people in the speech-language pathology major have about three years to transform from student to competent professional. The authors gave a myriad of examples of what "professionalism" in the field of speech-language pathology looks like to reinforce the expectations of display rules. Because professionalism is not just about how clients and

other professionals perceive SLPs; it is about what and how the clients feel about themselves (Burrus & Willis, 2022).

Though no data were found linking the term *emotional labor* directly to SLPs, the literature is clear that the professional is expected to work well with others within the organization employed to meet the needs of the clients. For example, SLPs should collaborate with general education teachers to provide inclusion services, write Individual Educational Programs (IEPs), and serve on multi-disciplinary teams in making decisions regarding related services. SLPs are expected to work alongside physicians, nurses, and families in the medical setting when making decisions regarding services. All the while, they must present themselves as "neatly groomed, pleasant, prepared, and working in an orderly physical setting" (Burrus & Willis, 2022, p. 4).

SLPs are assumed to experience emotional labor, stress, compassion satisfaction, and compassion fatigue simply by working alongside the variety and quantity of fellow professionals with the high expectations to "practice at the top of the license" as stated by Alex Johnson at the 2012 ASHA convention (McNeilly, 2018). The display rules are clear that SLPs are to provide services regarding self-management skills to clients and their families; therefore, it is reasonable to expect SLPs to have the same skills they are teaching (ASHA, 2016; McNeilly, 2018). Such stated rules as using a child's chair when sitting beside a child, encouraging peer support, offering maximum support at the beginning of therapy and decreasing professional support as the client improves, modeling the desired skill/behavior, providing only positive comments to students, and helping the client to "feel like everyone else" socially requires emotional labor for the therapists to follow the job-related rules (McNeilly, 2018).

Lastly, regardless of occupational setting, therapists will encounter clients/students who exhibit difficult behavior. McNeilly (2018), in the SLP Handbook, quoted Lovett (1996) who described the typical response to challenging behavior:

> Our initial response to an unwanted behavior is to react, to correct what we perceive to be unacceptable, inappropriate behavior. The thinking behind this perception is that the person exhibiting the behavior has lost control and that those who are in charge—in control—are responsible for regaining it through the application of methods and technologies specifically designed for this purpose (p.136).

The therapist is left to perform surface acting (e.g., smile and gently couch the person away from the disruption), deep acting (e.g., use skills and techniques learned from specific trainings that are proven to work and one believes will work), or genuine acting (e.g., protect the client from harm because that is the highest concern at the moment) in order to follow the display rules provided for them.

SLP Compassion Satisfaction

To date, a systematic analysis of SLPs' compassion satisfaction has not been found in the literature. Compassion satisfaction could easily be confused with and connected to job satisfaction; however, it remains a separate construct with similar elements. Job satisfaction is "the degree to which people like their jobs" (Spector, 1977, p.vii), whereas compassion satisfaction is "the pleasure you derive from being able to do your work well" (Stamm, 2010, p.12). As defined in the Merriam-Webster online dictionary (n.d.) compassion is the sympathetic consciousness of others' distress together with a desire to alleviate it. Certainly, SLPs feel compassion in their selected field of study and setting (Kindred, 2014).

Kindred (2014) listed twelve traits that are needed to be an SLP. The first, compassion, described SLPs in all work settings. Kindred Hospital Rehabilitation Services (2014) stated that SLPs practice patience and compassion every day while working with clients. The foundation of the chosen career itself indicated a sense of resilience and deep aspiration to serve people (Kindred Hospital Rehabilitation Services, 2014). However, it is not only the desire to help, but the persistence to treat patients to increase their quality of life that build a professional SLP. A speech-language pathologist must perform to receive the multitude of benefits—compassion satisfaction—from the profession.

Radey and Figley (2007) introduced a model for creating compassion satisfaction in clinical social workers that suggested that dispositional *affect* (personality, emotion, feelings), *work resources,* and *self-care* influenced clinicians' emotionally whether positively or negatively. Applying this model to SLPs can help bring SLPs' compassion satisfaction to the forefront since the three constructs have drawn attention from various researchers.

Weiss and Cropanzano (1996) posited that job satisfaction and affective experiences were two separate phenomena and should be studied as such. They understood that the two had overlapping causes and consequences; however, the affective component that created satisfaction referred to the feelings the employees' produced because of their attitudes (Weiss & Cropanzano, 1996). The affective events theory, as described by Weiss and Cropanzano, focused on the dynamic between emotion, behavior, and performance (Ashkanasy et al., 2005). If it is these affective experiences that motivate the behavior at the workplace, the SLPs may experience compassion

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satisfaction—the joy and pleasure from doing a job well—through their moods, reactions to others, and job performances.

Amir et al. (2021) studied the unmet need for qualified SLPs in New York City and reported the highest satisfaction areas to be working with their students and enjoying the work resources available to them such as opportunities to collaborate with other professionals, workspace, and benefits. SLPs who work in the schools can work with administrators, general education teachers, special education teachers, and other SLPs to help build their professional repertoire. A professional learning community (PLC) is a group of professionals who join to solve problems about teaching and SLPs are equipped to be a valuable part of that group (Rudebusch & Wiechmann, 2013). Those who work in the medical setting have physicians, nurses, rehabilitation personnel, etc. to help build their professional repertoire. Therefore, compassion satisfaction can be established though the resource of collaborating with other professionals regardless of the SLPs' occupational setting.

Fringe benefits vary for SLPs depending on where they work. Kalkhoff and Collins (2012) studied SLPs who worked in the school and medical settings and found that most of the SLPs in their study (51%) were highly satisfied with their jobs; with those in the medical setting more so than those in the school setting. Pay, promotions, benefits, contingent rewards, operating conditions, coworkers, nature of work, and communication impacted the satisfaction decision (Kalkhoff & Collins, 2012). "Nature of the work" was given the highest rating by all SLPs which may be directly linked to compassion satisfaction or feeling that their jobs were well-done (Kalkhoff & Collins, 2012).

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Finally, Radey and Figley's (2007) model says that self-care should be a part of compassion satisfaction. It may be difficult to manage one's own care while caring for others for extended periods of time. McNeilly (2018) reminded the reader that the job of the SLP is not easy and that the job satisfaction and compassion fatigue may vary from day to day; therefore, it is essential that the worker take care of himself/herself. McNeilly suggested that SLPs engage in self-care by securing a support system and networking. This self-care is compared to putting the oxygen mask on yourself first before helping others in the context of an airline flight.

Grandey et al. (2012) described the benefits of having a climate of authenticity or a group with shared perception of concerning values—acceptance of negative emotions— that gave the workers opportunities to recover from depleted emotional resources due to the use of emotional labor. It is a way for workers to genuinely share their frustrations and concerns with one another without fear, taking a "break" from using surface acting techniques. Using a "climate of authenticity" is one way workers take care of themselves and accept support from their co-workers (A. Grandey et al., 2012). The workers may feel rejuvenated after sharing their real thoughts in a safe environment and therefore able to give more of themselves to clients.

Again, there were no data found in the theoretical and empirical literature reviewed specifically concerning SLPs and compassion satisfaction. But, audiologists often work alongside speech-language pathologists as many of the patients have similar disabilities. Severn, et al. (2012) conducted a study among audiologists and found that only 25% of them showed high levels of compassion satisfaction. Within that 25%, those who had a private practice tended to have higher levels of compassion satisfaction.

However, Severn et al. (2012) noted that as the therapists aged, the level of compassion satisfaction decreased which is the opposite of the findings of Dasan et al. (2015) who noted that after 20 years in the service field, compassion satisfaction improved. Severn et al. (2012) discussed an unusual finding in their study: a positive correlation between compassion satisfaction and burnout. They sensed that the correlation was a result of what Stamm explained in 2002—some workers retain their self-sacrificing desire to help when working in stressful situations. An interesting observation was that Severn et al. (2012) believed that this relationship of compassion satisfaction and compassion fatigue may be unique to the audiology profession, leaving the speech-language pathology profession under-researched.

SLP Compassion Fatigue

As with other service professions, therapists within the speech language pathology profession are at risk for compassion fatigue (Williams, 2019). These behaviors and emotions (e.g., feeling emotionally drained, depressed, isolated socially, etc.) are the result from the stress experienced as a result from helping or wanting to help clients who are in distress (Figley, 1995b).

Williams (2019) reported that compassion fatigue was the cost of SLPs and other service professionals caring too much. Williams (2019) warned SLPs to be aware of the physical, emotional, social, spiritual, and intellectual signs of compassion fatigue. The physical signs included loss of endurance, strength or energy; the emotional signs ranged from reduced enthusiasm to complete shut down and desire to quit; the social signs included inability to share the patients' suffering and provide needed support; the

spiritual signs included poor judgment and the ability to look at one's own feelings; and

the intellectual signs included boredom and the inability to stay on task (Williams, 2019).

Quality of Services Rendered

According to Prior (2016), achieving relationship quality can be stressful but is

essential to customer outcomes. Though Prior took a marketing approach to his research,

this same understanding could be applied to other service professions—those who sell a

service instead of a product. Consumer satisfaction surveys are common in the medical

arena and provide client feedback that alert providers to clients' concerns, needs, and

perception of treatment (Weisman & Koch, 1989). It is important to the organizations

that the patients are happy and satisfied with the services received. It is the patients'

satisfaction that keeps them returning to a facility. Pershey and Reese (2002) examined

client satisfaction with speech-language therapy services and noted that specific

dimensions of quality of care that clients expect included features such as access to

services, responsiveness of staff, low cost, professional conduct and competence, referral

sources, etc.

Does emotional labor influence the quality of the services rendered by SLPs? A

search of the literature did not reveal answers to this question; however, it remains of

interest because it is reasonable to surmise that SLPs who feel the need to use surface

acting for extended periods of time may be unable to perform at the "top of the license"

as stated by Alex Johnson (2012). It is a topic worthy of further exploration in a world

where quality care, quality improvement, and total quality management are part of the

value of service (Frattali, 1991).

Summary

Research indicates that service workers use emotional labor strategies to meet the needs of customers or clients and to meet the requirements of the organization that hired them. Service workers primarily used two strategies: surface acting and deep acting. Additionally, some researchers found that workers exhibited genuine actions in addition to surface acting and deep acting. Research on emotional labor began with Hochschild's (1983) interviewing Delta Airline attendants, but the construct quickly expanded over the next four decades. The intricate details of emotional labor from numerous authors varied; however, all agreed that it is a real concept and has impacted the service workers either positively or negatively.

The examination of emotional labor from researchers, scholars, and associates have led to many conclusions as it has continued to grow and develop, but Grandey (2013) narrowed the results to three approaches: occupational requirements, emotional displays, and intrapsychic processes. A thorough researcher should integrate all three approaches to fully understand the concept and to have true emotional labor emerge (Grandey, 2013).

In addition to emotional labor, occupational stress has been well-documented in the literature. Numerous disorders emerge due to occupational stress such as post-traumatic stress disorder, secondary post-traumatic stress disorder, burnout, adjustment disorders, etc. (Chirico, 2015). Many variables play into occupational stress including personality, stress management techniques, and empathy. The cost of caring for those whom one serves and works alongside may be a high emotional or behavioral price to pay for some service workers. Fimian et al. (1991) developed and validated an instrument

to measure speech-language pathologists' occupational stress. The instrument was designed to reveal sources of stress and manifestations of stress in the SLP.

Lastly, compassion satisfaction and compassion fatigue can result from the use of emotional labor strategies. Figley first described compassion fatigue in 1995 and the literature has overflowed with evidence of its impact on service workers. Compassion fatigue is comprised of burnout and secondary traumatic stress. Compassion satisfaction is the other side of compassion fatigue and has been proven to positively affect service workers giving them a sense of joy and completeness in their work (Stamm, 2010).

One service occupation that has been grossly overlooked in the research community is speech-language pathology. SLPs primarily work in school settings or medical settings and with clients of all ages. In the work of Fimian et al. (1991), the SLPs reported having experienced stress in the workplace; therefore, it is likely that these professionals utilize emotional labor strategies to compensate for the effects of the stress. It is unknown whether the use of surface acting, deep acting, or genuine display of emotions differs from setting to setting for the SLP.

CHAPTER III – METHOD

The purpose of this quantitative study was to evaluate speech-language pathologists' (SLPs) experiences regarding professional emotional labor and the extent to which emotional labor is possibly related to job stress, compassion satisfaction, and compassion fatigue (i.e., burnout and secondary traumatic stress). This study also considered the SLPs' occupational settings in relationship to emotional labor and the outcome variables of the study.

Research Questions

RQ1: Which strategy of emotional labor (Surface Acting, Deep Acting, Genuine Emotion) is most often utilized by speech-language pathologists?

RQ2: What do SLPs identify as the primary sources and manifestations of occupational stress within the profession of speech-language pathology?

RQ3: Does reported frequency of use of a specific Emotional Labor Strategy (Surface Acting, Deep Acting, or Genuine Emotions) correlate with reported experienced Compassion Satisfaction or Compassion Fatigue?

RQ4: Does the SLPs' occupational setting make a difference in type of emotional labor strategy (Surface Acting, Deep Acting, Genuine Emotion) used?

Participants

The population of interest consisted of speech-language pathologists (SLPs) working in the United States. For this study, the sample consisted of those who were certified members of the American Speech-Language-Hearing Association (ASHA). ASHA represented 218,314 members and affiliates (i.e., audiologists; speech-language pathologists: speech, language, and hearing scientists; audiology and speech-language

pathology support personnel; and members of the National Student Speech Language Hearing Association) at the year-end of 2020 (American Speech-Language-Hearing Association, [ASHA], 2021). Between January 1–December 31, 2020, 188,143 SLPs made up 86% of the total ASHA membership. ASHA (2021) reported that 98.8% of the SLPs were certified members. Only SLPs who were certified members of the American Speech-Language-Hearing Association were eligible to participate in the survey. ASHA members who did not hold a certification, held a dual certification (i.e., audiology and speech-language pathology), were associates (i.e., support personnel), or were affiliates were not be eligible for participation in the survey. Limiting those eligible to participate in the survey to only certified SLPs members of ASHA established a clearer target population, and a clearer target population, in turn, increased the generalizability of the sample to the ASHA certified SLP population (Ruel et al., 2016).

Probability sampling was based on a few selected criteria (i.e., ASHA certified SLPs) and each certified SLP had the same chance of being selected into the final sample (Ruel et al., 2016). The probability sampling was chosen to increase the opportunity for generalizable results (Ruel et al., 2016).

The members of the sample were representative of the entire population of ASHA certified SLPs as identified by a current list, sampling frame, obtained from the ASHA Community website (ASHA, 2021; Ruel et al., 2016). The informational survey postings of the study with a link to the questionnaire was posted on pertinent ASHA Community pages (i.e., Clinicians & Researchers Collaborating, Research, School-Based Issues etc.) to minimize coverage error and aid in reaching the maximum number of certified SLPs within the United States (Ruel et al., 2016). All SLPs who received a link to the

questionnaire via email had equal opportunity to voluntarily respond through Qualtrics with their identity remaining unknown to the researcher.

Research question one and research question two were descriptive by nature and required central tendency, variance, standard deviation, and frequency analyses from the data collected. The recommended sample size of 271 participants was obtained when given a 5% margin of error, 90% confidence level, 50% response distribution, and a population of 188,143 according to Raosoft® sample size calculator (Raosoft, Inc., 2004). The model for this study included 11 measured indicators and one categorical variable. Using the recommended standards stated by Loehlin (1992) and Stevens (2009), the total sample size for this study would be between 146–180. The ASHA membership of certified speech-language pathologists is extensively more than the required sample size. A large number of participants, at least 200 subjects, would minimize random sampling error and help establish a normal distribution (Kish, 1965; Ruel et al., 2016).

Instruments

Three previously validated instruments were used in this study in addition to the demographic information needed to answer the research question regarding SLPs' occupational setting.

Emotional Labor Scale

Most emotional labor theories connect display rules to emotional labor strategies claiming that it is the "display rules" that set the organizational standards regarding how their employees should express appropriate emotions (Diefendorff et al., 2005). The literature review revealed that the two primary compensatory strategies that employees used were surface acting (SA) and deep acting (DA); however, Diefendorff et al. sought

to determine whether the display of naturally-felt emotions could be distinguished empirically from SA and DA. In the 2005 study, Diefendorff et al. modified previously used emotional labor scales (see Grandey, 2003; Kruml & Geddes 2000, for more detail) by adding new items that would help provide scientific evidence as to whether employees utilized naturally felt emotions at work in addition to SA and DA. Diefendorff et al. conducted a pilot study and a focal study on SA, DA, and the expression of naturally felt emotions scales to cross-validate the final factor solution obtained in the focal study. Confirmatory factor analysis supported a three-factor structure that suggested surface acting, deep acting, and the expression of naturally felt emotions are three separate constructs and thus these three were used in the study.

Diefendorff et al. (2005) included 14 emotional labor strategy items in the questionnaire in Appendix A of their article *The Dimensionality and Antecedents of Emotional Labor Strategies* published in the Journal of Vocational Behavior. They included the factor loadings for the primary- and cross-validation sample for each item. Additionally, they published 7 display rule items and 7 interpersonal interaction items in Appendix B of the same article. Each item on both questionnaires used a 5-point Likert response scale (1 = "Strongly Disagree"; 5 = "Strongly Agree"). Diefendorff, et al. did not describe a total score; instead, they linked specific items to each of the three emotional labor strategies, with higher numbers indicating increased use of the specific emotional labor strategy linked to the item. Diefendorff, the primary author of the study, gave permission to use both scales (i.e., both the emotional labor strategy items and the display rule and interpersonal interaction items) for this doctoral study via email, the researcher only used the emotional labor strategy items. See Appendix B. These 14

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emotional labor strategy items aided in addressing RQ1 regarding frequency of use of specific emotional labor strategies by SLPs, RQ3 in conjunction with the Professional Quality of Life Scale (ProQOL) regarding correlation of emotional labor and compassion satisfaction/compassion fatigue, and RQ4 regarding the occupational setting of SLPs.

Diefendorff et al. cross-validated their scale by using two separate sample groups from the same population. The authors' first group of participants consisted of 270 employed undergraduate students at a large Southeastern university who worked in jobs such as sales, service, healthcare, childcare, and clerical (Diefendorff et al., 2005). The mean age of the participants was 20.4, and 76% were female. The authors' second group of participants consisted of 179 individuals working in "people work," consistent with the first sample group. The participants' average age was 27.7 years, and 78% were female (Diefendorff et al., 2005). The authors reported the student population as a limitation to consider in future research as the results may differ from non-student populations. This population limitation is considerable; however, after Diefendorff et al. published the scale, many others in the field have made considerable efforts to validate it for other populations. The following populations have had the emotional labor scale items validated for them:

- Çukur (2009) established construct validity of the Teacher Emotional Labor Scale (TELS) using items from the emotional labor scale by Diefendorff et al., (2005) because many of the items were initially from other emotional labor measures. The sample for this study consisted of 190 high school teachers from various schools in Turkey (88 females and 102 males) with average work experience of 17.14 years.

- Lam, Huo, and Chen (2018) investigated person-job fit and person-organization fit perceptions and relate these perceptions to employees' emotional labor and customer service performance using the SA and DA items on the emotional labor scale developed by Diefendorff et al., (2005). The sample for this study consisted of 263 employees from a five-star hotel in China who had a mean age of 26.9 years. Almost 60% of the sample had educational degrees at the vocational college level or higher.

- Yang, Chen, and Zhao (2019) developed the Chinese version of the emotional labor scale which considered the cultural differences in China compared to the United States. The final sample used in the development of this scale included 403 employees from a bank, port office, and hospital) who were mostly under 30 years old and 42% of them had a bachelor degree or above. Yang et al., (2019) utilized the three-dimensional structure of the emotional labor scale developed by Diefendorff et al., (2005) as part of the Chinese emotional labor scale because it was consistent with the three dimensions of Chinese emotional labor and had been used worldwide with good reliability and validity.

The original study and development of the emotional labor scale developed by Diefendorff et al., (2005) and the corresponding research that followed closely related with the sample for this study. According to the American Speech-Language-Hearing Association (2021), 53.5% of the SLPs were employed in educational facilities and the largest percentage (29.4%) of certified SLPs were 34 years old and younger.

Speech-Language Pathologist Stress Index

Fimian et al., (1991) noted that the literature had many reports of the undesirable results of stress on many professionals in the school setting; however, they found no reports of stress on speech-language pathologists (SLPs) in the school setting prior to their research. Literature and the media have widely reported on the physical, mental, and professional consequences of stress in the workplace (Goh et al., 2015; Theorell et al., 2015); however, until Fimian et al., developed and validated the Speech-Language Pathologists Stress Index (SLPSI) in 1991, there was no validated way to measure sources of job-related stress and specific manifestations of stress in SLPs.

The SLPSI is a 48-item questionnaire designed by Fimian et al. (1991) to psychometrically define occupational stress in school speech-language pathologists. Fimian et al. (1991) adapted the SLPSI from the Teacher Stress Inventory (TSI) that was developed in 1988. Since its original development, Fimian et al., (1989); Fimian and Blanton (1987); and, Fimian, et al., (1988) have modified the TSI to assess stress levels in several occupational groups including nurses, physicians, and students. The inventory employs a 5-point response scale to rate the degree of perceived impact that each item had upon the SLPs' stress levels (1 = "No strength; not noticeable"; 5 = "Major strength; extremely noticeable"). Higher numbers indicate a greater degree of strength of stress that the SLP experienced.

The pilot study established face validity on the original 49 items. It subsequently conducted reliability analyses to measure internal consistency, resulting in the removal of one item, leaving 48 items for the SLPSI. Fimian et al. (1991) then conducted a principal-components factor analysis followed by a varimax oblique rotations to establish construct

validity of the SLPSI. Internal consistency reliability was established using Cronbach

alpha estimates (i.e., .93 for total scale) and Pearson correlations (i.e., all at or beyond

.001 probability level) to measure relationships among the subscales and the total scale

on the SLPSI (Fimian et al., 1991). Fimian et al. reported six interpretable stress factors

(four were sources of stress and two were manifestations of stress) that serve as subscales

of the SLPSI:

- bureaucratic restrictions (accounted for 11.4% of variance)

- emotional-fatigue manifestations (accounted for 9.8% of variance)

- time and workload management (accounted for 8.2% of variance)

- instructional limitations (accounted for 6.6% of variance)

- biobehavioral manifestations (accounted for 6.2% of variance)

- lack of professional supports (accounted for 5.7% of variance)

The scoring of the SLPSI encompasses averaging each of the six subscales by

using the individual item ratings to determine the relative strength of each stressful event.

Averaging the scores for all 48 items on the SLPSI yields the total stress score (Fimian et

al., 1991). The results describe the SLPs' degree of stress from not noticeable (no

strength) to extremely noticeable (major strength). The 626 SLPs who served as the

population sample for the development and validation of the SLPSI collectively

experienced a mild-to-moderate degree of stress as reported by Fimian et al.

The researcher of this study requested Fimian's permission to use the SLPSI via

email and Facebook Messenger, as he was the primary author. He gave no response.

Lieberman, second author, gave permission to use the SLPSI several weeks later,

provided that the authors be credited with the development of the instrument. See

Appendix C. Lieberman is a speech-language pathologist and a member of ASHA.

In this study, the SLPSI was used to assess the primary sources of stress and the

manifestations of those stressors exhibited by SLPs as stated in RQ2. The collective mean

determined the collective degree of stress (none to extreme) among Speech-Language

Pathologists responding to the survey. The SLPSI was chosen because it is the only

known instrument specifically designed to assess stress in SLPs. The primary difference

between the population stated by Fimian et al., (1991) and the sample population in this

study is the occupational setting extends to all SLPs and is not limited to those working in

schools. This is an advantage as it allows the researcher to compare SLPs' occupational

settings to the results found in other studies utilizing the SLPSI (Blood et al., 2002;

Fimian et al., 1991).

Professional Quality of Life 5th Version (ProQOL 5)

The ProQOL 5 was developed in the late 1990s by Stamm, a retired professor and

researcher in the field of traumatic stress, to examine the positive (compassion

satisfaction) and the negative (compassion fatigue) aspects of employees' professional

quality of life. Since that time, professionals from around the world have given their time,

data, programming, and analyses to further the development of the theory of compassion

satisfaction and compassion fatigue (Stamm, 2010). In 2021, the Center for Victims of

Torture (CVT) obtained the ownership of the ProQOL 5. The measurement tool is

available online at www.proqol.org/progol-measure.

The ProQOL 5 is a 30-item screening tool that uses a 5-point frequency response

scale (1 = "Never"; 5 = "Very Often"). The ProQOL 5 has three subscales: compassion

satisfaction (CS), burnout (BO), and secondary traumatic stress (STS). Each subscale measures a separate construct and each subscale is scored separately. The raw scores have been converted to standardized scores on the ProQOL 5 to allow for consistency of interpretation (i.e., low, moderate, or high) of the three subscales (Stamm, 2010). The ProQOL 5 can be administered individually or in a group. The scoring can be done by hand or using a statistical software program such as SPSS (Stamm, 2010). Cut scores are provided; however, since the tool is not designed for diagnostic purposes, the authors recommended that the ProQOL 5 be used from a statistical perspective using continuous values (Stamm, 2010).

Stamm (2010) explained that compassion satisfaction (CS) is about the pleasure that an employee receives from a job well-done. CS is measured through 10 items on the ProQOL 5. Subscale raw scores of 22 or less reflect low CS, scores between 23 and 41 reflect a moderate level of CS and a score of 42 or higher tend to reflect a high level of CS. Higher scores characterize greater satisfaction associated with the employees' perception of being an effective caregiver in their job (Stamm, 2010).

Stamm (2010) described burnout (BO) as the first element of compassion fatigue. Feelings of hopelessness and difficulty completing job tasks effectively are symptoms of BO. BO is measured through 10 items on the ProQOL 5. Subscale raw scores of 22 or less reflect low levels of BO and positive feelings about one's ability to work effectively, scores between 23 and 41 reflect a moderate level of BO, and a score of 42 or higher tend to reflect a high level of BO (Stamm, 2010).

Stamm (2010) described secondary traumatic stress (STS) as the second element of compassion fatigue. STS encompasses employees' exposure to their clients' extreme

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or traumatic events (not their own specific events). It includes hearing about others' stressful events and stories of their pain and suffering. STS is measured through 10 items on the ProQOL 5. Subscale raw scores of 22 or less reflect low levels of STS, scores between 23 and 41 reflect a moderate level of STS and scores of 42 or higher tend to reflect a high level of STS (Stamm, 2010). For employees' whose scores are above 41, Stamm recommended a self-examination regarding their feelings about their work environment and the need to discuss their findings with other professionals.

The ProQOL 5 is a reliable measure of compassion satisfaction and compassion fatigue in many helping professions. The population sampled included healthcare, social service workers, teachers, attorneys, police officers, firefighters, clergy, and others who work with clients, patients, or victims. Reliability of the ProQOL 5, reported in Cronbach alpha, is as follows for each of the subscales: CS = 0.88, BO = 0.75, and STS = 0.81 (Stamm, 2010). Construct validity has been documented in over 200 published research papers whereas compassion fatigue, secondary traumatic stress, and vicarious traumatization were examined; nearly half used one of the versions of the ProQOL (Stamm, 1995, 2010; Thomas & Otis, 2010). In addition, there were more than 100,000 articles using the ProQOL made public at the time the current manual was revised (Stamm, 2010). A comprehensive bibliography is available revealing 667 documents specifically using the ProQOL measure, making it the most commonly used measure in compassion fatigue studies (http://ProQOL.org, 2016).

As stated on the ProQOL 5 protocol and on the website www.proqol.org, the ProQOL 5 may be freely copied and used without individual permission from the ProQOL office if the user credits the authors, does not sell it, and does not make changes

other than replacing "helper" with a more specific term such as "speech-language pathologist." Nevertheless, permission to use and electronically reformat the ProQOL for research purposes was requested and granted via e-mail (ProQOL Office at the Center for Victims of Torture, personal communication, July 18, 2021). See Appendix D. The owners of the ProQOL encourage researchers to donate their raw data so that it can be merged into the larger data bank and used to improve the instrument. Stamm (2010) noted that two very important covariates were not addressed in the data bank at the time the ProQOL manual was written: work setting and types of people assisted. It was suggested that any study using the ProQOL include these variables.

In this study, the ProQOL 5 was used to assess compassion satisfaction and compassion fatigue (burnout and secondary traumatic stress) exhibited by SLPs. Then, the determined effect(s) (low, moderate, or high) was correlated with the participants' use of specific emotional labor strategies as stated in RQ1. Lastly, as recommended by the authors of the ProQOL 5, work setting was addressed in RQ4.

The Emotional Labor Strategies Scale, the Speech Language Pathologist Stress Index (SLPSI), and the Professional Quality of Life Scale (ProQOL), were combined into a single questionnaire. Though the variables using scales are ordinal in nature, they were deemed as interval because the distance is assumed to be approximately the same between each response.

A letter describing the purpose of the study and consent was included in the introduction of the survey. Eight demographic and work-related questions preceded the questions from the instruments and were used as sample comparison to the statistics reported in the ASHA 2020 member and affiliate profile. These questions included:

1. Are you a certified speech-language pathologist?

> If the answer to this question was "No" the questionnaire ended and the

> participant's willingness to participate was acknowledged.

2. Which occupational setting best describes your current workplace?

> This question was used to address RQ4.

3. Ethnicity

4. Race

5. Primary state of employment within the past 3 months.

6. Employment status within the past 3 months.

7. Primary employment function.

8. Gender

Research Design

The research was a quantitative cross-sectional survey design which is a type of observational study using data collected from population-based surveys (Setia, 2016). This design enabled the researcher to estimate the prevalence of a construct (i.e., emotional labor) in a well-defined population (i.e., SLPs) during a defined time (i.e., 30 days prior to completion of a questionnaire) and allowed the researcher to assess relationships among variables (i.e., emotional labor, job stress, compassion satisfaction and compassion fatigue) (Bangdiwala, 2019; Spector, 2019). These conditions, in conjunction with the constructs being relatively new phenomena to the research field within the population of speech-language pathologists, supported the use of a cross-sectional design for studying important organizational phenomena (Spector, 2019).

Procedures

Once the study was approved by the dissertation committee and the Institutional

Review Board (IRB) at the University of Southern Mississippi, a pilot study was

conducted to increase the likelihood of success in the final study. The pilot test assisted in

identifying questionnaire problems, in helping determine whether incentives would have

been beneficial, and in lending credibility to the full research study (Ruel et al., 2016).

The results from the pilot test helped to guide the methodology of the full research

project by providing additional assurance regarding the stated research questions, by

testing the proposed study design and process, and by reducing unexpected obstacles (van

Teijlingen & Hundley, 2001). According to Lewis et al., (2021), a participant sample size

of 26–34 for pilot testing is most likely to be significant indicating acceptable fidelity.

The final study was conducted after the pilot testing had been completed, the data were

entered and analyzed, and appropriate changes were made to the study design,

questionnaire, research questions etc.

The full study began by verifying with the ASHA to secure approval and confirm

procedures associated with contacting the certified speech-language pathologists within

its membership. The researcher contacted SLPs collectively through the ASHA

Community website. All ASHA Community guidelines were followed as posted at

https://community.asha.org/communityguidelines. This included the specific guidelines

for research surveys located at https://www.asha.org/Research/Surveying-ASHA-

Members-for-Research-Purposes/. A reminder post was made two weeks after the initial

post. Private emails were sent directly to certified SLPs through ASHA Community

directory two weeks after the reminder post to gain the maximum number of participants.

A current membership allows members to access other members' information publicly online through the ASHA website provided that the member has given prior authorization. All emails sent directly to SLPs included specific information regarding the survey and included an embedded link to the questionnaire.

The data analyses for this study were generated using Qualtrics software, (2020). The data were coded, entered, and stored in SPSS on the researcher's computer and the questionnaire stopped in the Qualtrics software at the end of the survey to improve the accuracy of data analyses.

The data collected were downloaded and kept in an encrypted file on the researcher's password-secured computer. The data were transferred to the statistical program IBM SPSS statistics predictive analytics software, for analyses. Descriptive statistics including central tendencies, variances, standard deviations, and frequencies were used to answer RQ1 and RQ2. In addition to descriptive statistics, correlations were used to answer RQ3. Correlations generate measures of strength and direction of association between two independent variables. Pearson's Correlation was used to determine the relationship between the prominent emotional labor strategy revealed in RQ1 analysis and compassion satisfaction/compassion fatigue to answer RQ3. In RQ4, a multivariate analysis of variance (MANOVA) was used to determine whether a relationship existed between genuine emotions and the SLPs' occupational settings. Finally, all data were reported and discussed using written explanations and tables.

Data Analysis

Data analyses occurred after two major segments of the study. First, the data from the online pilot study was collected through Qualtrics and analyzed using SPSS to

investigate proper data coding and analyses that was most appropriate for the study. Afterward, all required and allowable changes were made to the questionnaire to adjust for maximum recruitment and participation. Second, the questionnaire was sent to all SLPs as described in the participants and design sections. The results from the study conducted through Qualtrics was coded and placed into an SPSS file to conduct quantitative analyses of the participants' responses. Cronbach alpha analyses were used to support construct validity for each instrument used in the questionnaire which included a combination of three instruments. Alpha coefficients greater than .70 are assumed to be adequate for internal consistency in the field of social science (Nunnally & Bernstein, 1994).

Statement 1 of the questionnaire presented the explanation of the study and asked for consent from the participants before completing the questionnaire. Question 1 asked the participant to confirm whether he/she was a certified speech-language pathologist. If the participant confirmed that they were a certified SLP, the second question became available for response; however, if the participant confirmed that they were not a certified speech-language pathologist, the questionnaire ended and the participant's attempt to participate was acknowledged with appreciation and their responses were recorded. The response to this question ensured that all participants were only certified SLPs as described in the study.

For RQ1, questions 9-22 were from the 14–item Emotional Labor Scale and were used to assess surface acting, deep acting, and genuine display of emotions used most often by SLPs. Descriptive statistics including central tendencies, variances, standard deviations, and frequencies were calculated using SPSS. The responses to these fourteen

items were summed and the mean and mode were used to determine which emotional

labor strategy was most often utilized by SLPs. The highest total revealed the most used

strategy after the 1=strongly agree and 5=strongly disagree scale was reverse coded

following data collection on the Emotional Labor Scale.

For RQ2, items 23–70 from the 48–item Speech-Language Pathologist Stress

Inventory (SLPSI) were used to assess the sources and manifestations of occupational

stress within the profession of speech-language pathology. The four sources of

occupational stress noted on the SLPSI included: Time and Workload Management, Lack

of Professional Support, Bureaucratic Restrictions, and Instructional Limitations. Two

manifestations of occupational stress were noted on the SLPSI: Emotional Fatigue and

Biobehavioral. The total means of each subtest revealed what SLPs identified as their

primary sources and manifestations of occupational stress. The results were described

ranging from "no strength; not noticeable" (1) to "major strength; extremely noticeable"

(5). Using this response scale, the participants indicated the degree of perceived strength

with which they experienced occupational stress and not merely the presence or absence

of occupational stress (Fimian et al., 1991).

Item means, descriptive statistics, and Pearson correlations were performed

among the item ratings to measure the association between the six subscales and the total

scale of the SLPSI. Correlations generate measures of strength and direction of

association between independent variables. According to Kline (2005), correlations

between constructs should not exceed .85 for the constructs to have discriminant validity.

However, the key element of statistical significance is the sample size because the

sampling distribution changes when the sample size changes (Meyers et al., 2013).

For RQ3, items 9-22 from the ELS and items 71–100 from the 30–item ProQOL scale were used to assess the emotional labor strategy, genuine emotions, along with compassion satisfaction (CS), and compassion fatigue (CF). Descriptive statistics including means and standard deviations were used to determine which variables had the highest level of agreeableness. The effect size of and correlation between the emotional labor strategy, genuine emotion, and compassion satisfaction/fatigue was calculated using Pearson Correlations to assess the relationship between consistency of genuine emotion and compassion fatigue/compassion satisfaction.

Lastly, for RQ4, item 2 from the demographics section and items 9-22 from the 14-item ELS were used to assess whether occupational setting makes a difference in the type of emotional strategy used. A multivariate analysis of variance (MANOVA) was conducted to determine whether the SLPs' occupational setting (Educational Facility, Health Care Facility, Private Practice/Other) made a difference in the emotional labor strategy (Surface Acting, Deep Acting, Genuine Emotion) used.

Demographic variables, questions 2–8, were assessed with descriptive statistics. Descriptive statistics were used to assess all variables for normality and cases of missing data and outliers. If item data were missing at random and remained less than 5% of the total case, imputation of item mean was used (Meyers et al., 2013). The cases containing more than 5% missing data, were deleted from the analysis (Meyers et al., 2013). Any noted outliers were examined for cause and decisions to delete or keep were made accordingly (Meyers et al., 2013). All data were reported and discussed using written explanations and tables.

CHAPTER IV – RESULTS

The purpose of this quantitative study was to evaluate speech-language pathologists' (SLPs) experiences regarding professional emotional labor and the extent to which they believed emotional labor is possibly related to job stress, compassion satisfaction, and compassion fatigue (i.e., burnout and secondary traumatic stress). This study also considered the SLPs' occupational settings in relationship to emotional labor and the outcome variables of the study. Following a pilot study, the questionnaire was revised before posting to ASHA Community websites for certified SLPs to complete. Four research questions were considered.

1. Which strategy of emotional labor (surface acting, deep acting, and genuine emotions) is most often utilized by speech-language pathologists?

2. What do speech-language pathologists identify as the primary sources and manifestations of occupational stress within the profession of speech-language pathology?

3. Does reported frequency of use of a specific emotional labor strategy (Surface Acting, Deep Acting, or Genuine Emotions) correlate with reported experienced Compassion Satisfaction or Compassion Fatigue?

4. Does the SLPs' occupational setting make a difference in type of emotional labor strategy (Surface Acting, Deep Acting, Genuine Emotion) used?

Pilot Study

According to (Hassan et al., 2006), the purposes of a pilot study include:

- to determine the feasibility of the study protocol and identify weaknesses in the study

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- to evaluate the instrument(s) and determine if they are asking the intended questions, whether the format is understandable and appropriate for the target population
- to test the appropriateness of data collection using a self-completed questionnaire
- to test the data entry, coding of the items, and appropriateness of statistical tests

A pilot study was conducted following the approval for this research project by the Institutional Review Board (IRB) at The University of Southern Mississippi. Please see Appendix A. The questionnaire used in the pilot study consisted of one question to verify ASHA certification as a speech-language pathologist, seven demographic items, and ninety-two questions with 5-point horizontal numeric scales from three previously validated instruments (i.e., Emotional Labor Scale, Speech-Language Pathologists Stress Inventory, and Professional Quality of Life Scale). A link to the questionnaire in Qualtrics XM was emailed to a group of approximately 30 individuals known to the researcher. Twenty-one responses were received via Qualtrics XM. Of the twenty-one responses, twenty were completed. One respondent reported that they did not meet the qualifications to complete the questionnaire (i.e., certified speech-language pathologist) and was, consequently, routed to the end of the instrument without completing any items. This rerouting technique was shown to be effective and was utilized in the final study. A total of twenty responses were considered for revisions to the final questionnaire. Fourteen questionnaires were fully completed and six had minimal missing data completely at random. Participant's responses varied across the questionnaire.

All demographic questions were fully answered. Of the twenty certified SLPs, ten worked in a special school, three in an elementary school, three in a hospital, one at a

university, one at a private physician's office, and two reported "other" settings and noted retired and not working at this time, respectively. Responses were recorded from three states: California, Illinois, and Mississippi. Most of the participants were employed full time (n = 16). These questions remained in the final questionnaire and were used to compare to the demographics of the population of certified speech-language pathologists reported in the ASHA 2020 annual demographic and employment data profile.

Revisions Made to Questionnaire Based on the Pilot Study

It was reported by one participant that clicking too fast and not having a "back" button kept the missing data from being inserted. A back button was included on the final questionnaire to reduce possible missing data.

Several participants expressed difficulty transitioning from the Emotional Labor Scale items to the Speech-Language Pathologist Stress Index (SLPSI) items stating the 5-point Likert scale (Strongly Agree - Strongly Disagree) changed from descending order to ascending order (Not Noticeable - Extremely Noticeable). These scales were closely evaluated and clarification of SLPSI's scale was revised to include numbers 1 to 5 and extra wording (i.e., 1 no strength; not noticeable to 5 major strength; extremely noticeable). In addition, a transition phrase was added prior to the SLPSI giving clearer directions for the following section to be completed and aiding in the flow from one section to the next. Lastly, the items were numbered and named in Qualtrics XM which made it easier to download and export to SPSS. These changes helped with coding and data entry. The coding changes were not visible to the participants.

Statistical Analyses of the Instruments Used in Survey

Internal consistency is a crucial measure of the interrelatedness among items within subscales or scales. Internal consistency for the subscales and scales presented in this study was examined following the pilot study using Cronbach's coefficient alpha (Cronbach, 1951).

The Emotional Labor Scale (ELS) developed by Diefendorff et. al (2005) consists of three subscales totaling 14 items. A Cronbach's analysis was conducted on the three subscales. See Table 1 for the reliability statistics.

Table 1

Reliability Statistics for Emotional Labor Scale

Subscale	Cronbach's α	N of Items
Surface Acting	.92	7
Deep Acting	.83	4
Genuine Emotion	[a].68	3

[a]The subscale's alpha level indicates a moderate level of inter-item reliability. Deleting item 13 (i.e., The emotions I feel come naturally.) would increase the alpha level to .71; however, this is not a one-point difference and is not a significant increase.

The three subscales (i.e., surface acting, deep acting, and genuine emotions) were correlated to determine whether the Emotional Labor Scale is measuring the latent variables, emotional labor, and genuine emotions. The "Surface Acting" subscale was positively correlated with the "Deep Acting" subscale, $r(19) = .54$, $p = .013$. However, the "Surface Acting" scale and the "Deep Acting" scale were negatively correlated with the "Genuine Emotions" subscale, $r(18) = -.73$, $p < .001$ and $r(18) = -.54$, $p = .015$, respectively. This is as expected because, according to theory, genuine emotions do not reflect an emotional labor strategy as compared to surface acting and deep acting which

are emotional labor strategies and involve acting. Given this information, all questions within the Emotional Labor Scale were included in the final questionnaire.

The Speech-Language Pathologist Stress Inventory (SLPSI) is a 48-item questionnaire used to determine the degree of strength with which speech-language pathologists experience stress. Four sources of stress and two manifestations of stress are measured using the SLPSI. A Cronbach's analysis was conducted on each subtest. See Table 2 for the reliability statistics.

Table 2

Reliability Statistics for Speech-Language Pathologist Stress Inventory (SLPSI)

Subscale	Cronbach's α	N of Items
Sources of Stress		
Bureaucratic Restrictions	.90	6
Time/Management Workload	.92	8
Instructional Limitations	[a].62	7
Lack of Professional Supports	.89	11
Manifestations		
Emotional-Fatigue	.86	10
Biobehavioral	.78	6

[a] If item 35 were deleted from the instructional limitations subscale, the subscale's alpha would be .72 which indicated a significant increase. The item (i.e., Experiences discipline problems.) was not deleted after the pilot study, but was further examined in the full study and found that it would not have increased the subscale's alpha.

The four stress subscales (i.e., Bureaucratic Restrictions, Time and Workload Management, Instructional Limitations, and Lack of Professional Supports) were correlated to determine whether the SLPSI is measuring the latent variable, stress. The four subscales were positively correlated; however, only three of the subscales were

significantly correlated at the .01 level (Bureaucratic Restrictions, Time and Workload Management, and Lack of Professional Supports). Instructional Limitations subscale was not significantly correlated to the Bureaucratic Restrictions subscale r (19) = .42, p = .07 or to the Lack of Professional Supports subscale r (18) = .43, p = .07. Instructional Limitations subscale was significantly correlated to the Time and Workload Management subscale, r (18) = .60, p = .006.

The two stress manifestations subscales (i.e., Emotional-Fatigue Manifestations and Biobehavioral Manifestations) were correlated to determine whether the SLPSI is measuring the latent variable, manifestations of stress. The Emotional-Fatigue Manifestations subscale was positively correlated with the Biobehavioral Manifestations subscale, r (16) = .63, p = .006. Given this information, all questions within the Speech-Language Pathologist Stress Inventory (SLPSI) were included in the final questionnaire.

The Professional Quality of Life Scale (ProQOL) is a 30-item questionnaire used to determine compassion satisfaction and compassion fatigue. The ProQOL is comprised of three subscales (i.e., compassion satisfaction, burnout, and secondary traumatic stress). The "Burnout" and "Secondary Traumatic Stress" subscales are combined to form the "Compassion Fatigue" score. A Cronbach's analysis was conducted on the three subscales. See Table 3 for the reliability statistics.

Table 3

Reliability Statistics for Professional Quality of Life Scale (ProQOL)

Subscale	Cronbach's α	N of Items
Compassion Satisfaction	.86	10
Burnout	[a].67	10
Secondary Traumatic Stress	[b].67	10

[a]If item 15 were removed (i.e., I have beliefs that sustain me.), the alpha level would increase to .70; however, since the increase is not a full point, the difference would not be significant. [b]If item 5 were removed (i.e., I jump or am startled by unexpected sounds), the alpha level would increase to .74; however, since the increase is not a full point, the difference would not be significant

The three subscales (i.e., compassion satisfaction, burnout, and secondary traumatic stress) were correlated to determine whether the ProQOL is measuring the latent variables, compassion satisfaction and compassion fatigue. Burnout and traumatic stress were combined to determine test validity for compassion fatigue. As expected, the compassion satisfaction subscale was negatively correlated with the compassion fatigue subscale, $r(18) = -.71$, $p < .001$. Given this information, all questions within the Professional Quality of Life Scale (ProQOL) were included in the final questionnaire.

Final Study

Data Screening

A link to the survey and a recruitment statement was posted on the American Speech and Hearing (ASHA) Community website. A reminder statement, along with the link to the questionnaire, was posted two weeks following the initial post. Individual emails were sent through the ASHA Community requesting participation. After six weeks of data collection, a total of 405 responses from 48 states were received from the survey through Qualtrics XM. Six participants did not respond positively to the initial item, "I am a certified Speech-Language Pathologist" and were automatically routed to the end of

the questionnaire without completing any questions. The data were examined for

impossible or out of range values in each response set and none were found. The data

were examined for possible missing data. An initial examination of the data revealed that

129 participants were above the 5% threshold for possible missing value intervention;

therefore, these cases were deleted from the data set (Meyers et al, 2013). The majority of

the 129 participants appeared to have fatigued and stopped the questionnaire at various

points with more than 5% of the 92 questions remaining unanswered. Further analyses

were conducted through SPSS Version 26 on the remaining 270 responses and the 92

items within the questionnaire. Frequency statistics indicated that 21 items had one data

point missing completely at random and one item had two data points missing completely

at random. Because these 22 cases were from respondents who missed fewer than 5% of

the questions, no pattern of missing data was established, and there were no more than

two cases missing from any one variable, the subgroup mean of each item with missing

data was determined and then that mean was rounded to the nearest whole number and

substituted for the missing value within each variable. This approach bases the mean on

the actual item within one of the three instruments used instead of a full sample mean

which would include all three instruments (Meyers et al, 2013). No outliers were noted

because all variables are either categorical or continuous; however, frequency tables were

examined for each item to confirm the minimum and maximum values were between 1

and 5. Calculations for skewness and kurtosis were made using SPSS version 26 to

determine whether data were normally distributed. Calculations and visual inspections of

the histograms indicated that the shape of the distribution of the 92 items may not be

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severely non-normal given the guidelines of ≤ 3.0 for skewness and ≤ 10.0 for kurtosis (Kline, 2016).

Demographics

A final participant count of 270 across 45 states was used to analyze all data and answer the four research questions. Two participants did not include their state; therefore, these two were coded as "other" in the data set to avoid listwise deletion of data. The demographics of the of the 270 participants yielded 90.7% as not Hispanic or Latino, 85.6% white, and 94.4% female. This sample (N = 270) closely resembled the sample reported per the demographic profile of ASHA Speech-Language Pathology Only (N = 188,143) as presented in the 2020 ASHA member and affiliate profile wherein, 93.8% were not Hispanic or Latino, 91.6% were white, and 96.3% were female. Most participants were "employed full time" (81.5%) and their primary employment function was "clinical service provider" (68.9%). Again, these reports are in direct comparison with the majority reporting in the national SLP sample. However, there were differences noted in the participant's occupational setting in this sample when compared to the demographic profile of ASHA constituents as presented in the 2020 ASHA member and affiliate profile. A higher percentage of the participants (58.1%) worked in educational facilities compared to the 53.5% in the national sample, 22.6% worked in health care facilities compared to the 39.9% in the national sample, and 8.5% worked in other facilities compared to 6.6% in the national sample. In addition, private practice facilities accounted for 10.7% in this study and a total of 21.6% reported being in private practice in the national sample. See Table 4 for specifics related to occupational settings.

Table 4

Occupational Settings

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Educational Facilities	157	58.1	58.1	58.1
	Health Care Facilities	61	22.6	22.6	80.7
	Private Practice/Other	52	19.3	19.3	100.0
	Total	270	100.0	100.0	

Instrument Descriptives

Internal consistency is a measure of the interrelatedness among items within subscales or scales. Internal consistency for the subscales and scales presented in this study was examined following the final study using Cronbach's coefficient alpha (Cronbach, 1951).

Emotional Labor Scale (ELS)

A Cronbach's analysis was conducted on the "Surface Acting" 7-item subscale of the ELS. The subscale's alpha level was .94, which indicates that the subscale has an adequate level of inter-item reliability. A Cronbach's analysis was conducted on the "Deep Acting" 4-item subscale of the ELS. The subscale's alpha level was .86, which indicates that the subscale has an adequate level of inter-item reliability. A Cronbach's analysis was conducted on the "Genuine Emotions" 3-item subscale of the ELS. The subscale's alpha level was .82, which indicates that the subscale has an adequate level of inter-item reliability. Given the above results, the Emotional Labor Scale is reliable.

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The three subscales (i.e., surface acting, deep acting, and genuine emotions) were correlated to determine whether the Emotional Labor Scale is measuring the latent variables, emotional labor, and genuine emotions. There was a statistically significant, small positive correlation between the "Surface Acting" subscale and the "Deep Acting" subscale, r (269) = .38, p < .001. However, the "Surface Acting" scale and the "Deep Acting" scale indicated significant negative correlations with the "Genuine Emotions" subscale, r (269) = -.69, p < .001 and r (269) = -.17, p = .006, respectively. This was expected because, according to theory, genuine emotions do not reflect an emotional labor strategy as compared to surface acting and deep acting which are emotional labor strategies and involve acting. Given this information, the Emotional Labor Scale is valid and measures surface acting, deep acting, and the display of genuine emotions.

Speech-Language Pathologist Stress Inventory (SLPSI)

The SLPSI is a 48-item questionnaire used to determine the degree of strength with which speech-language pathologists experience stress. Four sources of stress and two manifestations of stress are measured using the SLPSI. Six items identify stress related to "Bureaucratic Restrictions;" eight items identify stress related to "Time and Workload Management;" seven items identify stress related to "Instructional Limitations;" and, eleven items identify stress due to "Lack of Professional Supports." In addition, two types of manifestations are identified as the result of perceived stress: "Emotional-Fatigue" (comprised of ten items) and "Biobehavioral" (comprised of six items).

A Cronbach's analysis was conducted on the "Bureaucratic Restrictions" 6-item subscale of the SLPSI. The subscale's alpha level was .90, which indicates that the

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subscale has an adequate level of inter-item reliability. A Cronbach's analysis was conducted on the "Time and Workload" 8-item subscale of the SLPSI. The subscale's alpha level was .93, which indicates that the subscale has an adequate level of inter-item reliability. A Cronbach's analysis was conducted on the "Instructional Limitations" 7-item subscale of the SLPSI. The subscale's alpha level was .84, which indicates that the subscale has an adequate level of inter-item reliability. A Cronbach's analysis was conducted on the "Lack of Professional Supports" 11-item subscale of the SLPSI. The subscale's alpha level was .90, which indicates that the subscale has an adequate level of inter-item reliability. In addition, the two stress manifestation subtests were analyzed using Cronbach's analysis. The 10-item "Emotional-Fatigue" subtest yielded an alpha level of .90 and the 6-item "Biobehavioral" subtest yielded an alpha level of .81 which indicated an adequate level of inter-item reliability in both manifestations' subtests.

The four stress subscales were correlated to determine whether the SLPSI is measuring the latent variable, stress. The four stress subscales were positively correlated at the $< .01$ level. Please see Table 5 for correlations.

Table 5

SLPSI Stress Subtests Correlations

		Bureaucratic Restrictions	Instructional Limitations	Lack of Professional Supports	Emotional-Fatigue Manifestation
Bureaucratic Restrictions	Pearson Correlation	1	.574**	.824**	.637**
	Sig. (2-tailed)		.000	.000	.000
	N	270	270	270	270
Instructional Limitations	Pearson Correlation	.574**	1	.701**	.692**
	Sig. (2-tailed)	.000		.000	.000
	N	270	270	270	270
Lack of Professional Supports	Pearson Correlation	.824**	.701**	1	.662**
	Sig. (2-tailed)	.000	.000		.000
	N	270	270	270	270
Emotional-Fatigue Manifestation	Pearson Correlation	.637**	.692**	.662**	1
	Sig. (2-tailed)	.000	.000	.000	
	N	270	270	270	270

**. Correlation is significant at the 0.01 level (2-tailed).

The two stress manifestations subscales (i.e., Emotional-Fatigue Manifestations and Biobehavioral Manifestations) were correlated to determine whether the SLPSI is measuring the latent variable, manifestations of stress. The Emotional-Fatigue Manifestations subscale was positively correlated with the Biobehavioral Manifestations subscale, r (269) = .71, $p < .001$. Given this information, the Speech-Language Pathology Stress Index was valid and measured stress and the manifestations of stress.

The Professional Quality of Life Scale (ProQOL) Version 5

The ProQOL5-5 is a 30-item questionnaire used to determine level of compassion satisfaction and compassion fatigue. The ProQOL-5 is comprised of three subscales (i.e., compassion satisfaction, burnout, and secondary traumatic stress). The "Burnout" and "Secondary Traumatic Stress" subscales are combined to form the "Compassion Fatigue" score. The ProQOL-5 scale was examined for internal consistency for the subscales using Cronbach's coefficient alpha (Cronbach, 1951). The "Compassion Satisfaction" 10-item subscale alpha level was .93, which indicates that the subscale has an adequate level of inter-item reliability. The "Burnout" 10-item subscale's alpha level was .88, which indicates that the subscale has an adequate level of inter-item reliability. Lastly, the "Secondary Traumatic Stress" 10-item subscale's alpha level was .85, which indicates that the subscale has an adequate level of inter-item reliability.

The three subscales (i.e., compassion satisfaction, burnout, and secondary traumatic stress) were correlated to determine whether the ProQOL-5 is measuring the latent variables, compassion satisfaction and compassion fatigue. Burnout and secondary traumatic stress were combined to assess compassion fatigue. Analyses showed the relationship to be linear with both variables normally distributed and there were no outliers. There was a statistically significant, strong negative correlation between the Compassion Satisfaction subscale and the Compassion Fatigue subscale, r (269) = -.67, p < .001.

Results for Research Question 1

Which strategy of emotional labor (surface acting, deep acting, and genuine emotions) is most often utilized by speech-language pathologists?

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This question was answered by using the results from the Emotional Labor Scale (ELS) developed by Diefendorff et. al (2005) which consisted of three subscales totaling 14 items. The response scale was a 5-point Likert scale (i.e., 1-Strongly Agree, 2-Somewhat Agree, 3-Neither Agree nor Disagree, 4-Somewhat Disagree, 5-Strongly Disagree). Each item was recoded in SPSS following the close of the survey to aid in analyzation of the items. Therefore, higher scores indicated a higher level of agreeableness with the statements presented.

Descriptive statistical analyses revealed that, on average, the SLPs agreed that they preferred to utilize "Genuine Emotions" most often in their work environment. See Table 6 for the descriptive statistics for the three emotional labor variables.

Table 6

Statistics for Emotional Labor Variables

		Surface Acting	Deep Acting	Genuine Emotions
N	Valid	270	270	270
	Missing	0	0	0
Mean		2.9984	3.3065	3.9383
Median		3.1429	3.5000	4.0000
Mode		1.00[a]	3.00	4.00
Std. Deviation		1.14083	1.01353	0.83321
Minimum		1.00	1.00	1.00
Maximum		5.00	5.00	5.00

[a.] Multiple modes exist. The smallest value is shown

Because the means of each subtest were statistically close, the mode was considered to confirm the finding. The participants "somewhat agreed" that they used genuine emotions more often than surface acting and deep acting.

Results for Research Question 2

What do speech-language pathologists identify as the primary sources and manifestations of occupational stress within the profession of speech-language pathology?

This question was answered using the results from the Speech-Language Pathologist Stress Inventory (SLPSI) developed by Fimian et. al (1991). Descriptive statistical analyses indicated that the SLPs' reported a moderately noticeable impact of stress primarily due to Time and Workload Management ($M = 3.3$, $SD = 1.07$). The rank order of stressful events experienced by reporting SLPs, from strongest to weakest, was Time and Workload Management, Bureaucratic Restrictions ($M = 2.65$, $SD = 1.09$), Lack of Professional Supports ($M = 2.53$, $SD = .95$), and Instructional Limitations ($M = 2.18$, $SD = .86$). The stressful events were primarily manifested by evidence of somewhat noticeable Emotional Fatigue ($M = 2.40$, $SD = .93$). The total stress score was obtained by averaging the subtests scores for the 48 items on the SLPSI as described by Fimian et al. (1991) ($M = 2.67$, $SD = .86$). This total score signifies the operational classification of SLP stress as the relative strength with which all stressful events on the SLPSI are experienced (Fimian et al., 1991). In this sample, the SLPs experienced the effects of stress at a somewhat noticeable level.

Results for Research Question 3

Does reported frequency of use of a specific emotional labor strategy (Surface Acting, Deep Acting, or Genuine Emotions) correlate with reported experienced Compassion Satisfaction or Compassion Fatigue?

The results from the Emotional Labor Scale (ELS) developed by Diefendorff et.

al (2005) and the Professional Quality of Life Scale (ProQOL) Version 5 developed by

Stamm (2010) were used to answer this question.

As purported in question 1, SLPs reported the use of genuine emotion more

frequently than they did surface acting or deep acting. These descriptive results were

derived from the Emotional Labor Scale. The results from the ProQOL-5 instrument

indicated that, on average, SLPs experienced a "Moderate" level of Compassion

Satisfaction (M = 38.62, SD = 7.34) and a "Low-Moderate" level of Compassion Fatigue

(M = 23.56, SD = 6.20). See Table 7. Whereas a sum of 22 or less is Low, between 23

and 41 is Moderate, and 42 or more is High (Stamm, 2010).

Table 7

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Compassion Satisfaction	270	17.00	50.00	38.6222	7.33973
Compassion Fatigue	270	10.50	40.50	23.5630	6.20437
Valid N (listwise)	270				

A Pearson Correlation was used to examine the relationship between consistency

of Genuine Emotion and Compassion Satisfaction/Compassion Fatigue. There was a

statistically significant, strong positive correlation between Genuine Emotion and

Compassion Satisfaction, r (267) = .55, p < .001. There was a statistically significant,

moderate negative correlation between Genuine Emotion and Compassion Fatigue, r

$(267) = -.46, p < .001$. See Table 8.

Table 8

Correlations

		ProQOL Compassion Satisfaction	ProQOL Compassion Fatigue	ELS Genuine Emotion
Compassion Satisfaction	Pearson Correlation	1	-.666[**]	.547[**]
	Sig. (2-tailed)		.000	.000
	N	270	270	270
Compassion Fatigue	Pearson Correlation	-.666[**]	1	-.460[**]
	Sig. (2-tailed)	.000		.000
	N	270	270	270
Genuine Emotion	Pearson Correlation	.547[**]	-.460[**]	1
	Sig. (2-tailed)	.000	.000	
	N	270	270	270

**. Correlation is significant at the 0.01 level (2-tailed).

Results for Research Question 4

Does the SLPs' occupational setting make a difference in type of emotional labor strategy (Surface Acting, Deep Acting, Genuine Emotion) used?

Seventeen different occupational settings were listed as options for participants to choose from on Q2 of the questionnaire released through Qualtrics XM. These 17 occupational settings were reduced to 3 by combining special school, preschool, elementary school, secondary school, several schools, unspecified school, and college/university into one variable "educational facility"; combining hospital, skilled

nursing facility, other residential health care facility, home health care, private physician's office, AUD's or SLP's office, speech and hearing center, and other nonresidential health care facility into one variable "health care facility"; and combining private practice with all "other" settings to one variable defined as "other" for the purpose of a more reasonable statistical analysis. See table 9 for final frequency results of occupational settings.

Table 9

Occupational Settings

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Educational Facility	157	58.1	58.1	58.1
	Health Care Facility	61	22.6	22.6	80.7
	Private Practice/Other	52	19.3	19.3	100.0
	Total	270	100.0	100.0	

A multivariate analysis of variance (MANOVA) was conducted to determine if SLPs' occupational setting (i.e., Educational Facility, Health Care Facility, Private Practice/Other) makes a difference in the emotional labor strategy (i.e., Surface Acting, Deep Acting, Genuine Emotion) used. Several assumptions must be met when utilizing a MANOVA. First, the study design must have two or more continuous dependent variables, the independent variable should be categorical with two or more independent groups, and independence of observations (Laerd Statistics, 2015). The 5-point Likert scale used to assess the three types of emotional labor strategies can be used as continuous data in parametric tests (Sullivan & Artino, 2013). In this study design, there are three continuous dependent variables (surface acting, deep acting, and genuine

emotion); the independent variable is categorical with three independent groups (educational facility, health care facility, and private practice/other), and the observations are independent of one another. There were no extreme univariate outliers in the data, as assessed by inspection of a boxplot for values greater than 1.5 box-lengths from the edge of the box. Surface acting, deep acting, and genuine emotions were normally distributed for each occupational setting, as assessed by inspection of the Normal Q-Q Plots. There was no multicollinearity, as assessed by Pearson correlation ($r = .383$, $p < .001$; $r = -.685$, $p < .001$; and $r = -.166$, $p = .006$). There was a linear relationship between surface acting and genuine emotions; however, there were not linear relationships between surface acting and deep acting or deep acting and genuine emotions, as assessed by the inspection of scatterplots. It is noted that the assumption of linearity was violated. To determine whether there were any multivariate outliers, the critical value of 16.27 was compared against the Mahalanobis distance value for each data point. There was one multivariate outlier in the data (17.32), as assessed by Mahalanobis distance ($p > .001$). Upon examination, it was determined that the one outlier was not due to data entry error or measurement error and represented genuine data points. Given the sample size of N = 270, the sample size assumption was met, and because a one-way MANOVA is somewhat robust to multivariate outliers, the choice was made to allow the one outlier to remain in the data set. Following the examination of the above required assumptions for a MANOVA, the remaining statistical analyses were completed. There was homogeneity of variance-covariances matrices, as assessed by Box's test of covariance matrices. See Table 10. There was homogeneity of variances, as assessed by Levene's Test of Homogeneity of Variance ($p \geq .001$).

Table 10

Box's Test of Equality of Covariance Matrices

Box's M	15.558
F	1.269
df1	12
df2	108071.848
Sig.	.229

Tests the null hypothesis that the observed covariance matrices of the
dependent variables are equal across groups.

a. Design: Intercept + Occupational settings

   In summary, SLPs working in educational facilities, health care facilities, and in

private practice/other settings agreed that they used surface acting and deep acting more

than genuine emotions in their occupational settings. See Tables 11 and 12 below. A one-

way multivariate analysis of variance (MANOVA) was performed to determine the effect

of occupational setting on type of emotional labor strategy used. Three strategies were

assessed: surface acting, deep acting, and genuine emotions. Speech-language

pathologists reported from three occupational settings: educational facilities, health care

facilities, and private practice/other. The differences between the occupational settings on

the combined dependent variables were not statistically significant, F (6, 530) = 1.140, p

< .338; Wilks' Λ = .975; partial η^2 = .013; therefore, post hoc testing was not completed.

See Table 13 below.

Table 11

Descriptive Statistics for Emotional Labor and Occupational Settings

	Occupational Settings	Mean	Std. Deviation	N
Surface Acting	Educational Facility	21.61	7.620	157
	Health Care Facility	19.57	7.540	61
	Private Practice/Other	20.79	9.396	52
	Total	20.99	7.986	270
Deep Acting	Educational Facility	13.59	3.772	157
	Health Care Facility	13.11	3.724	61
	Private Practice/Other	12.27	5.049	52
	Total	13.23	4.054	270
Genuine Emotion	Educational Facility	11.73	2.472	157
	Health Care Facility	12.10	2.343	61
	Private Practice/Other	11.75	2.772	52
	Total	11.81	2.500	270

Table 12

Descriptive Statistics for Dependent Variable and Occupational Settings

Dependent Variable	Occupational Settings	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
Surface Acting	Educational Facility	21.605	.636	20.352	22.858
	Health Care Facility	19.574	1.021	17.564	21.584
	Private Practice/Other	20.788	1.106	18.612	22.965
Deep Acting	Educational Facility	13.586	.322	12.952	14.220
	Health Care Facility	13.115	.517	12.097	14.133
	Private Practice/Other	12.269	.560	11.167	13.372
Genuine Emotions	Educational Facility	11.726	.200	11.333	12.120
	Health Care Facility	12.098	.321	11.467	12.730
	Private Practice/Other	11.750	.347	11.066	12.434

Table 13

Multivariate Tests[a]

Effect		Value	F	Hypothesis df	Error df	Sig.	Partial Eta Squared
Intercept	Pillai's Trace	.986	6216.598[b]	3.000	265.000	.000	.986
	Wilks' Lambda	.014	6216.598[b]	3.000	265.000	.000	.986
	Hotelling's Trace	70.377	6216.598[b]	3.000	265.000	.000	.986
	Roy's Largest Root	70.377	6216.598[b]	3.000	265.000	.000	.986
Occupational Settings	Pillai's Trace	.025	1.144	6.000	532.000	.335	.013
	Wilks' Lambda	.975	1.140[b]	6.000	530.000	.338	.013
	Hotelling's Trace	.026	1.136	6.000	528.000	.340	.013
	Roy's Largest Root	.016	1.425[c]	3.000	266.000	.236	.016

a. Design: Intercept + Occupational Settings
b. Exact statistic
c. The statistic is an upper bound on F that yields a lower bound on the significance level.

CHAPTER V – DISCUSSION

Emotional labor research has grown since Arlie Hochschild examined it in her book *The Managed Heart: Commercialization of Human Feeling* (1985) wherein she stated "…when we succeed in lending our feelings to the organizational engineers of worker-customer relations – we may pay a cost in how we hear our feelings and a cost in what, for better or worse, they tell us about ourselves" (p 21). One of the primary purposes for this quantitative study was to survey certified speech-language pathologists in an attempt to evaluate their experiences regarding the use of their emotions at work– emotional labor. In addition, job stress, compassion satisfaction, compassion fatigue, and job setting were explored. Four research questions guided this study.

1. Which strategy of emotional labor (surface acting, deep acting, and genuine emotions) is most often utilized by speech-language pathologists?

2. What do speech-language pathologists identify as the primary sources and manifestations of occupational stress within the profession of speech-language pathology?

3. Does reported frequency of use of a specific emotional labor strategy (Surface Acting, Deep Acting, or Genuine Emotions) correlate with reported experienced Compassion Satisfaction or Compassion Fatigue?

4. Does the SLPs' occupational setting make a difference in type of emotional labor strategy (Surface Acting, Deep Acting, Genuine Emotion) used?

Pilot Study

A pilot study was conducted following IRB approval. Twenty-one responses were received and revisions to the instrument were made to help with clarity and flow of the

survey. In addition, some coding changes were made to assist with data entry. Reliability and validity analyses were performed on the three instruments used in the survey and found to be within adequate limits.

<div align="center">Participants/Demographics</div>

All data analyses were performed on the responses from 270 certified speech-language pathologist across 45 states within the United States. The demographics from the sample closely resembled the national demographics of speech-language pathologists outlined in the demographic profile of ASHA Speech-Language Pathology Only as presented in the 2020 ASHA member and affiliate profile. The questionnaire listed 17 options for participants to choose from to describe their current occupational setting. All educational settings were combined to create one "educational" setting. All medical settings were combined to create one "medical" setting. The remaining two options were combined to create one "private practice and other" setting. Most participants were employed full time and served as a clinical service provider in the field of speech-language pathology.

<div align="center">Research Question 1</div>

Which strategy of emotional labor (surface acting, deep acting, and genuine emotions) is most often utilized by speech-language pathologists? Surface acting considers a person's inhibitions and acting out, hiding, or faking of emotions and deep acting may be closely related to a person's real emotions or the emotions that they have been taught to be appropriate as related to specific situations and job demands (Hochschild, 1979, 2003). Genuine emotions suggests that the worker naturally feels the actions displayed without any pretense or learned behavior (Ashforth & Humphrey,

1993). The results from this study indicated that speech-language pathologists more often agreed that they displayed genuine emotions while working with clients/students. This finding is consistent with Yang et al. (2019) who noted that the expression of genuine emotions is the most common strategy for emotional labor. Also, Diefendorff, Croyle, and Gosserand (2005) reported that surface acting and deep acting may be less prominent in the work force than displaying genuine emotions.

Though the speech-language pathologists in this study somewhat agreed that they used genuine emotions more than they agreed that they used surface acting and deep acting, the item means and modes for the three emotional labor strategies were found to be within one point from each other (i.e., 3-Neither agree or disagree and 4-Somewhat agree) on the Likert scale resulting in a marginal difference between the three strategies at most.

<center>Research Question 2</center>

What do speech-language pathologists identify as the primary sources and manifestations of occupational stress within the profession of speech-language pathology? Stress has negative consequences for speech-language pathologists and the clients/students they serve (Fimian et al., 1991). The SLPSI measures levels of four sources of stress and two manifestations of stress. The four sources, or causes, of stress that the SLPSI measures are: bureaucratic restrictions, time and workload management, instructional limitations, and lack of professional supports. The speech-language pathologists in this study reported a moderately noticeable impact of stress primarily due to time and workload management ($M = 3.3$). Those who score high on this factor report having too much work to do, little time to prepare and do the work, and too much

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paperwork. They have little time for personal priorities and time to relax during the workday (Fimian et al., 1991). In this study, the stressful events were primarily manifested by evidence of somewhat noticeable emotional fatigue ($M = 2.40$). Emotional-fatigue manifestations is composed of different coping responses to stressful work situations such as feelings of depression, insecurity, anxiety, and fatigue (Fimian et al., 1991). Those who score high in this area report that they require more sleep, procrastinate, call in sick, and have doubts about their professional life (Fimian et al., 1991).

The results of this study mirrored the findings of Fimian et al. (1991) that were reported during the development of the *Speech-Language Pathologist Stress Index* (SLPSI). Fimian et al. (1991) surveyed speech-language pathologists who only worked in the school setting, but noted that attempts should be made to broaden the original sample to include those working in medical and other settings (Fimian et al., 1991). In response to the suggestion made by Fimian et al., this study included all the noted SLP's occupational settings.

Research Question 3

Does reported frequency of use of a specific emotional labor strategy (Surface Acting, Deep Acting, or Genuine Emotions) correlate with reported experienced Compassion Satisfaction or Compassion Fatigue? The reported use of genuine emotions suggest that the worker naturally feels the actions displayed without any pretense or learned behavior (Ashforth & Humphrey, 1993). The results from this study, as discussed in research question one, indicated that speech-language pathologists agreed that they displayed genuine emotions while working with clients/students. Stamm (2010) described

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compassion satisfaction as the pleasure one feels when they have done their work well. An employee may feel positively about their colleagues and contributions to the work setting and society (Stamm, 2010). Compassion fatigue can be defined as the emotional residue of exposure of working with clients/families who are in distress and have experienced trauma (Stamm, 2010). The employee may experience helplessness, anger, withdrawal, apathy, and depression (Joinson, 1992). The results from the ProQOL-5 instrument indicated that, on average, SLPs in this study experienced a "Moderate" level of Compassion Satisfaction (M = 38.62) and a "Moderate" level of Compassion Fatigue (M = 23.56). The compassion fatigue score was at the lowest level in the moderate category and close to a low level. See Table 14 for the ProQOL-5 interpretation scale.

Table 14

ProQOL-5 Interpretation Scale

Sum of Subscale	Level
22 or less	Low
Between 23 and 41	Moderate
42 or more	High

A Pearson Correlation was used to examine the strength of the linear relationship between genuine emotion and compassion satisfaction/compassion fatigue. There was a statistically significant, strong positive correlation between genuine emotion and compassion satisfaction, r (267) = .55, $p < .001$. The speech-language pathologists in this study, who used more genuine emotions when interacting with clients/students, reported higher levels of compassion satisfaction. There was a statistically significant, moderate

negative correlation between genuine emotion and compassion fatigue, r (267) = -.46, $p <$ .001. The speech-language pathologists in this study, who used more genuine emotions when interacting with clients/students, reported lower levels of compassion fatigue.

<center>Research Question 4</center>

Does the SLPs' occupational setting make a difference in type of emotional labor strategy (Surface Acting, Deep Acting, Genuine Emotion) used? Seventeen primary employment facilities were listed in the demographic profile of ASHA Speech-Language Pathology Only as presented in the 2020 ASHA member and affiliate profile. All seventeen were given as options to the participants responding to this study. However, after the survey closed, the seventeen were reduced to three by combining all educationally-based settings into one, all healthcare-based settings into another, and allowing the remaining settings to be listed as the third. Combining the settings made the statistical analyses manageable. A frequency analysis revealed that of the 270 participants in this study, 157 worked in educational facilities, 61 worked in health care facilities, and the remaining 52 worked in private practice or "other" facilities. Though the three groups are not equal in size, they are representative of the national sample whereas most speech-language pathologists reported working in educational facilities over health care and other facilities.

A multivariate analysis of variance (MANOVA) was conducted to determine if the speech-language pathologists' occupational setting makes a difference in the emotional labor strategy used. Though the speech-language pathologists agreed they utilized the three emotional labor strategies, the differences between the occupational settings on the combined dependent variables (emotional labor strategies) were not

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statistically significant. There was no notable difference between strategies used in the educational setting versus the health care setting or other settings among speech-language pathologists. This finding supports the findings of Grandey (2000) whereas she purported that employees regulate their emotions to match the many aspects of work and organizational life. It is possible that the work environment may affect the level and type of emotional labor they employ (Grandey, 2000). If Grandey's observation is valid, it would help explain why speech-language pathologists employ all strategies of emotional labor depending on the situation at hand and yet not utilize any one strategy over another for a notable period of time.

Summary of Findings

Speech-language pathologists work in a variety of occupational settings and service clients/students of all ages. As with any service occupation, some degree of occupational stress can be expected. In this study, speech-language pathologists reported a moderately noticeable impact of stress primarily as the result of time and workload management. However, the stress of managing their time and workload did not appear to prevent them from genuinely interacting with their clients/students. As a result, there was a positive correlation between their use of genuine emotions and their level of compassion satisfaction. Their moderate level of compassion satisfaction indicates that the speech-language pathologists find joy and pleasure in their work as the result of helping their clients/students.

Implications of the Study

One positive attribute of the study is that it brought awareness to the speech-language pathology community regarding the use of emotional labor in the profession.

This was the first known research study that examined emotional labor in the profession of speech-language pathology. Also, because the participants in this study reported they used genuine emotions more often than surface acting or deep acting, it further supports those researchers who have recognized that the use of genuine emotions in the workplace is of value and should be included in the emotional labor literature (Ashforth & Humphrey, 1993; Diefendorff, Croyle, & Gosserand, 2005; Glomb & Tews, 2004; and Yang, 2019). Walsh (2019) reasoned that the shortage of empirical research as the possible reason some authors choose to ignore genuine emotions when researching emotional labor. This study adds to the limited empirical research by including the use of genuine emotions as an emotional labor strategy.

The speech-language pathologists in this study reported a moderately noticeable impact of occupational stress primarily due to time and workload management which concurred with the findings of Fimian et al. (1991). Based upon these results, organizations employing speech-language pathologists may benefit from this information and incorporate policies and procedures that would allow more time in the employees' schedule to prepare for therapy, complete required paperwork, and work with a more manageable-sized caseload. The outcome of the stressful events reported by the participants in this study were primarily manifested by evidence of emotional fatigue. The speech-language pathologists, and the organizations that employ them, could benefit from the awareness associated with the consequences of emotional fatigue. These include such behaviors as feeling depressed, insecure, unable to cope, fatigued, and anxious (Fimian et al., 1991). Incorporating preventive mechanisms into one's personal life as well as organizations incorporating preventive mechanisms into the organizational life

may help minimize some of the noted stress and the consequences of it. Lastly, employers may benefit from using the Speech-Language Pathologist Stress Index (SLPSI) within their own organizations to get results regarding their specific population of SLPs. It is more likely that speech-language pathologists can minimize their stress levels if they have a way to identify their stressors thus highlighting the importance of the use of the SLPSI (Fimian et al., 1991).

According to the results from the ProQOL-5, the speech-language pathologists in this study experienced a moderate level of compassion satisfaction and a low-moderate level of compassion fatigue. Overall, this is a positive outcome that appears to be related to their use of genuine emotions in the workplace. The ProQOL5 can be administered to individuals or groups and may be a helpful resource to organizations that desire to increase employee job satisfaction and promote a healthy work environment. This tool may be beneficial to individuals by helping them remain aware of their current levels of compassion satisfaction, burnout, and secondary traumatic stress. The awareness of this information may help individuals and organizations continuously move toward a healthier work environment.

Lastly, the results from this study indicated that where speech-language pathologists work does not make a difference as to whether they utilize surface acting, deep acting, or genuine emotions. This finding may imply that speech-language pathologists utilize the same emotional labor strategies across settings and, therefore, it is not the *setting* that predicts the speech-language pathologists' ability to self-regulate during interactions. This finding could be beneficial to organizations as they educate

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speech-language pathologists in the areas of ethical standards and professionalism by focusing on the person more than the job requirements.

<center>Limitations and Suggestions for Future Research</center>

This study was limited by aspects of the instrument used in the survey. Particularly, the length of the questionnaire was of concern. There was a total of 100 items on the questionnaire including the demographic information. See Appendix E for the complete instrument. The items and responses were relatively short; however, participant fatigue was suspected. Of the 405 total respondents, only 270 were usable for the final data analyses because of excessive missing data. Much of the missing data was observed to be because the participants stopped answering questions at various points along the questionnaire. Though the original recommended sample size was 271, and the obtained sample was 270, had all the respondents fully completed the survey, the study may have been more representative of the population of certified speech-language pathologists, thus making it more generalizable. In addition to the length of the questionnaire, the number of different constructs studied was of concern. Three separate instruments were used in this study which required participants to switch from emotional labor to stress to compassion satisfaction/compassion fatigue. These constructs are interrelated in theory, but could appear to be separate to the participant who may not have the background knowledge of the concepts. Replication of this study with a reduced number of constructs (e.g., only emotional labor) would possibly increase participation and bring a better focus to the study. Future research may consider the development of an instrument specifically designed and validated to measure emotional labor within the profession of speech-language pathology.

In addition to instrument limitations, this study was limited by lack of previous explanation of the construct — emotional labor. Emotional labor was first introduced in 1983 by Arlie Hochschild when she studied airline attendants. It has been expanded to include many service professions since that time; however, no known research has included speech-language pathology. Future research conducted associating the speech-language pathology profession with emotional labor should take this into consideration and fully define the construct before attempting to measure the outcomes. This could possibly be done by adding a qualitative component to the design and allowing participants to expound on emotional experiences within the work environment.

Lastly, all responses were received from speech-language pathologists practicing within the United States. Future research may include speech-language pathologists from other countries to compare findings and determine whether culture impacts the results.

APPENDIX A - IRB Approval Letter

Office of Research Integrity

THE UNIVERSITY OF SOUTHERN MISSISSIPPI

118 COLLEGE DRIVE #5116 • HATTIESBURG, MS | 601.266.6756 | WWW.USM.EDU/ORI

NOTICE OF INSTITUTIONAL REVIEW BOARD ACTION

The project below has been reviewed by The University of Southern Mississippi Institutional Review Board in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services regulations (45 CFR Part 46), and University Policy to ensure:

- The risks to subjects are minimized and reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered involving risks to subjects must be reported immediately. Problems should be reported to ORI via the Incident submission on InfoEd IRB.
- The period of approval is twelve months. An application for renewal must be submitted for projects exceeding twelve months.

PROTOCOL NUMBER: 21-388
PROJECT TITLE: The Speech-Language Pathologist & Emotional Labor, Stress, and Compassion Fatigue
SCHOOL/PROGRAM   School of Education
RESEARCHERS: PI: Patricia Martin
    Investigators: Martin, Patricia R~Shelley, Kyna~
IRB COMMITTEE ACTION: Approved
CATEGORY: Expedited Category
PERIOD OF APPROVAL: 02-Nov-2022 to 01-Nov-2023

Donald Sacco, Ph.D.
Institutional Review Board Chairperson

APPENDIX B – Permission to Use Emotional Labor Scale

From: James M Diefendorff <jdiefen@uakron.edu>

Sent: Monday, March 8, 2021 12:48 PM

To: Patricia Martin <Patricia.Martin@usm.edu>

Subject: RE: Request to use the Emotional Labor Strategy, Display Rule, and Interpersonal

Interaction Items

Dear Patricia,

Sounds like fascinating research. Please feel free to use any of the scales you noted.   Also, I

would love to hear what you find. Good luck with your research!

Best Regards,

Jim Diefendorff

James M. Diefendorff, Ph.D.

Professor

Department of Psychology

University of Akron

Akron, OH 44325

Phone: 330.972.7317

Email: jdiefen@uakron.edu

Website: https://www.uakron.edu/psychology/faculty-staff/bio-detail.dot?identity=1259203

APPENDIX C – Permission to Use Speech-Language Pathologist Stress Index

From: Rita Lieberman <Jane.Lieberman@ucf.edu>

Sent: Wednesday, May 5, 2021 10:58 PM

To: Patricia Martin <Patricia.Martin@usm.edu>

Subject: Re: Request Permission to use the SLPSI

Dear Patricia,

Please feel free to use the items in the SLPSI in your doctoral research as long as you

credit the authors with the development of the instrument. I wish you well in your

research and look forward to reading your results.

Best,

R. Jane Lieberman

Sent from my iPad

Please provide your contact information:
Email Address
Patricia.Martin@usm.edu
Name
Patricia R Martin
Organization Name, if applicable
NA
Country
United States
Please tell us briefly about your project:
Dissertation
The purpose of this quantitative study is to evaluate speech-language pathologists' (SLPs) experiences regarding professional emotional labor and the extent to which they believe it is related to job stress, compassion satisfaction and compassion fatigue (burnout and secondary traumatic stress).
What is the population you will be using the ProQOL with?
Certified Speech-Language Pathologists (SLPs) in the U.S.
In what language/s do you plan to use the ProQOL?
English
The ProQOL measure may be freely copied and used, without individualized permission from the ProQOL office, as long as:
> **You credit The Center for Victims of Torture and provide a link to www.ProQOL.org;**
> **It is not sold; and**
> **No changes are made, other than creating or using a translation, and/or replacing "[helper]" with a more specific term such as "nurse."**

Note that the following situations are acceptable:
> **You can reformat the ProQOL, including putting it in a virtual format**
> **You can use the ProQOL as part of work you are paid to do, such as at a training: you just cannot sell the measure itself**

Does your use of the ProQOL abide by the three criteria listed above? (If yes, you are free to use the ProQOL immediately upon submitting this form. If not, the ProQOL office will be in contact in order to establish your permission to use the measure.)
Yes

Speech Language Pathologists and Emotional Labor, Stress, and Compassion Fatigue

The **purpose** of this survey is to evaluate speech-language pathologists' experiences regarding professional emotional labor and the extent to which they believe it is related to compassion satisfaction, compassion fatigue, and stress.

The survey will also identify which occupational settings may correlate with specific aspects of emotional labor and compassion fatigue.

The survey will be completed in Qualtrics, an easy-to-use, and highly secure web-based data collection tool. The survey will take approximately **12-15 minutes** to complete. A few demographic questions are followed by statements regarding emotional labor, SLP stress, and professional quality of life (compassion satisfaction/compassion fatigue). **All items are created to be quickly read and the responses are multiple-choice.**

There are **no known risks** associated with participating in this study. You may experience **benefit** in the form of increased insight into whether you utilize emotional labor techniques during work and possibly experience compassion satisfaction/fatigue and job-related stress that may be avoided or lowered by increased knowledge.

This study collects minimal identifying information. Your responses will be recorded in Qualtrics and will be associated with a random identification number created by the program. You will not be required to provide your name. During the study, all data will be kept in a password-protected computer with only the researcher and the faculty advisors having access to anonymous individual responses. Compliance with all IRB regulations concerning data collection, analyses, storage, and data destruction will be strictly observed.

You will not encounter any physical, social, or economic risks by participating in this study. Confidentiality measures will be taken, as described above.

Investigators: If you have any questions, you may contact Patricia Martin (patricia.martin@usm.edu) or Dr. Kyna Shelley (kyna.shelley@usm.edu).

You are free to withdraw your participation and stop taking the survey at any time. Refusal to take part or the decision to withdraw from the study will involve no penalty.

Institutional Review Board: This project has been reviewed by the Institutional Review Board (IRB). Contact the IRB if you have questions, complaints, or concerns which you do not feel you can discuss with the researcher. The University of Southern Mississippi IRB may be reached by e-mail at irbhelp@usm.edu or by phone at 601-266-5997. The protocol number for this study is 21-388.

To start the survey, click on the arrow below. By beginning the survey, you are giving your consent to participate in this research.

Thank you for your willingness to participate in this research.

Are you an ASHA certified speech-language pathologist?

○   Yes

○   No

Occupational Setting Which occupational setting best describes your current workplace?

○   Special School

○   Preschool

○   Elementary School

○   Secondary School

○   Several Schools

○   Unspecified School

○   College/University

○   Hospital

○   Skilled Nursing Facility

○   Other Residential Health Care Facility

○   Home Health Care

○   Private Physician's Office

○   AUD's or SLP's Office

○   Speech and Hearing Center

○   Other Nonresidential Health Care Facility

○   Private Practice

○   Other _____

Ethnicity

- ○   Hispanic or Latino

- ○   Not Hispanic or Latino

- ○   Ethnicity not specified

Race

- ○   American Indian or Alaska Native (only)

- ○   Asian

- ○   Black or African American (only)

- ○   Native Hawaiian or Other Pacific Islander (only)

- ○   White (only)

- ○   Multiracial

- ○   Race not specified

Gender

- ○   Male

- ○   Female

- ○   Prefer not to say

State Primary state of employment within in the past 3 months

▼ Alabama ... Wyoming

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Employment Status Within the past 3 months

○ Employed Full Time

○ Employed Part Time

○ On Leave of Absence

○ Unemployed/Seeking Work

○ Unemployed/Not Seeking Work

○ Retired

Primary Employment Function

○ Clinical Service Provider

○ Special Education Teacher

○ College/University Faculty and or Clinical Educator

○ Researcher

○ Doctoral Candidate

○ Administrator/Executive Officer

○ Chair/Department Head/Manager

○ Other Director/Supervisor

○ Consultant

○ Other Position _____

Likert Response Scale for ELS
1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree
Item 1 SA I put on an act in order to deal with clients in an appropriate way.
Item 2 SA I fake a good mood when interacting with clients.
Item 3 SA I put on a "show" or "performance" when interacting with clients.
Item 4 SA I just pretend to have the emotions I need to display for my job.
Item 5 SA I put on a "mask" in order to display the emotions I need for the job.
Item 6 SA I show feelings to clients that are different from what I feel inside.
Item 7 SA I fake the emotions I show when dealing with clients.
Item 8 DA I try to actually experience the emotions that I must show to clients.
Item 9 DA I make an effort to actually feel the emotions that I need to display toward others.
Item 10 I work hard to feel the emotions that I need to show to clients.
Item 11 DA I work at developing the feelings inside of me that I need to show to clients.
Item 12 GE The emotions I express to clients are genuine.
Item 13 GE The emotions I show clients come naturally.
Item 14 GE The emotions I show clients match what I spontaneously feel.

End of Block: Emotional Labor Survey

Start of Block: SLPSI

Numeric Response Scale for SLPSI
1 No strength, not noticeable
2 Some strength, somewhat noticeable
3 Moderate strength, moderately noticeable
4 Considerable strength, considerably noticeable
5 Major strength, extremely noticeable
Intro to SLPSI The next set of questions is related to SLP job stress. Please rate each item from 1 to 5 according to the degree of impact each item has upon your stress levels. A rating of 1 indicates that the statement has no impact on your stress level. A rating of 5 indicates that the statement has a major impact on your stress level.
Item 1 SLPSI TWM I have little time to prepare adequately.
Item 2 SLPSI TWM I have little time for personal priorities.
Item 3 SLPSI TWM I have too much work to do.
Item 4 SLPSI TWM My caseload is too big.
Item 5 SLPSI LPS I lack opportunities for promotion or advancement.
Item 6 SLPSI LPS I lack recognition.
Item 7 SLPS LPS I receive an inadequate salary.
Item 8 SLPSI BR I lack control over programmatic decisions.

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Item 9 SLPSI BR I lack emotional and intellectual stimulation.
Item 10 SLPSI BR I lack professional improvement opportunities.
Item 11 SLPSI TWM I have no time to get things done.
Item 12 SLPSI TWM I am easily overcommitted.
Item 14 SLPSI TWM I have no time to relax.
Item 15 SLPSI EFM I think about other things while working.
Item 16 SLPSI BR I feel that administrative policies limit my effectiveness.
Item 17 SLPSI BR I feel administrative policies limit my professional growth.
Item 18 SLPSI BR I feel my needs are unmet at work.
Item 19 SLPSI EFM I feel that my professional life is not contributing to my personal life.
Item 20 SLPSI IL I work with too many severely involved clients.
Item 21 SLPSI EFM I feel insecure.
Item 22 SLPSI EFM I feel unable to cope.
Item 23 SLPSI EFM I feel depressed.
Item 24 SLPSI EFM I feel anxious.
Item 25 SLPSI EFM I often call in sick.
Item 26 SLPSI BM I use prescription or over-the-counter drugs.
Item 27 SLPSI BM I get angry.
Item 28 SLPSI BM I experience rapid and shallow breathing.
Item 29 SLPSI BM I use alcohol.
Item 30 SLPSI BM I experience heart pounding or racing.
Item 31 SLPSI BM I experience stomach pain.
Item 32 SLPSI EFM I feel fatigued.
Item 33 SLPSI EFM I sleep more than usual.
Item 34 SLPSI EFM I procrastinate.
Item 35 SLPSI IL I feel students/clients are poorly motivated.
Item 36 SLPSI IL I experience discipline problems.
Item 37 SLPSI IL I feel that my clients make little progress.
Item 38 SLPSI TWM I have too much paperwork.
Item 39 SLPSI IL I experience inflexible scheduling.
Item 40 SLPSI IL I lack adequate training.
Item 41 SLPSI LPS I lack sufficient resources.
Item 42 SLPSI LPS I lack support.
Item 43 SLPSI LPS I lack opportunities to consult with other professionals.
Item 44 SLPSI IL I feel that my students/clients are not improving.
Item 45 SLPSI LPS I feel that other professionals do not understand my work.
Item 46 SLPSI LPS I do not feel like a member of the organization.
Item 47 SLPSI LPS I lack adequate space.
Item 48 SLPSI LPS I experience poor professional interactions.
Item 49 SLPSI LPS I feel that the public does not value my work.

End of Block: SLPSI

Start of Block: ProQOL

Horizontal Numeric Response Scale for ProQOL-5
1. Never
2. Rarely
3. Sometimes
4. Often
5. Very Often

Intro to ProQOL When you serve or lead therapy sessions with clients/students you have direct contact with their lives. As you may have found, your compassion for those you serve can affect you in positive and negative ways. Below are some questions about your experiences, positive and negative, as a speech-language pathologist. Consider each of the following questions about you and your current work situation. Select the option that honestly reflects how frequently you experienced these things in the _last 30 days._

Item 1 ProQOL BO I am happy.
Item 2 ProQOL STS I am preoccupied with more than one person I serve.
Item 3 ProQOL CS I get satisfaction from being able to serve people.
Item 4 ProQOL BO I feel connected to others.
Item 5 ProQOL STS I jump or am startled by unexpected sounds.
Item 6 ProQOL CS I feel invigorated after working with those I serve.
Item 7 ProQOL STS I find it difficult to separate my personal life from my life as a speech-language pathologist.
Item 8 ProQOL BO I am not as productive at work because I am losing sleep over traumatic experiences of a person I serve.
Item 9 ProQOL STS I think that I might have been affected by the traumatic stress of those I serve.
Item 10 ProQOL BO I feel trapped by my job as a speech-language pathologist.
Item 11 ProQOL STS Because of my service, I have felt "on edge" about various things.
Item 12 ProQOL CS I like my work as a speech-language pathologist.
Item 13 ProQOL STS I feel depressed because of the traumatic experiences of the people I serve.
Item 14 ProQOL STS I feel as though I am experiencing the trauma of someone I have helped.
Item 15 ProQOL BO I have beliefs that sustain me.
Item 16 ProQOL CS I am pleased with how I am able to keep up with therapy techniques and protocols.
Item 17 ProQOL BO I am the person I always wanted to be.
Item 18 ProQOL CS My work makes me feel satisfied.
Item 19 ProQOL BO I feel worn out because of my work as a speech-language pathologist.
Item 20 ProQOL CS I have happy thoughts and feelings about those I serve and how I could help them
Item 21 ProQOL BO I feel overwhelmed because my caseload seems endless.
Item 22 ProQOL CS I believe I can make a difference through my work.

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Item 23 ProQOL STS I avoid certain activities or situations because they remind me of frightening experiences of the people I serve.

Item 24 ProQOL CS I am proud of what I can do to help.

Item 25 ProQOL STS As a result of my serving, I have intrusive, frightening thoughts.

Item 26 ProQOL BO I feel "bogged down" by the system.

Item 27 ProQOL CS I have thoughts that I am a "success" as a speech-language pathologist.

Item 28 ProQOL STS I can't recall important parts of my work with trauma victims.

Item 29 ProQOL BO I am a very caring person.

Item 30 ProQOL CS I am happy that I chose to do this work.

End of Block: ProQOL

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