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Managing your heart

A diary study on the antecedents and consequences of Emotional Labor among health care professionals.

Master thesis

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Abstract

Health care professionals must perform emotional labor in their contact with patients by regulating their emotions in two ways, surface acting or deep acting, to meet the required appropriate expression of emotions at work (Grandey, 2000). The present diary study investigated the relationship between the antecedents positive mood, negative mood and patient interpersonal injustice and the emotional labor strategies surface acting and deep acting. It furthermore examined the relationship between surface acting and deep acting and the consequences burnout and work engagement. Finally, the mediating role of surface acting and deep acting was examined. Data were collected using a general questionnaire, filled in before a working week, and two daily questionnaires filled in for five working days. 58 Dutch health care professionals participated in the research for at least two to five days. Multilevel analysis showed that patient interpersonal injustice experienced on a day is positively related to employees daily emotional labor strategy (surface acting or deep acting) and positively related to daily burnout. Moreover, the study showed that the emotional labor strategy daily surface acting contributes to daily work engagement in a negative way. Finally, surface acting explains the relationship between patient interpersonal injustice and work engagement, such that patient interpersonal injustice lowered work engagement via more surface acting. Results are discussed with regard to the Conservation of Resources (COR) theory as the primary theoretical framework (Hobfoll, 1989).

Keywords: Emotional labor, surface acting, deep acting, positive and negative mood, interpersonal injustice, burnout, work engagement, COR theory, diary study, multilevel analysis

1. Introduction

Working in the health care industry requires employees to work in an environment where they are expected to provide good service to patients (Drach-Zahavy, 2010). The contact with patients can be emotionally demanding when health care professionals need to regulate their emotional expression in order to show among others interest, concern, and compassion, while suppressing disapproval, irritation or anxiety (Grandey, 2000; Mann, 2005). 'The management of feelings to create a publicly observable facial and bodily display that is in accordance with a required appropriate expression of emotions' is called emotional labor (Hochshild, 1983, p.7; Grandey, 2000). In case employees' emotions are not coherent with the organizations' desired emotional display in contact with patients, employees might utilize two emotional labor strategies: surface acting (i.e. showing fake emotions or hiding emotions) and deep acting (i.e. trying to experience the desired emotions) (Grandey, 2000; Van Gelderen, Konijn, & Bakker, 2017; Yoo & Arnold, 2016).

Thus far, research has focused on how emotional labor is related to organizational outcomes such as customer satisfaction or has mainly investigated how emotional labor negatively influences employee well-being in terms of burnout (Ybema & van Dam, 2014; Grandey, 2003; Hülsheger & Schewe, 2011). This has cast a shadow on the potential benefits that the emotional labor strategy 'deep acting' might have on well-being outcomes such as work engagement (Humphrey, Ashforth, & Diefendorff, 2015; Lu and Guy, 2014; Xanthopoulou, Bakker, & Fischbach, 2013). To fill this research gap, both emotional labor strategies will be studied in the present study to understand which strategy works best to achieve lower burnout and higher work engagement.

It is furthermore necessary to research emotional labor on day-level, because health care professionals not only differ from each other regarding the two emotional labor strategies, also individuals' emotional labor strategy can fluctuate between days. A diary study examining within-person differences (daily differences) of emotional labor can therefore be an interesting contribution to test whether daily work experiences are related to daily variation in well-being outcomes such as burnout and work engagement (Biron & Van Veldhoven, 2012). Next to this, a diary design is especially useful for studying emotional experiences in their natural work context, because it gives a closer insight into the preceding factors leading to and following from the emotions (Bolger, Davis, & Rafaeli, 2003).

Finally, the present study expands the literature by focusing on the daily fluctuating antecedents that could be related to the different emotional labor strategies. Many cross-sectional studies have studied how dispositional variables (emotional intelligence, personality

dimensions) or job-related contextual variables (e.g. display rules, nature of the job, duration of interactions) are related to surface acting and deep acting (Diefendorff, Croyle. & Gosserand, 2005; Zammuner, Lotto, & Galli, 2003). However, a diary study is useful for examining daily variation instead of researching fixed variables. Within the present study, the antecedents positive and negative mood will be examined instead of dispositional affectivity, to test whether a fluctuating mood has the same relationship with emotional labor as its' dispositional variant affectivity (Kammeyer- Mueller and colleagues, 2013; p. 51). Furthermore, the antecedent patient interpersonal injustice will be studied in relation to emotional labor. Firstly, because the feeling of interpersonal injustice can change between days and secondly, to examine whether patient interpersonal injustice has the same relationship with emotional labor as customer interpersonal injustice (Rupp & Spencer, 2006).

Altogether, the present study will explain the relationship between the daily antecedents positive or negative mood and patient interpersonal injustice and the daily health consequences burnout and work engagement through the daily emotional labor strategies surface acting and deep acting. This will be done by using the conservation of resources (COR) theory of stress developed by Hobfoll (1989).

2. Theoretical background

2.1 Conservation of Resources (COR) theory

The COR theory of stress developed by Hobfoll (1989) argues that people value their resources and endeavor to obtain, preserve and foster them or try to reduce the risk of resource loss (e.g. reduce emotional demands). These resources include object, personal characteristic, condition, social and energy resources (Hobfoll, 1989). Stress is experienced when there is an imbalance between certain emotional demands (stressors) and the lack of resources available to deal with such demands. This can lead to a loss spiral, meaning that stress will increase and resources will get depleted (Brotheridge & Lee, 2002; Hobfoll, 1989).

2.2 Emotional Labor strategies

In line with the COR theory, employees expend resources in response to the emotional demands of their work roles. Display rules are an example of emotional demands (Brotheridge & Lee, 2002). Displays rules are the organizations' guidelines with strict expectations of the appropriate expression of emotions at work (Diefendorff, Erickson, Grandey, & Dahling, 2011). Employees must follow the display rules, not only to impact the feelings of customers

or patients, but also for bottom-line outcomes such as better recommendations, sales or customer/ patient satisfaction (Gabriel, Daniels, Diefendorff, & Greguras, 2015; Diefendorf et al., 2011). To conform to these display rules, employees have to regulate their emotions, which is defined as emotional labor. There are two emotional labor strategies: surface acting and deep acting. Surface acting is defined as portraying certain emotions that need to be portrayed, but that are different from the emotions someone actually feels (i.e. faking emotions) and suppressing the emotions that he or she does feel at that moment. For example, a health care professional might have to suppress one' happiness during an interaction with a sick patient and instead express concern for the patient's health. Deep acting is described as adjusting the way of thinking and feeling to actually feel the emotions that need to be portrayed (Grandey, 2000). In their effort of performing emotional labor, employees expend resources. As a consequence, they might expect to develop rewarding relationships with their patients. In essence, they invest resources to deal with emotional demands by performing emotional labor, but with the expectation of resource gains in return (rewarding relationships) (Hobfoll, 1989).

2.3 Mood

Expanding on the COR theory, employees use different forms of resources when engaging in emotional labor, such as their knowledge, contacts and relations, but also emotional resources (Liu, Prati, Perrewe, & Ferris, 2008). An example of an emotional resource is dispositional affectivity. According to the quantitative review analysis of Kammeyer- Mueller et al. (2013; p. 51), negative dispositional affectivity is 'the tendency to experience more negatively valenced emotions like sadness, anxiety, and irritation' and positive dispositional affectivity is 'the tendency to feel positively valenced emotions like happiness, enthusiasm, and excitement.' Their research states that dispositional affectivity is related to emotional labor: those individuals high in negative affectivity will be less likely to positively reframe or change their emotions and find it therefore more difficult to use the deep acting strategy. In contrast to the latter, people high in positive affectivity are more in control of their felt emotions and therefore more flexible in their ability to transform their feeling display in different interactions with customers or clients (Kammeyer-Mueller et al., 2013).

These results are based on a more general measurement of dispositional affectivity, but affectivity can also be measured daily. Affectivity is in this way described as a mood that is expected to fluctuate between days (Watson, Clark, & Tellegen, 1988). In the present study mood will be measured before the start of a work shift to understand within-person differences

in emotional labor during the day (measured directly after the work shift). The following hypotheses will be examined:

H1a: A positive mood before work contributes to lower daily surface acting.
H1b: A negative mood before work contributes to higher daily surface acting.
H2a: A positive mood before work contributes to higher daily deep acting.
H2b: A negative mood before work contributes to lower daily deep acting.

2.4 Patient interpersonal Injustice

Another factor that contributes to the two emotional labor strategies is interpersonal injustice. This concept refers to 'how unfair employees are treated by their organization, supervisor, co-workers or customers in terms of dignity and respect' (Rupp & Spencer, 2006; Yang and Diefendorff, 2009). The present study extends this definition by introducing a fifth source of interpersonal injustice: patients. Patients are often dealing with stress due to a disease or a discomfort, which makes it difficult for them to regulate their expressions of fear or anger (Grandey, Foo, Groth, & Goodwin, 2012; Wasan, Wootton, & Jamison, 2005). Health care professionals in return might feel that they are treated unfairly. According to COR theory, fairness itself is seen as a valued resource (Hobfoll, 1989), hence patient interpersonal injustice can cause a resource shortage which can create stress (Howard & Cordes, 2010). Regulating emotions will require more effort in those situations, so faking or hiding emotions (surface acting) might feel like the best strategy. For example, a medical professional cannot show similar emotions to someone who is angry or frustrated: he must suppress his emotional response (Grandey et all, 2012; Rupp & Spencer, 2006).

Although the positive relationship between interpersonal injustice and surface acting is confirmed by many studies, research did not look at the relationship with deep acting (Grandey, Kern, & Frone, 2007; Rupp & Spencer, 2006). Besides that, patient interpersonal injustice can fluctuate between days and can therefore be distinguished from other forms of organizational justice such as procedural justice (Bies, 2001; Yang & Diefendorff, 2009). The present study will research the relationship between daily patient interpersonal injustice and both daily emotional labor strategies to fill the research gap. The following hypotheses will be examined:

H3: Daily patient interpersonal injustice contributes to higher daily surface acting.
H4: Daily patient interpersonal injustice contributes to lower daily deep acting.

2.5 Burnout

As mentioned before, emotional labor has negative and positive consequences for employees' daily well-being. Regarding the negative outcomes, the diary studies of Van Gelderen et al. (2017) and Biron and Van Veldhoven (2012) found that surface acting can contribute to higher levels of burnout, whereas deep acting has no meaningful contribution to burnout. According to Maslach, Schaufeli and Leiter (2001; p. 399), Burnout is defined as: "a state of exhaustion in which one is cynical about the value of one's occupation and doubtful of one's capacity to perform". The relationship between emotional labor and burnout can be explained with the COR theory. Stress is experienced when there is an imbalance between certain (emotional) work demands and the lack of resources available to deal with such demands. In situations that people need to pretend to have certain feelings (surface acting), they are required to use more energy resources which cost energy over time. The discrepancy between expressions and inner feelings, or in other words 'experiencing emotional dissonance', is related to emotional exhaustion (Grandey et al., 2012; Yoo, 2016). When their energy resources are depleted, employees may become even more emotionally exhausted (Grandey, Kern, & Frone, 2007).

The fact that deep acting has no meaningful relationship with burnout according to the diary study of Van Gelderen et al. (2017) is similar to other research (Brotheridge & Lee, 2002; Biron & Van Veldhoven, 2012; Philipp & Schüpback, 2010). Although employees still need to put effort into regulating their emotions to conform with the appropriate display rules, they need fewer resources for deep acting than for surface acting. An explanation is that employees will no longer be in a state of emotional dissonance, so they no longer need to consume energy and resources (Brotheridge & Lee, 2002; Hobfoll, 1989). The present study will therefore only formulate hypotheses regarding the relationship between surface acting and burnout. The following hypotheses will be examined:

H5: Daily surface acting contributes to higher daily burnout.
H6: Daily surface acting mediates the relationship between daily positive mood, negative mood and patient interpersonal injustice and the well-being outcome daily burnout.

2.6 Work engagement

From a positive psychological perspective, it can be argued that, besides the negative consequence of emotional labor on burnout, emotional labor also has a positive consequence on the well-being outcome work engagement (Kammeyer-Mueller et al., 2013; Lu & Guy,

2014). Work engagement is seen as the opposite of burnout and can change over days (Ouweneel, Le Blanc, Schaufeli, & Van Wijhe, 2012). Work engagement is defined as 'a positive, fulfilling, and work-related state of mind that is characterized by vigor, dedication and absorption' (Schaufeli and Bakker, 2004: 295). Although the relationship between emotional labor and work engagement has not been examined daily, the cross-sectional research of Lu and Guy (2014) and the research of Yoo (2016) showed that the deep acting strategy of emotional labor has a positive relationship with work engagement, whereas surface acting has a negative relationship with work engagement.

In line with the COR theory, surface acting can create a state of emotional dissonance and therefore resource loss, which makes employees less engaged in their work. On the contrary, deep acting can lead to more positive interactions and rewarding relationships with patients, with social resource gains in return (Grandey et al., 2012; Hobfoll, 1989). This has a positive contribution to work engagement, because it creates less stress-inducing exchanges, but instead more energetic effects (Hülsheger & Schewe, 2011; Yoo, 2016). The present study will look at the daily relationship between the two emotional labor strategies (surface acting, deep acting) and work engagement. The following hypotheses will be examined:

H7: Daily surface acting contributes to lower daily work engagement.
H8: Daily deep acting contributes to higher daily work engagement.
H9: Daily surface acting mediates the relationship between daily positive mood, negative mood and patient interpersonal injustice and the well-being outcome daily work engagement.
H10: Daily deep acting mediates the relationship between daily positive mood, negative mood and patient interpersonal injustice and the well-being outcome daily work engagement.

The following research question will be examined within this diary study, with regard to the hypotheses mentioned above: Does daily emotional labor mediate the relationship between the antecedents daily negative mood, daily positive mood and daily patient interpersonal injustice and the consequences daily burnout and daily work engagement? *Figure 1* shows the proposed model of the above described relations.

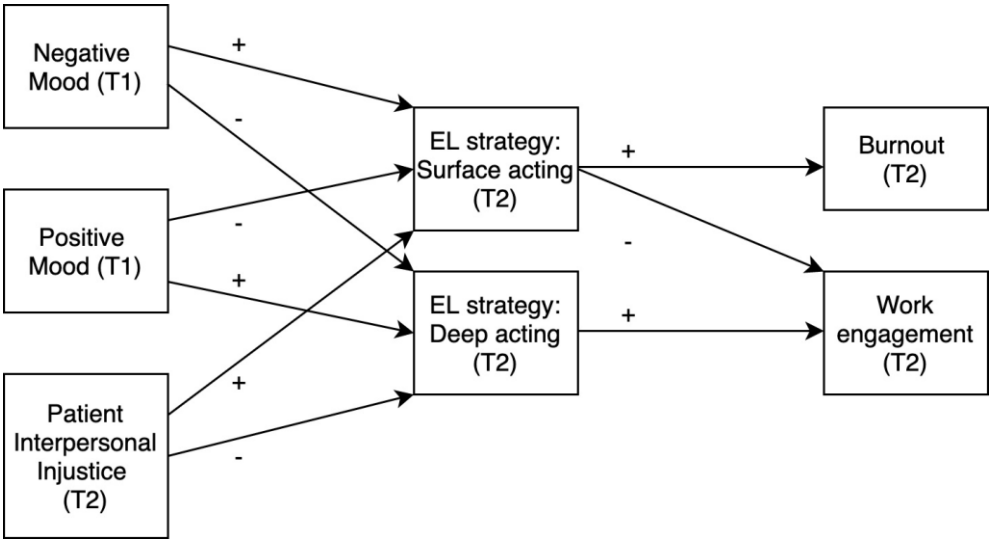

Figure 1. Hypothesized model. EL = Emotional Labor, T1 = before work, T2 = after work

3. Method

3.1 Participants

The present study focused on employees working as a health care professional in The Netherlands. Participants were recruited in March, April and May 2020. Most of them (75 %) were recruited by using snowball sampling within the personal network. Other participants were recruited via companies and social media. All participants worked for at least 2 days a week in the health care industry, were in contact with patients for at least one contact moment every day and worked for an organization. In total, 86 health care professionals agreed to participate in the research after reading a recruitment research invitation (Appendix A: invitations). Out of the 86 health care professionals who signed up, 58 (67%) completed the general survey and filled in the daily surveys on at least two out of five workdays. 54 women (93%) and 4 men participated with an age ranging from 19 to 63 years old (M = 31.7, SD = 11.2 years). Participants were highly educated, 91% had a Higher Vocational Education or University degree. The study included different health care professionals such as psychologists (21%) and physical therapists (17%). Most of them (78%) had a part-time contract for less than 36 hours a week. Due to COVID-19, 90 % of the participants reported that there work activities were different (M = 3.47, SD = 1.21) and 60 % reported that they felt different emotions during work (M = 2.16, SD = .88). Additionally, 30 % reported that they regulated their emotions in a different way (M = 1.60, SD = .73). More detailed information about the participants can be found in Appendix B.

3.2 Procedure

The study has a daily diary design with the following procedure. The general questionnaire had to be completed the week before the diary study. It started with an information letter in which participants were informed that they could contact the researcher during the entire study and it was emphasized that participation was voluntary, they could stop at any moment without providing an explanation. Participants were ensured that their data was treated confidentially, they were given a unique code to link the data of different general and daily measurements. All participants gave their informed consent (Appendix C). The general questionnaire continued with background information questions about the participants' demographics. A baseline measurement was then conducted within the general questionnaire with questions about all hypothesized variables and a few extra explorative variables, referring to the past 4 weeks.

On five consecutive weekdays (Monday to Friday morning) participants received an e-mail notification at 6.00 AM with the first daily questionnaire about their mood, which they had to complete before they started their workday. During this week, participants received a second e-mail notification at 1.00 PM with the second daily questionnaire, which they needed to complete after work. This questionnaire contained questions about all hypothesized variables. The e-mails notifications for both daily questionnaires can be found in Appendix D.

3.3 Measures

The present study measured seven main variables within both baseline and daily questionnaires (Appendix E). Validated measures were used to measure the variables, but they were translated to Dutch and adjusted for the day-level questionnaires. Most items were answered on a five-point Likert scale, except for baseline burnout and baseline work engagement, those items had to be answered on a seven-point scale. 4 explorative variables were measured within the baseline questionnaire, which can also be found in Appendix E. A pilot study was done among two individuals from the research population. Since they did not have any feedback, it was decided to let them participate in the main study.

Baseline positive and negative affectivity were measured with the Positive and Negative Affect Scale (PANAS; Watson et al., 1988). All 20 items were used, 10 for the positive affectivity (PA) subscale (Cronbach's Alpha: α = .82) and 10 for the negative affectivity (NA) subscale (α = .84). Participants were asked to what extent they felt for example 'excited' (PA) and 'irritated' (NA) during the past 4 weeks. It was tested if the two subscales related

significantly and strongly with each other to create 1 scale for mood. However, the 2 subscales correlated significantly, but moderately (r (57) = -.48, p < .01), instead of strongly.

Baseline Patient Interpersonal Injustice was measured with one subscale of the Organizational Justice Scale of Colquitt (2001). For the baseline questionnaire, only the subscale 'Interpersonal Justice' was used and adapted. The scale consisted of 4 items (α = .83) referring to participants' contact with patients/clients in the past 4 weeks. 3 out of 4 items were reversed, that is, the higher the score, the higher the perception of patient interpersonal injustice. An example item is: 'Did your clients/patients treat you with respect in the past 4 weeks?'.

Baseline Surface acting and deep acting were measured with the Emotional Labor Scale of Brotheridge & Lee (2003). The questionnaire consisted of 6 items, 3 items from the subscale surface acting (α = .74) and 3 items from the subscale deep acting (a = .81). Example items are: 'For the past 4 weeks I pretended to feel emotions I did not really have in my contact with clients/patients (surface acting). 'The past 4 weeks I really tried to experience the emotions I had to show in my contact with clients/ patients' (deep acting).

Baseline Burnout was measured with the Utrecht Burnout Scale (UBOS; Schaufeli & Van Dierendonck, 2000), which is the Dutch version of the Maslach Burnout Inventory-General Survey (MBI-GS; Schaufeli, Leiter, Maslach, & Jackson, 1996). From the UBOS, two subscales were used for the baseline burnout scale that measure the core dimensions of burnout (a = .85): The Exhaustion subscale with 5 items and the Cynicism subscale with 4 items. Examples are: 'I felt emotionally drained from work' (exhaustion) and 'I have become more cynical about whether my work contributes anything' (cynicism).

Baseline Work engagement was measured using the UWES-9 (Schaufeli, Bakker, & Salanova, 2006). The baseline work engagement scale consisted of 9 items (a = .93) divided over the three subscales of work engagement: 'Vigor', 'Dedication' and 'Absorption'. Participants had to answer on a seven-point scale from 0 'never' to 6 'always' to what extent the item was applicable to them for the past 4 weeks. Examples are: 'At my work, I feel bursting with energy' (vigor), 'I am proud of the work that I do' (dedication) and 'I feel happy when I am working intensely' (absorption).

Daily Positive mood and Negative mood were measured with the same questionnaire as for baseline positive and negative affectivity. They were adjusted to day-level and therefore, affectivity was described as a mood. The adapted PANAS for mood was measured 2 times, before work and after work. Nevertheless, only the 'before work' positive (α = .90) and negative (α = .87) mood scores were taken into account within the analyses based on the hypothesized model. In 8 cases, participants did not fill in the mood before work questionnaire, so his or her

scores from the mood after work questionnaire were used. For daily positive mood before work, the ICC was .50, so 50 % of the variance in positive mood varied between persons, whereas the other half of the variance in positive mood was between days within persons. For negative mood, the ICC was .61, so that 61% of the variance in negative mood varied systematically between persons, whereas the other 39% varied within persons.

Daily Patient Interpersonal Injustice was measured with the same questionnaire as for baseline patient interpersonal injustice. It was adapted to be measured on day-level (α = .87), so it referred to participants' contact with patients that day and the scale was used in the questionnaire after work. The ICC for patient interpersonal injustice was .55, meaning that 55% of the variance in patient Interpersonal Injustice varied between persons and 45% of the variance in patient interpersonal injustice was between days within persons.

Daily Surface acting and Deep acting were measured with the same questionnaire as for baseline surface acting and deep acting. The original items were modified to measure daily, based on the modifications made by van Gelderen, Konijn and Bakker (2017). The scales surface acting.(α = .78) and deep acting (a = .83) were used in the daily questionnaire after work.

Daily Burnout was measured with 3 items from the Utrecht Burnout Scale (UBOS; Schaufeli & Van Dierendonck, 2000). The 3 items of the daily burnout scale (a = .73), came from the Exhaustion subscale (2 items) and the Cynicism subscale (1 item). The items were used in the daily questionnaire after work and were therefore adapted to be used on day-level, by referring to the past day.

Daily work engagement was measured using the UWES-3 (Schaufeli, Shimazu, Hakanen, Salanova, & De Witte, 2019), which is a shorter version of the UWES-9. The UWES-3 scale consists of 3 items (a = .75) divided over 3 dimensions of work engagement. The items were adapted to be used on day-level, by referring to the past day. Similar to daily burnout, this scale was also used in the daily questionnaire after work.

3.4 Statistical Analysis

A multilevel analysis in SPSS 24 was used to analyze the data. This was done with a Mixed Model procedure using Maximum Likelihood estimation. The analysis focused on four dependent variables, which were daily surface acting, deep acting, burnout and work engagement. From these variables, surface acting and deep acting were also tested as mediators. All day-level independent variables were centered around the persons' mean, that is, each participant had an average score of 0 on these variables across all days. All the person-level

independent variables were centered around the grand mean, meaning that the overall mean was subtracted such that the average across all participants was 0 (Enders and Tofighi, 2007).

A hierarchical regression in the multilevel analysis (with multiple models) was used to answer the hypotheses regarding the dependent variables. The first model tested the intraclass correlation coefficient (ICC) by estimating the proportion of between-person variance in the variable. In model 2, the baseline measurement of the dependent variable was added in the regression to correct for the person-level differences in the dependent variables.[1] The third model tested hypotheses 1a/b and 2a/b by entering daily positive and negative mood in the regression. The fourth model tested the hypotheses of the other antecedent daily patient interpersonal injustice (H3 and H4) by entering it in the regression. Finally, in the fifth model, daily surface acting and daily deep acting (emotional labor) were entered as additional contributors in the regression of the dependent variables burnout and work engagement to test hypotheses 5 until 10.

Further mediation analysis was tested by looking at the indirect effects ('ab'). This determines the product of both direct effects 'a' and 'b'. 'a' refers to the direct effect of the independent variable (e.g. patient interpersonal injustice) on the mediator (e.g. surface acting) and 'b' refers to the direct effect of the mediator (e.g. surface acting) on the dependent variable (e.g. work engagement). To generate the 95% confidence intervals to test the indirect effects, the Monte Carlo method was used. This method is only correct if all independent variables or mediators are fixed effects and there are no random effects present, which was the case in the present study (Selig & Preacher, 2008).

4. Results

4.1 Descriptive statistics and correlations

The descriptive statistics and correlations between the baseline measures for surface acting, deep acting, burnout and work engagement and the average daily measures for positive mood, negative mood, patient interpersonal injustice, surface acting, deep acting, burnout and work engagement are shown in Table 1. Regarding the mean values of daily positive and negative

[1] It was examined whether time effects (linear and quadratic), participants demographics (gender, education and age) and COVID-19 questions (different work, emotions and emotion regulation strategy due to COVID-19) had a significant contribution to the regressions of surface acting, deep acting, burnout and work engagement, by entering these variables in the regression as model 1a, b, c, d, e, f, g, h. They did not have a significant contribution (in most regressions) and were therefore not taken into consideration in the final hierarchical regressions as model 2.

mood, table 1 shows that on average participants scored moderately on positive mood (M = 3.03) and fairly low on negative mood (M = 1.38). Participants scored high on baseline work engagement (M = 4.76)

With regard to the correlations, the relationship between burnout and work engagement was negative and strong at baseline. Besides that, baseline surface acting was positively and moderately related to baseline burnout and negatively and weakly to baseline work engagement. Regarding the average daily variables, daily positive and negative mood had a weak and negative relationship. Negative mood and patient interpersonal injustice were both positively and weakly related to surface acting. Burnout and work engagement had a weak and negative relationship. Positive mood was moderately and negatively related to burnout and positively to work engagement. Negative mood and patient interpersonal injustice were both weakly positively related to burnout and negatively to work engagement. Finally, surface acting had a weak, but positive relationship with burnout.

Table 1. Descriptive statistics and correlations among baseline variables and averaged daily variables (N = 58)

		1	2	3	4	5	6	7	8	9	10	11
1	Baseline Surface acting	1.00										
2	Baseline Deep acting	.16	1.00									
3	Baseline Burnout	.61***	-.04	1.00								
4	Baseline Work engagement	-.37**	.31*	-.74***	1.00							
5	Daily Positive Mood	-.14	.23	-.50***	.53***	1.00						
6	Daily Negative Mood	.29*	.03	.39**	-.39**	-.31*	1.00					
7	Daily Patient Interpersonal Injustice	.41**	-.12	.40**	-.52***	-.24	.25	1.00				
8	Daily Surface acting	.58***	.27*	.42***	-.26*	-.05	.37**	.43***	1.00			
9	Daily Deep acting	.03	.66***	.03	.22	-.10	.04	-.12	.19	1.00		
10	Daily Burnout	.26	-.08	.51***	-.41**	-.50***	.31*	.36**	.30*	-.05	1.00	
11	Daily Work engagement	-.34**	.12	-.47***	.62***	.52***	-.37**	-.35**	-.23	.19	-.42***	1.00
	M	2.06	2.34	2.42	4.76	3.03	1.38	1.75	1.76	2.22	1.80	3.29
	SD	.81	1.05	.74	1.00	.54	.37	.55	.60	.81	.60	.60
	Range	1-5	1-5	1-7	1-7	1-5	1-5	1-5	1-5	1-5	1-5	1-5

Note. * p < .05; ** p < .01; *** p < .001.

4.2 Emotional labor – Surface acting and deep acting

The multilevel regressions for daily surface acting and daily deep acting are presented in Table 2 respectively Table 3.

Model 1 (Table 2) shows the ICC for surface acting, ρ =.30, which indicates that 30 % was systematic variance between persons in surface acting, whereas the other 70 % varied

within persons (between days). The ICC for deep acting (model 1, Table 3) was ρ = .60, showing that 60% of the variance in deep acting systematically varied between persons, the other 40 % was variance within persons per day.

Model 2 shows that baseline surface acting was entered in the regression of daily surface acting (Table 2) as well as baseline deep acting in the regression of daily deep acting (Table 3). Both (significantly) improved the fit and increased the explained variance of surface acting to 20 % (model 2, Table 2) and the explained variance of deep acting to 34 % (model 2, Table 3).

In model 3 (Table 2 and 3) the daily independent variables, positive mood and negative mood before work were entered in the regressions. For both the regression of surface acting and deep acting (Table 2 and 3), this did not significantly improve the fit of the model. Model 3 in both tables 2 and 3 shows that H1a/b and H2a/b were not supported, because participants did not use the surface acting strategy more or the deep acting strategy less on days that they were in a less positive mood, but a more negative mood before work than on days that they were in a more positive mood, but less negative mood before work.

In model 4 daily patient interpersonal injustice was entered in the regression of daily surface acting (Table 2) and daily deep acting (Table 3). Contrary to model 3, this did significantly improve the fit of the model and it increased the explained variance of daily surface acting to 24 % and of daily deep acting to 36 %. H3 and H4 were supported, because participants used the surface acting strategy more and the deep acting strategy less on days that they felt more patient interpersonal injustice than on days that they felt less patient interpersonal injustice.

Table 2. Multilevel regression of daily surface acting

Predictors	**Model 1**	**Model 2**	**Model 3**	**Model 4**
Intercept	1.76***	1.76***	1.76***	1.76***
Baseline surface acting		.46***	.46***	.46***
Daily positive mood before work			.07	.05
Daily negative mood before work			.22	.20
Daily patient interpersonal injustice				.38*
Fit (-2 log L)	384.17	357.42	356.63	350.25
Δ fit		26.75***	.79	6.38*
df		1	2	1
Variance				
Random intercept (person level)	.19**	.05	.05	.06
Residual (day level)	.45***	.46***	.45***	.43***
ICC	.30			
Explained variance (%)		20	22	24

Note. *df* = degrees of freedom; ICC = intraclass correlation coefficient.

* $p < .05$; ** $p < .01$; *** $p < .001$.

Table 3. Multilevel regression of daily deep acting

Predictors	**Model 1**	**Model 2**	**Model 3**	**Model 4**
Intercept	2.23***	2.23***	2.23***	2.23***
Baseline deep acting		.52***	.52***	.52***
Daily positive mood before work			-.02	-.01
Daily negative mood before work			.17	.13
Daily patient interpersonal injustice				-.33*
Fit (-2 log L)	392.58	358.71	358.37	352.19
Δ fit		33.87***	.34	6.18*
df		1	2	1
Variance				
Random intercept (person level)	.53***	.23***	.24***	.25***
Residual (day level)	.35***	.35***	.35***	.33***
ICC	.60			
Explained variance (%)		34	34	36

Note. *df* = degrees of freedom; ICC = intraclass correlation coefficient.

* $p < .05$; ** $p < .01$; *** $p < .001$.

4.3 Burnout

Regarding the dependent variable daily burnout, Table 4 presents the results of the multilevel regression. Model 1 shows the ICC of daily burnout, which was $\rho = .40$, meaning that 40% was systematic variation between persons in burnout and the other 60% was variance within persons (between days).

According to Model 2, entering baseline burnout did significantly improve the fit and explained 16% of the variance of daily burnout.

In model 3, daily positive mood and daily negative mood before work were entered in the multilevel regression, which did not improve the fit further. Daily positive mood and daily negative mood did not significantly contribute to burnout.

Model 4 shows that daily patient interpersonal injustice was entered in the regression, which improved the fit and increased the explained variance in daily burnout to 18 %. Although there was no significant contribution of daily positive mood and daily negative mood on burnout, daily patient interpersonal injustice did significantly contribute to burnout. Participants scored higher on burnout on days that they felt more patient interpersonal injustice than on days that they felt less patient interpersonal injustice. No explicit hypothesis was formulated with regard to this relationship.

Model 5 shows that surface acting and deep acting were entered in the regression. However, this did not significantly improve the fit and both daily surface acting and deep acting

were not significantly related to daily burnout. This means that Hypothesis 5 was not supported, because participants did not score higher on burnout on days that they used the surface acting strategy more than on days that they used the surface acting strategy less. No hypothesis was formulated for the relationship between deep acting and burnout. Hypothesis 6 was rejected as well, further mediation analyses showed that daily surface acting did not mediate the relationship between daily positive mood, negative mood and patient interpersonal injustice and the well-being outcome daily burnout.

Table 4. Multilevel regression of daily burnout

Predictors	**Model 1**	**Model 2**	**Model 3**	**Model 4**	**Model 5**
Intercept	1.80***	1.81***	1.81***	1.81***	1.81***
Baseline burnout		.40***	.40***	.40***	.40***
Daily positive mood before work			-.16	-.17	-.18
Daily negative mood before work			.17	.16	.14
Daily patient interpersonal injustice				.30*	.23
Daily surface acting					.13
Daily deep acting					-.06
Fit (-2 log L)	347.17	330.03	327.26	321.58	318.97
Δ fit		17.14***	2.77	5.68*	2.61
df		1	2	1	2
Variance					
Random intercept (person level)	.22***	.14**	.14**	.15**	.15**
Residual (day level)	.33***	.32***	.32***	.30***	.29***
ICC	.40				
Explained variance (%)		16	16	18	20

Note. *df* = degrees of freedom; ICC = intraclass correlation coefficient.

* $p < .05$; ** $p < .01$; *** $p < .001$.

4.4 Work engagement

Table 5 presents the multilevel regression for daily work engagement including mediation through surface acting and deep acting. Model 1 shows the ICC for daily work engagement, $\rho = .41$, which indicates that 41% was systematic variance between persons in work engagement, whereas the other 59% varied within persons (between days).

As can be seen in model 2, baseline work engagement was added to the regression, which significantly improved the fit of the model. This resulted in 25 % explained variance of daily work engagement.

Model 3 shows that daily positive mood and daily negative mood before work were entered in the model. This did significantly improve the fit of the model further and increased the explained variance of daily work engagement to 30 %. Daily positive mood before work

significantly contributed to daily work engagement, that is, participants felt more engaged with their work on days that they were in a more positive mood before work than on days that they were in a less positive mood before work. There was no significant contribution of daily negative mood on daily work engagement.

In model 4, the other daily antecedent patient interpersonal was added to the regression, which did not significantly improve the fit. Daily patient interpersonal injustice did not significantly contribute to daily work engagement.

Finally, in model 5, daily surface acting and daily deep acting were entered in the multilevel regression. This significantly improved the fit, resulting in 37% explained variance of daily work engagement. In accordance with hypothesis 7, there was a significant contribution of daily surface acting on work engagement, meaning that participants felt more engaged with their work on days that they used the surface acting strategy less than on days that they used the surface acting strategy more. However, hypothesis 8 was rejected, because daily deep acting did not significantly contribute to daily work engagement. Hypothesis 10 was rejected as well, because further mediation analyses showed that daily deep acting did not mediate the relationship between daily positive mood, negative mood and patient interpersonal injustice and the well-being outcome daily work engagement.

Further mediation analysis has been examined which is shown in Table 6, in which daily surface acting mediates the relationship between daily patient interpersonal injustice and the well-being outcome daily work engagement. Only patient interpersonal injustice is taken into consideration, because this independent variable significantly contributed to daily surface acting. The table presents different paths: a, b, ab and c. Path ‘a’ shows the association between the independent variable (IV) patient interpersonal injustice and the mediator surface acting. Path ‘b’ shows the association between the mediator surface acting and the dependent variable (DV) work engagement and path ‘ab’ shows the indirect effect of IV patient interpersonal injustice through the mediator surface acting. Finally, path ‘c’ shows the direct effect, and therefore the total effect, between IV patient interpersonal injustice and DV work engagement. From Table 6 it can be concluded that there is a significant indirect effect of daily patient interpersonal injustice on daily work engagement through surface acting, which is in line with hypothesis 9. However, there was not a significant total effect, which means that patient interpersonal injustice only lowered work engagement via more surface acting (59%).

Table 5. Multilevel regression of daily work engagement

Predictors	**Model 1**	**Model 2**	**Model 3**	**Model 4**	**Model 5**
Intercept	3.29***	3.29***	3.29***	3.29***	3.29***
Baseline work engagement		.37***	.37***	.37***	.37***
Daily positive mood			.28*	.28*	.30**
Daily negative mood			-.29	-.28	-.24
Daily patient interpersonal injustice				-.22	-.06
Daily surface acting					-.31***
Daily deep acting					.12
Fit (-2 log L)	347.96	318.69	310.44	307.32	292.05
Δ fit		29.27***	8.25*	3.12	15.27**
df		1	2	1	2
Variance					
Random intercept (person level)	.23***	.09*	.10*	.10*	.11**
Residual (day level)	.33***	.33***	.30***	.30***	.26***
ICC	.41				
Explained variance (%)		25	30	30	37

Note. df = degrees of freedom; ICC = intraclass correlation coefficient.

* $p < .05$; ** $p < .01$; *** $p < .001$.

Table 6. Mediation of the relationship between daily patient interpersonal injustice and daily work engagement through surface acting.

	Surface acting	Work engage-ment	Indirect effect	95% CI		Total Effect	% indirect
	a	b	ab	Low	High	c	
Daily patient interpersonal injustice	.378*		-.129*	-0.237	-0.024	-.218	59%
surface acting		-.308***					

Note: * p < .05; ** p < .01; *** p < .001.

5. Discussion and conclusion

The present study investigated the daily antecedents and well-being consequences of emotional labor among health care professionals, with regard to the Conservation of Resources (COR) theory as primary theoretical framework (Hobfoll, 1989). The present study aimed at advancing our understanding of the mediating role of emotional labor in the relationship between the emotional labor antecedents (mood and injustice) and emotional labor consequences (burnout and work engagement) on a day-to-day basis.

It was hypothesized on day level that positive mood/negative mood would contribute to lower/higher surface acting and to higher/lower deep acting and it was hypothesized that patient interpersonal injustice would contribute to higher surface acting, but lower deep acting (H1ab, H2ab, H3, H4) It was furthermore hypothesized on day level that surface acting would contribute to higher burnout and that surface acting would mediate the relationship between positive/negative mood, patient interpersonal injustice and burnout (H5, H6). Finally, it was hypothesized on day level that surface acting would contribute to lower work engagement, that deep acting would contribute to higher work engagement and that surface acting as well as deep acting would mediate the relationship between positive mood, negative mood and patient interpersonal injustice and work engagement (H7, H8, H9, H10).

5.1 Interpretation of results

Concerning the first antecedent mood, it appeared that a positive mood or negative mood before work did not have a relationship with surface acting or deep acting. These findings are not in line with Hypotheses 1 and 2. A possible explanation is that positive and negative mood were measured before the start of a working day, whereas surface acting or deep acting are strategies used during the workday. In the meantime, emotion-evoking events may have happened at work or affective events with patients, which could have changed employees' positive or negative mood and therefore also the emotional labor strategy that is used (Weiss & Cropanzano, 1996; Totterdell & Holman, 2003). Another explanation is that the hypotheses were bases on the research of Kammeyer-Mueller et al. (2013) that focused on the concept of dispositional positive or negative affectivity in relation to surface acting and deep acting. Dispositional affectivity is a personal characteristic and does not fluctuate much over time. People high in positive affectivity can more easily transform their feelings than people high in negative affectivity. It appeared to be more difficult to draw the same conclusions for positive and negative mood (as the day version of positive and negative affectivity) (Watson et al., 1988).

Contrary to positive or negative mood, the antecedent patient interpersonal injustice did have a relationship with surface acting (positive relation) and with deep acting (negative relation). This is in accordance with the research of Rupp & Spencer (2006) and in line with hypotheses 3 and 4. Individuals used the surface acting strategy more and the deep acting strategy less on days that they felt more patient interpersonal injustice than on days that they felt less patient interpersonal injustice.

With regard to burnout, it appeared that patient interpersonal injustice is positively related to burnout, although no explicit hypothesis was formulated. Nevertheless, the result is

not surprising at all, since many studies confirmed this relationship (Dormann & Zapf, 2004; Moliner, Martinez-Tur, Ramos, Peiró, & Cropanzano, 2008). Regarding the emotional labor strategy surface acting, individuals did not experience higher burnout on days that they performed more surface acting than on days that they performed less surface acting. This non-existing relationship was a surprising result and not in line with hypotheses 5. Hypothesis 6 was rejected as well, because further mediation analyses showed that daily surface acting did not mediate the relationship between daily mood or patient interpersonal injustice and the well-being outcome daily burnout. Many studies did however find a relationship between surface acting and burnout (Biron & Van Veldhoven, 2012; Van Gelderen et al., 2017). A possible explanation for the non-finding could be that participants might switch in their attitude towards surface acting. When health care professionals place low importance on true and authentic emotions when interacting with (certain) patients, having to use the surface acting strategy is less likely to lead to negative well-being consequences such as burnout than when they place high importance on authentic emotions in the interactions with patients (Pugh, Groth, & Hennig-Thurau, 2011).

Finally, concerning work engagement, it appeared that surface acting has a negative relationship with the well-being consequence work engagement, but deep acting did not have a (positive) relationship with work engagement. The first result is in line with the research of Lu and Guy (2014) and supports hypothesis 7. Individuals felt more engaged with their work on days that they performed less surface acting than on days that they performed more surface acting. Moreover, surface acting (as a mediator) explained the relationship between patient interpersonal injustice and work engagement, such that patient interpersonal injustice lowered work engagement via more surface acting. Hypothesis 9 was confirmed with this conclusion. However, the result regarding deep acting in relation to work engagement is surprising and not in line with hypothesis 8. Individuals did not feel more engaged with their work on days that they performed more deep acting than on days that they performed less deep acting. Hypothesis 10 was rejected as well, because further mediation analyses showed that daily deep acting did not mediate the relationship between daily mood or patient interpersonal injustice and the well-being outcome daily work engagement. A possible explanation for this result is that hypotheses 8 and 10 were based on the results of the cross-sectional research of Yoo (2016). His research was conducted among frontline employees of banks and insurance companies in South Korea. This population makes it more difficult to generalize the research result, the relationship between deep acting and work engagement, to the present diary study among Dutch health care professionals.

5.2 Theoretical implication

The present study contributes to the understanding of the Conservation of Resources (COR) theory in the context of emotional labor research. It focused on daily work engagement as an important consequence of emotional labor among health care professionals. According to the literature review on Emotional labor and Health Care of Erickson and Grove (2008), many studies have focused on positive outcomes of emotional labor among health care professions such as 'better work performance'. However, the link between emotional labor and the positive well-being outcome work engagement remained underexplored. Only a few studies looked at this relation (Lu & Guy, 2014; Yoo, 2016), although those studies did not focus on day-level work engagement among health care professionals. The present study filled this research gap. And, worth mentioning, since work engagement is seen as the opposite of burnout (Ouweneel et al., 2012; Schaufeli & Bakker, 2004), it is surprising that burnout has received much more attention within emotional labor diary studies in contrast to work engagement.

Next to this, the present study contributed to the literature as it looked at a wider population within the health care industry (e.g. psychologists, physical therapists, social workers). Thus far, the majority of emotional labor studies focused on customer service professionals (airline industry, hospitality branch) (Bagdasarov & Connely, 2013), or, in the cases that the health care sector was considered, focused on nursing as a health care profession (Mann, 2005).

Finally, since working circumstances within the health care sector might have changed due to the outbreak of COVID-19, there will also be a partial shift in health care provision: face-to-face therapy/appointments will be partly replaced with digital therapies/appointments (Wind, Rijkeboer, Andersson, & Riper, 2020). The present research already looked at emotional labor in the context of online patient contact next to face-to-face contact and is therefore the first contribution to a new era of 'online emotional labor' research.

5.3 Limitations and future research

The present study has a strength and several limitations that have to be acknowledged and taken into consideration for future research.

The strength of the present study is that a diary-method was used. A diary study makes it possible to look at emotional labor in its natural context and measured the variables shortly after they were experienced. This makes it for example less likely that participant forgot how they felt or which emotional labor strategy they used.

The first limitation of the present study is the population group. Participants were recruited using snowball-sampling as a strategy. Many organizations were not willing to participate in this study due to the COVID-19 pandemic; either their employees were too busy (e.g. nurses) or their employees did not meet the patient contact hours requirements (e.g. physical therapists). An advantage of snowball sampling is to recruit these difficult-to-reach communities. However, using snowball sampling can cause a bias in the sample group, because this non-probability method does not recruit a random sample (Sadler, Lee, Lim & Fullerton, 2010). To illustrate this, many participants in the present study were female and highly educated. Nevertheless, this study controlled for gender and educational level.

Another limitation regarding the population group is the sample size of 58 participants. According to specific guidelines of literature reviews, the power in a multilevel design will be increased when the sample size is larger (Scherbaum & Ferreter, 2009). Ohly, Sonnetag, Niessen and Zapf (2010) suggest sampling at least 100 participants, based on high ranking journals. A sample size of 58 participants makes it difficult to generalize the results, so future research should consider repeating the present study with a larger sample size.

A third limitation is that causality conclusions cannot be drawn from the present study, because the study did not consider reciprocal relationships within the hypothesized model and some participants only participated for two days. Future research should consider researching emotional labor doing a longitudinal study, because those studies make it possible to research how the different variables influence each other over time. The longitudinal study of Xanthopoulou, Bakker, Demerouti and Schaufeli (2009) found for example that personal resources and work engagement have a reciprocal relationship. This idea is supported by COR theory, stating that resources and work engagement can evolve into a spiral that will impact how employees adapt to their work environments.

Lastly, the present study did not consider the expression of naturally felt emotions as an emotional labor strategy, but only the two strategies surface acting and deep acting, based on the definition of Hochschild (1983). According to his definition, emotional labor involves following display rules regardless of how someone actually feels. Only a few studies (Cheung, Tang, & Tang, 2011) considered the choice that employees want to show emotions that come naturally in patient contact (regardless of the display rules), because those naturally felt expressions can have a different relationship with health outcomes (Diefendorff, Croyle, & Gosserand, 2005). This can be explained with COR theory, because naturally felt emotions conserve resources (Park, O'Rourke and O'Brien, 2014). Nevertheless, it is possible that deep acting and genuine expressed emotions partly overlap, so future research should carefully

consider the expression of naturally felt emotions as an option in patient contact next to surface acting and deep acting.

5.4 Practical implications

The present study is relevant for employees that work as a health care professional and are in contact with patients on a day-to-day basis. The results suggest that health care professionals should be careful with using the surface acting strategy (faking emotions in patient contact) as it is related to their work engagement in a negative way. In case surface acting is unavoidable as an emotional labor strategy for employees, then employees should focus on how to restore their 'resources' (COR theory), by for example making sure they sleep enough. According to the diary study of Diestel, Rivkin and Schmidt (2015), people's sleep quality can provide greater availability of resources during the day (e.g. a more positive mood), which helps people to cope with emotional dissonance created by surface acting and thus decreases the risk of impaired work engagement.

Organizations in all health care sectors should learn their health care professionals that many patients might be unable to act rationally and respectfully due to stress or fatigue (Grandey et al., 2012). Learning that disrespectful behavior should not always be taken personally within health care, might help in decreasing the consequences patient interpersonal injustice has on surface acting and burnout. Furthermore, organizations should make employees aware that the surface acting strategy has a detrimental contribution to negative as well as positive health outcomes. According to Mann (2005), entry-level training and continuing professional development should be offered to health care professionals that learns them to deal with emotion management, since it is a key skill in patient contact.

5.5 Conclusion

To conclude, this diary study has shed light on some important daily antecedents and consequences of emotional labor of health care professionals with regard to the Conservation of Resources (COR) theory. It, first of all, showed that the antecedent patient interpersonal injustice experienced on a day is on the one hand related to employees' daily emotional labor strategy, higher surface acting or lower deep acting, and on the other hand related to higher daily burnout. Moreover, the study showed that the emotional labor strategy daily surface acting contributes to daily work engagement in a negative way. Finally, surface acting explains the relationship between patient interpersonal injustice and work engagement, such that patient

interpersonal injustice lowered work engagement via more surface acting. This diary study provides furthermore clear theoretical and practical implications for the health care sector and recognized a few limitations that should be taken into account in future emotional labor diary studies.

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Appendix A: Research invitations

Invitation personal network

Beste meneer, mevrouw,

Mijn naam is Aafke de Leeuw en voor mijn masterscriptie doe ik onderzoek naar emotionele arbeid binnen de gezondheidszorg. Vragen die ik o.a. wil onderzoeken zijn: Hoe gaat u om met het reguleren van uw emoties in uw cliënt/patiënt contact en spelen uw humeur en de manier waarop cliënten/patiënten u behandelen hierbij een rol? Graag betrek ik u bij mijn onderzoek!

Voldoet u aan de volgende voorwaarden of kent u iemand die hieraan voldoet?
- U werkt minimaal 3 dagen per week in de gezondheidszorg (denk aan: arts/ verpleegkundige/ (fysio)therapeut/ psycholoog/pastoraal werker/apotheker/pedagoog/logopedist etc.)
- U heeft minimaal 1 x per werkdag face-to-face of telefonisch cliënt/patiënt contact
- U werkt bij een organisatie

Zo ja, dan zou uw bijdrage mij ontzettend helpen.

Het onderzoek betreft:
- een algemene vragenlijst (ongeveer 15 minuten)
- één werkweek (maandag tot en met vrijdag) twee keer per dag een korte (!) vragenlijst over uw werkervaringen voor én na uw werkdag.

De uitkomst van het onderzoek zal ik, als u dit interessant vindt, met alle plezier met u delen. Hierdoor krijgt u een algemeen inzicht en advies in wat u kunt doen om het werk met cliënten/patiënten aangenamer te maken en hoe u burn-out symptomen kunt voorkomen.

Ik beantwoord met plezier mogelijke vragen! U kunt op onderstaande link klikken om direct met de algemene vragenlijst te beginnen. Verdere uitleg leest u in de informatiebrief aan het begin van het onderzoek.

https://survey.uu.nl/jfe/form/SV_24u3FRTuROixW7P

Met vriendelijke groet,
Aafke de Leeuw (0629450929 / a.c.deleeuw@students.uu.nl)

Invitation organizations: Veilig Thuis, Stichting Timon, Leger des Heils, Lister

Aafke de Leeuw
2020
Adriaanstraat 41bis
3581 SC, Utrecht
+31629450929
a.c.deleeuw@students.uu.nl

Utrecht, 5 maart

Betreft: Informatiebrief deelname onderzoek – "Emotionele arbeid onder maatschappelijk werkers"

Geachte heer/ mevrouw,

Mijn naam is Aafke de Leeuw en ik ben masterstudente Social, Health and Organisational Psychology aan de Universiteit Utrecht. Voor mijn masterscriptie doe ik onderzoek naar "de antecedenten en consequenties van emotionele arbeid onder maatschappelijk werkers" onder leiding van dr. Jan Fekke Ybema. Door middel van deze brief zou ik u willen vragen of Veilig Thuis geïnteresseerd is om mee te werken aan mijn onderzoek. Onderstaand zal ik de inhoud van het onderzoek en maatschappelijke relevantie toelichten. Verder zal ik uitleggen waarom het voor uw organisatie interessant zou zijn om hier aan deel te nemen en wat er van de participanten wordt verwacht.

Wat is de relevantie van het onderzoek voor de maatschappij en voor u?

Maatschappelijk werkers hebben regelmatig contact met cliënten. Het kan emotioneel gezien veel van hen vragen wanneer zij emoties die ze ervaren voor zich moeten houden om effectieve communicatie te hebben met hun cliënten. Het reguleren van emoties op een manier die in overeenstemming is met de vereiste juiste uitdrukking van emoties op het werk, wordt emotionele arbeid genoemd. Mijn onderzoek zoekt antwoord op de vragen: Hoe gaan maatschappelijk werkers om met het reguleren van hun emoties in hun cliëntcontact? Speelt

hun humeur en de manier waarop ze door hun cliënten worden behandeld hierbij een rol? Wat is de relatie tussen emotionele arbeid en gezondheidsverschijnselen zoals burn-out symptomen of bevlogenheid in het werk? Om te interveniëren op positieve en negatieve effecten van emotionele arbeid op de gezondheid van werknemers is het van maatschappelijk belang om in kaart te brengen welke factoren een rol spelen bij emotionele arbeid.

Het resultaat van dit onderzoek kan u duidelijkheid geven hoe uw werknemers gezond blijven als er veel emotionele arbeid moet worden uitgevoerd. Daarnaast kan het u inzicht geven in de (anonieme) gemiddelde scores van boven genoemde onderzoeks- factoren (humeur, interactieve rechtvaardigheid, emotionele arbeid, werkdruk, sociale support, burn-out symptomen en bevlogenheid). De uitkomsten van het onderzoek zijn ook voor uw werknemers interessant: zij zullen een algemeen inzicht en advies ontvangen in wat zij kunnen doen om de emotionele last in hun werk met cliënten beter te kunnen verwerken. Ook kan het onderzoek bijdragen aan het voorkomen van burn-out klachten.

Naast de maatschappelijke relevantie en de relevantie voor u, besef ik mij dat het in de huidige situatie omtrent COVID-19 van ongekend belang is om in de gaten te houden hoe het met uw werknemers gaat. Om die reden zal dit onderzoek ook enkele vragen over het Coronavirus meenemen om te kunnen onderzoeken welke impact het Corona virus heeft op het welzijn van uw medewerkers.

Wat is de procedure van het onderzoek?

Het onderzoek dat ik ga uitvoeren is een dagboekonderzoek. Dit houdt in dat werknemers eerst eenmalig een algemene vragenlijst invullen, waarbij de vragen verwijzen naar de afgelopen 4 weken (circa 15 minuten). Daarna vullen zij gedurende een werkweek, minimaal 3 van de 5 dagen, elke werkdag twee vragenlijsten in. De eerste dagelijkse vragenlijst vullen ze vlak voor hun werk in (circa 1 minuut) en de tweede vragenlijst vullen ze na hun werk in (circa 4 minuten). Elke dag ontvangen ze omstreeks 06:00 uur en 13:00 uur een herinneringsmail met een link naar de vragenlijst. De gegevens blijven volledig anoniem. Het verzamelen van de data voor het dagboekonderzoek zal plaatsvinden in de periode maart en april 2020. De vereisten om deel te nemen aan dit onderzoek zijn: 1) Participanten moeten minimaal 3 dagen per week werkzaam zijn als maatschappelijk werker, 2) participanten moeten minimaal 1 moment per dag face-to-face of telefonisch cliënt contact hebben en 3) participanten moeten werken bij een organisatie (dus geen ZZP-ers).

De bijdrage van Veilig Thuis zou mij ontzettend helpen. Ik ben met alle plezier bereid om een samenvatting van de uitkomst van het onderzoek te delen met uw organisatie en de participanten van het onderzoek. Ik hoor graag of u geïnteresseerd bent via bovenstaand emailadres of telefoonnummer, zodat we kunnen bespreken wat de meest geschikte manier is om de vragenlijst te verspreiden. Als u vragen heeft voordat u zou willen meewerken aan dit onderzoek, dan beantwoord ik deze graag.

Alvast ontzettend bedankt voor uw medewerking.

Met vriendelijke groet,

Aafke de Leeuw

Invitation Social Media: Facebook, LinkedIn

- Zorgmedewerkers gezocht -

The show must go on!

Het is weer zo ver: je bent met het verkeerde been uit bed gestapt. Helaas wordt er toch écht van je verwacht dat je vrolijk bij je werkafspraak komt opdagen of in die call verschijnt. Best vermoeiend, of niet?

Ook binnen de **#gezondheidszorg** is ‘service with a smile’ een bekend fenomeen. Zorgmedewerkers kunnen niet zomaar tekeergaan tegen een lastige cliënt of patiënt en moeten zich vaak positiever opstellen dan dat ze zich voelen.

Voor mijn scriptie van de master Social, Health and Organisational Psychology doe ik onderzoek naar emotionele arbeid binnen de gezondheidszorg. Hoe gaan zorgmedewerkers om met het reguleren van hun emoties in cliënt/patiënt contact en welke factoren spelen hierbij een rol?

Ben of ken jij iemand die minimaal 3 dagen per week in de gezondheidszorg werkt en face-to-face of online contact heeft met cliënten/patiënten? Ik hoor het graag!

Het onderzoek betreft:

- Een algemene vragenlijst (15 min.)
- Één werkweek twee keer per dag een korte vragenlijst over de werkervaringen voor én na de werkdag

Wil je deelnemen? Start de link naar de algemene vragenlijst:

https://lnkd.in/dXANCnV

De uitkomst van het onderzoek deel ik met alle plezier!

a.c.deleeuw@**students.uu.nl**

Appendix B: Descriptive and Frequency statistics

Table 7. Descriptive statistics of age, number of days participated, averaged daily patient contact hours, averaged daily number of patients spoken to face-to-face and over the phone (digital), displayed in means (M) and standard deviations (SD).

Variable	**M**	**SD**	**Reach**	**N**
Age	31.71	11.19	19 - 63	58
Number of days participated	2.88	.68	2 - 5	58
Patient contact hours	4.55	2.17	1 – 10	58
Face-to-face contact moments	4.78	4.53	0 – 23	58
Phone contact moments	4.56	13.62	0 - 95	58

Table 8. Frequency statistics of number of days participated, gender, education and health care profession.

	Number of participants	Frequency
Number of days participated		
Two days	16	28
Three days	34	59
Four days	7	12
Five days	1	2
Total	58	
Gender		
Females	54	93
Males	4	7
Total	58	
Education		
MAVO, LBO, VMBO	2	3
HAVO, MBO	3	5
HBO, Universiteit	53	91
Universiteit	58	
Total		
Health care profession		
Social worker	3	5
Nurse	8	14
Medical practitioner	9	16
Pedagogue	4	7
Youth worker	3	5
Psychologist	12	21
Physical therapist	10	17
Therapist	1	2
Other profession	8	16
Total	58	

Appendix C: Information letter and informed Consent

Informatie brief

Betreft: het onderzoek “Emotionele arbeid binnen de gezondheidszorg”
Datum: Utrecht, 18 maart 2020

Beste lezer,

Hartelijk dank voor uw belangstelling voor het onderzoek “Emotionele arbeid binnen de gezondheidszorg”. Dit onderzoek richt zich op de manier waarop zorgmedewerkers omgaan met hun emoties in hun directe contact met cliënten/patiënten. Deze brief geeft u meer informatie over het onderzoek.

Het onderzoek wordt uitgevoerd door Aafke de Leeuw in het kader van haar masterscriptie. Aafke wordt hierin begeleid door dr. Jan Fekke Ybema, universitair docent bij de afdeling Sociale, Gezondheids- en Organisatiepsychologie van de Universiteit Utrecht.

Wat is de titel van het onderzoek?
Het beheren van je hart: Een dagboek onderzoek naar de antecedenten en consequenties van emotionele arbeid binnen de gezondheidszorg.

Waar gaat het onderzoek over?
Aafke doet onderzoek naar hoe zorgmedewerkers hun emoties reguleren in hun contact met cliënten/patiënten. Met dit onderzoek wil zij de volgende onderzoeksvragen beantwoorden:
- Welke emoties ervaren zorgmedewerkers in hun contact met cliënten/patiënten?
- Hoe verschilt dit van dag tot dag?
- Hoe gaan zij om met deze emoties en welke emoties laten zij aan cliënten/patiënten zien?
- Wat zijn de gevolgen hiervan voor hun welbevinden?

Wat vragen wij van u?
Wij vragen u om eerst een **algemene vragenlijst** in te vullen. Dit duurt gemiddeld 13 minuten. Hierin worden onder meer vragen gesteld over uw werk en de emoties die u op uw

werk ervaart. Daarnaast zijn er vragen over hoe u zich in het algemeen voelt. De vragen verwijzen naar de afgelopen 4 weken.
Na de algemene vragenlijst vragen wij u om gedurende een werkweek (3 tot 5 dagen) twee keer per dag een korte **dagelijkse vragenlijst** in te vullen. Eén vragenlijst voorafgaand aan uw werkdag (ongeveer 2 minuten) en één vragenlijst na afloop van uw werkdag (ongeveer 4 minuten). Hierin vragen wij u naar uw contact met cliënten/patiënten, hoe u omging met emoties in dat contact en hoe u zich die dag voelde.

De procedure is als volgt: als u akkoord gaat met deelname aan het onderzoek, komt u in de algemene vragenlijst. Vervolgens ontvangt u komende week (maandag-vrijdag) omstreeks 06:00 uur en 13:00 uur een e-mail met de link naar de dagelijkse vragenlijsten. Het is voor het onderzoek van belang dat u zowel de algemene vragenlijst invult als de beide dagelijkse vragenlijsten op uw werkdagen in die week. U kunt dagen niet inhalen, aangezien ze over de activiteiten en gemoedstoestand op die specifieke dag gaan.

Wat gebeurt er met de resultaten?
De gegevens die u verstrekt kunnen alleen door de onderzoekers worden ingezien. Op basis van de bevindingen van het onderzoek schrijft Aafke haar scriptie. Bovendien kunnen de gegevens gebruikt worden voor wetenschappelijke publicaties. In de scriptie en de publicaties worden geen gegevens van individuele deelnemers aan het onderzoek gerapporteerd, maar uitsluitend gegevens over de deelnemersgroep als geheel. Hierdoor bent u niet als individu herkenbaar.

Hoe gaan wij om met uw persoonlijke informatie?
De enige informatie die wij verzamelen die tot u als persoon herleidbaar is, is uw mailadres. Wij vragen u om in de algemene vragenlijst uw mailadres in te vullen. Dit mailadres wordt gebruikt om u iedere dag een link naar de dagelijkse vragenlijsten te sturen. Bovendien maken we een anonieme code op basis van dit mailadres. Die code wordt gebruikt om de algemene vragenlijst en de dagelijkse vragenlijsten aan elkaar te koppelen.

Uw mailadres wordt afzonderlijk van de gegevens die u invult bewaard op een speciaal beveiligde server. Zes maanden na afloop van het onderzoek wordt het bestand met mailadressen vernietigd. In overeenstemming met wettelijke termijnen worden de onderzoeksgegevens (dus zonder de tot u herleidbare gegevens) minimaal 10 jaar bewaard.

Mag u zelf kiezen of u wilt deelnemen aan het onderzoek?

Deelname aan het onderzoek is volledig vrijwillig. U kunt deelnemen als u behoort tot de doelgroep van het onderzoek. Dat betekent dat u kunt deelnemen als u:

- Werkzaam bent binnen de gezondheidszorg
- Minimaal 3 dagen per week werkt
- Iedere werkdag face-to-face of telefonisch contact heeft met 1 of meer cliënten/patiënten
- Werknemer bent van een organisatie (geen ZZP'er)

Ook als u heeft aangegeven dat u wilt meewerken, bent u tot niets verplicht. U kunt te allen tijde stoppen met het onderzoek. U hoeft hier geen reden voor te geven.

Hoe kunt u ons bereiken?

Als u vragen heeft over het onderzoek, kunt u het beste contact opnemen met Aafke de Leeuw via de mail a.c.deleeuw@students.uu.nl of telefonisch via 06-29450929.

Als er vragen zijn die Aafke niet kan beantwoorden, kunt u contact opnemen met dr. Jan Fekke Ybema via j.f.ybema@uu.nl.

Alvast hartelijk dank voor uw deelname.

Toestemmingsverklaring

Ik verklaar het volgende:
- Ik heb de informatiebrief van 18 maart 2020 over het onderzoek ‘Het beheren van je hart: Een dagboek onderzoek naar de antecedenten en consequenties van emotionele arbeid binnen de gezondheidszorg' gelezen en begrepen.
- Ik ben goed geïnformeerd over het doel en de procedure van het onderzoek en ik neem op vrijwillige basis deel aan dit onderzoek.
- Ik weet dat ik elk moment mag stoppen met het onderzoek, zonder dat ik hiervoor een reden hoef te geven.

- Ja
- Nee

Appendix D: E-mail notifications daily questionnaires

E-mail notification daily questionnaire before work

Beste ${m://FirstName},

Afgelopen week heeft u de algemene vragenlijst van het onderzoek "emotionele arbeid binnen de gezondheidszorg" ingevuld. Vandaag start het vervolg van dit onderzoek. U ontvangt de komende 5 dagen elke ochtend om **06:00 uur** en elke middag om **13:00 uur** een e-mail met de link naar de vragenlijst die u voor uw werk en na uw werk kunt invullen.

Via onderstaande link gaat u naar de eerste dagelijkse vragenlijst die u vandaag **voor uw werk** kunt invullen:
${l://SurveyLink?d= Dagelijkse vragenlijst maandag - voor het werk}

Let op:
1. Als u vandaag niet hoeft te werken, dan kunt u deze vragenlijst overslaan.
2. U kunt de dagelijkse vragenlijsten niet achteraf inhalen, aangezien de vragen over de activiteiten en gemoedstoestand op die specifieke werkdag gaan.
3. Het is de bedoeling dat u beide vragenlijsten minimaal 3 van de 5 werkdagen invult deze week. Komt het voor u beter uit om volgende week te starten met de dagelijkse vragenlijsten? Dan kunt u dit laten weten door op deze e-mail te reageren.

Werkt de link niet? U kunt ook onderstaande URL kopiëren en in uw webbrowser plakken:
${l://SurveyURL}

Alvast hartelijk bedankt.

Met vriendelijke groet,
Aafke de Leeuw

${l://OptOutLink?d=Klik hier om u uit te schrijven}

E-mail notification daily questionnaire after work

Beste ${m://FirstName},

Dit is dag 1 van het onderzoek. Via onderstaande link gaat u naar de tweede dagelijkse vragenlijst die u vandaag **na uw werk** kunt invullen:
${l://SurveyLink?d= Dagelijkse vragenlijst maandag - na het werk}

Let op: Als u vandaag niet heeft gewerkt, dan kunt u deze vragenlijst overslaan.

Werkt de link niet? U kunt ook onderstaande URL kopiëren en in uw webbrowser plakken:
${l://SurveyURL}

Alvast hartelijk bedankt.

Met vriendelijke groet,
Aafke de Leeuw

${l://OptOutLink?d=Klik hier om u uit te schrijven}

Appendix E: Questionnaires

Inzicht in de emotionele arbeid van zorgmedewerkers - Algemene vragenlijst

Mailadres
Deelname aan de dagelijkse vragenlijst is cruciaal voor dit onderzoek. Hiervoor wordt uw mailadres gebruikt om uw gegevens van de algemene vragenlijst en de dagelijkse vragenlijsten te koppelen.

*Het mailadres is niet te herleiden naar uw antwoorden. Deze wordt door een onderzoeker losgekoppeld van de data en achter een beveiligde server opgeslagen tot het onderzoek voltooid is. Daarna wordt het mailadres permanent verwijderd.

Recruitment
Hoe bent u bij dit onderzoek terecht gekomen?

- ○ persoonlijk netwerk van de onderzoekers
- ○ vraag vanuit de organisatie waar ik voor werk
- ○ sociale media groepen (LinkedIn/ Facebook/ Instagram)
- ○ anders, namelijk: _____

Algemene informatie

Wat is uw leeftijd in jaren?

_____

Wat is uw geslacht?

- ○ Man (1)
- ○ Vrouw (2)
- ○ Overig (3)

Wat is de hoogste opleiding die u heeft afgemaakt?

- ○ Lagere school (1)
- ○ MAVO, LBO, VMBO (2)
- ○ HAVO, MBO (3)
- ○ VWO (4)
- ○ HBO, Universiteit (5)

Hoelang werkt u al bij uw huidige werkgever? (in jaren, afronden op een heel getal)

_____

Hoelang bent u werkzaam in uw huidige functie? (in jaren, afronden op een heel getal)

_____

Voor hoeveel uur per week heeft u contractueel een aanstelling? (in uren, afronden op een heel getal)

_____

In welke sector bent u werkzaam?

- ○ Gezondheids- en welzijnszorg
- ○ Anders, namelijk: _____

Wat voor beroep heeft u?

- ○ Maatschappelijk werker
- ○ Verpleegkundige, namelijk:_____
- ○ Arts, namelijk: _____
- ○ Pedagoog, namelijk: _____
- ○ Jeugdhulpverlening
- ○ Psycholoog, namelijk: _____
- ○ Seksuoloog
- ○ Fysiotherapeut
- ○ Therapeut, namelijk: _____
- ○ Logopedist
- ○ Pastoraal werker
- ○ Apotheker
- ○ Diëtist
- ○ Anders, namelijk: _____

Hoeveel uur cliënt/patiënt contact had u in de afgelopen 4 weken gemiddeld per dag? (in uren, afronden op een heel getal)

_____

Hoeveel cliënten/patiënten sprak u in de afgelopen 4 weken gemiddeld per dag face-to-face?

_____

Hoeveel cliënten/patiënten sprak u in de afgelopen 4 weken gemiddeld per dag telefonisch?

_____

Stemming

Hieronder staan twintig verschillende gevoelens en emoties. Geef bij ieder item aan in welke mate u zich de afgelopen 4 weken zo heeft gevoeld:

	Helemaal niet	Een beetje	Gemiddeld	Nogal	In sterke mate
Geïnteresseerd	○	○	○	○	○
Overstuur	○	○	○	○	○
Opgewekt	○	○	○	○	○
Van streek	○	○	○	○	○
Sterk	○	○	○	○	○
Schuldig	○	○	○	○	○
Angstig	○	○	○	○	○
Vijandig	○	○	○	○	○
Enthousiast	○	○	○	○	○
Trots	○	○	○	○	○
Prikkelbaar	○	○	○	○	○
Alert	○	○	○	○	○
Beschaamd	○	○	○	○	○

Geïnspireerd	○	○	○	○	○
Nerveus	○	○	○	○	○
Vastberaden	○	○	○	○	○
Aandachtig	○	○	○	○	○
Rusteloos	○	○	○	○	○
Energiek	○	○	○	○	○
Bang	○	○	○	○	○

Emotie regulatie

De volgende vragen gaan over hoe makkelijk u uw emoties kunt reguleren.

Ik kan mijn humeur sturen en moeilijkheden rationeel aanpakken.

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

Ik ben vrij goed in het controleren van mijn eigen emoties.

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

Ik kalmeer altijd heel snel wanneer ik erg kwaad ben.

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

Ik kan mijn eigen emoties goed beheersen.

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

Cliënt/patiënt gedrag

De volgende vragen gaan over het gedrag van uw cliënten/patiënten in de afgelopen 4 weken.

Hebben uw cliënten/patiënten u in de afgelopen 4 weken met respect behandeld?

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

Hebben uw cliënten/patiënten u in de afgelopen 4 weken op een beleefde manier behandeld?

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

Hebben uw cliënten/patiënten u in de afgelopen 4 weken waardig behandeld?

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

Hebben uw cliënten/patiënten in de afgelopen 4 weken ongepaste opmerkingen gemaakt?

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

Emotionele arbeid

De volgende uitspraken gaan over hoe u in de afgelopen 4 weken met uw emoties omging in uw werk richting cliënten/patiënten. Wilt u aangeven in welke mate iedere uitspraak op u van toepassing was?

De afgelopen 4 weken bood ik weerstand aan het uiten van mijn ware gevoelens richting cliënten/patiënten.

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

De afgelopen 4 weken deed ik in mijn contact met cliënten/patiënten alsof ik emoties voelde die ik niet echt had.

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

De afgelopen 4 weken verborg ik tijdens mijn contact met cliënten/patiënten mijn ware gevoelens over een situatie.

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

De afgelopen 4 weken deed ik een poging om de emoties te voelen die ik moest laten zien aan cliënten/patiënten.

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

De afgelopen 4 weken probeerde ik de emoties die ik moest tonen aan cliënten/patiënten echt te ervaren.

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

De afgelopen 4 weken probeerde ik de emoties te voelen die ik moest laten zien aan cliënten/patiënten als onderdeel van mijn werk.

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

Mentale belasting

De volgende uitspraken gaan over hoe u uw werk in de afgelopen 4 weken heeft beleefd en hoe u zich daarbij voelde. Wilt u aangeven in welke mate iedere uitspraak op u van toepassing was?

	Nooit	Bijna nooit	Af en toe	Regelmatig	Dikwijls	Zeer dikwijls	Altijd
Ik voelde mij mentaal uitgeput door mijn werk.	○	○	○	○	○	○	○
Ik twijfelde aan het nut van mijn werk.	○	○	○	○	○	○	○
Hele dagen werken vormde een zware belasting voor mij.	○	○	○	○	○	○	○
Ik voelde mij "opgebrand" door mijn werk.	○	○	○	○	○	○	○
Ik merkte dat ik teveel afstand heb gekregen van mijn werk.	○	○	○	○	○	○	○
Ik was niet meer zo enthousiast	○	○	○	○	○	○	○

als vroeger over mijn werk.							
Ik voelde me aan het eind van de werkdag leeg.	○	○	○	○	○	○	○
Ik voelde mij vermoeid als ik 's morgens opstond en er weer een werkdag voor me lag.	○	○	○	○	○	○	○
Ik ben cynischer geworden over de effecten van mijn werk.	○	○	○	○	○	○	○

Werk bevlogenheid

De volgende uitspraken hebben betrekking op hoe u uw werk in de afgelopen 4 weken heeft beleefd en hoe u zich daarbij voelde. Wilt u aangeven in welke mate iedere uitspraak op u van toepassing was?

	Nooit (1)	Bijna nooit (2)	Af en toe (3)	Regelmatig (4)	Dikwijls (5)	Zeer dikwijls (6)	Altijd (7)
Op mijn werk bruiste ik van energie.	○	○	○	○	○	○	○
Op mijn werk voelde ik mij fit en sterk.	○	○	○	○	○	○	○
Ik was enthousiast over mijn baan.	○	○	○	○	○	○	○
Mijn baan inspireerde mij.	○	○	○	○	○	○	○
Ik had zin om aan het	○	○	○	○	○	○	○

werk te gaan als ik 's morgens opstond.							
Ik voelde mij gelukkig wanneer ik intensief aan het werk was.	○	○	○	○	○	○	○
Ik was trots op het werk wat ik deed.	○	○	○	○	○	○	○
Ik ging op in mijn werk.	○	○	○	○	○	○	○
Mijn werk bracht mij in vervoering.	○	○	○	○	○	○	○

Werkzaamheden

De volgende vragen gaan over uw werkzaamheden in de afgelopen 4 weken.

Moest u in de afgelopen 4 weken heel snel werken?

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

Had u in de afgelopen 4 weken in uw werk te maken met zaken die u persoonlijk raakten?

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

Besliste u in de afgelopen 4 weken zelf de volgorde van uw werkzaamheden?

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

Hielpen uw collega's u in de afgelopen 4 weken met een bepaalde taak wanneer dat nodig was?

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

Werkte u in de afgelopen 4 weken extra hard om dingen af te krijgen?

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

Hadden uw collega's in de afgelopen 4 weken aandacht voor uw gevoelens en problemen?

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

Had u in de afgelopen 4 weken de vrijheid om problemen op het werk zelf op te lossen?

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

Moest u in de afgelopen 4 weken erg veel werk doen?

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

Vond u uw werk emotioneel zwaar in de afgelopen 4 weken?

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

Had u in de afgelopen 4 weken voldoende tijd om uw werk af te krijgen?

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

Besloot u in de afgelopen 4 weken zelf hoe u uw werk uitvoerde?

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

Gaven uw collega's u in de afgelopen 4 weken advies over hoe u iets moet aanpakken wanneer dat nodig was?

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

Kwam u in de afgelopen 4 weken tijdens uw werk in emotioneel beladen situaties terecht?

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

Moest u in de afgelopen 4 weken onder hoge tijdsdruk werken?

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

Bepaalde u in de afgelopen 4 weken zelf op welk moment u een taak uit zou voeren?

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

Lieten uw collega's in de afgelopen 4 weken merken waardering te hebben voor de manier waarop u uw werk deed?

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

Verwachtingen

De volgende vragen gaan over wat er van u wordt verwacht in uw contact met cliënten/patiënten.

Een deel van mijn taak is om de cliënt/patiënt een goed gevoel te geven.

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

Op mijn werk wordt er verwacht dat ik positieve emoties uit naar cliënten/patiënten als onderdeel van mijn werk.

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

Vriendelijke en vrolijke service is volgens deze organisatie onderdeel van de hulp die aan cliënten/patiënten wordt aangeboden.

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

Bedankt voor het invullen van de algemene vragenlijst!

Wilt u na afloop van het onderzoek de samenvatting van de onderzoeksresultaten toegestuurd krijgen naar uw mailadres? Er wordt anoniem en op algemeen niveau gerapporteerd.

- ○ Ja, stuur mij na afloop van het onderzoek een mail met de samenvatting van de onderzoeksresultaten
- ○ Nee, stuur mij na afloop van het onderzoek geen mail met de samenvatting van de onderzoeksresultaten

---

We verzoeken u om vanaf aanstaande maandag te starten met de korte dagelijkse vragenlijsten (1 voor het werk en 1 na het werk).
Hiervoor ontvangt u vijf werkdagen lang een herinneringsmail om 06:00 uur 's ochtends en 13:00 uur 's middags.

De dagelijkse vragenlijsten kunt u gedurende een werkweek van 5 dagen invullen. Als u een dag niet heeft gewerkt, kun u de vragenlijsten van die dag overslaan.

Indien u nog vragen heeft over dit onderzoek, kunt u contact opnemen met de onderzoeker Aafke de Leeuw via het e-mailadres: a.c.deleeuw@students.uu.nl

Heeft u nog opmerkingen of aanvullingen naar aanleiding van deze vragenlijst?

_____

Dagelijkse vragenlijst - voor het werk

Beste deelnemer,

Welkom bij de eerste dagelijkse vragenlijst, die u voor u naar uw werk gaat invult. Deze vragenlijst duurt ongeveer 1 à 2 minuten.

Stemming

Hieronder staan twintig verschillende gevoelens en emoties. Geef bij ieder item aan in welke mate u zich **nu** zo voelt:

Managing your heart

	Helemaal niet	Een beetje	Gemiddeld	Nogal	In sterke mate
Geïnteresseerd	○	○	○	○	○
Overstuur	○	○	○	○	○
Opgewekt	○	○	○	○	○
Van streek	○	○	○	○	○
Sterk	○	○	○	○	○
Schuldig	○	○	○	○	○
Angstig	○	○	○	○	○
Vijandig	○	○	○	○	○
Enthousiast	○	○	○	○	○
Trots	○	○	○	○	○
Prikkelbaar	○	○	○	○	○
Alert	○	○	○	○	○
Beschaamd	○	○	○	○	○
Geïnspireerd	○	○	○	○	○
Nerveus	○	○	○	○	○
Vastberaden	○	○	○	○	○
Aandachtig	○	○	○	○	○
Rusteloos	○	○	○	○	○

Energiek	○	○	○	○	○
Bang	○	○	○	○	○

Dagelijkse vragenlijst – na het werk

Beste deelnemer,

Welkom bij de tweede dagelijkse vragenlijst, die u na uw werk invult. Deze vragenlijst duurt ongeveer 4 minuten.

Cliënt/patiënt contact

Hoeveel uur cliënt/patiënt contact heeft u vandaag gehad? (In uren bij elkaar opgeteld, afronden op een heel getal)

_____

Hoeveel cliënten/patiënten heeft u vandaag face-to-face gesproken?

_____

Hoeveel cliënten/patiënten heeft u vandaag telefonisch gesproken?

_____

Stemming

Hieronder staan twintig verschillende gevoelens en emoties. Geef bij ieder item aan in welke mate u zich nu zo voelt:

	Helemaal niet	Een beetje	Gemiddeld	Nogal	In sterke mate
Geïnteresseerd	○	○	○	○	○
Overstuur	○	○	○	○	○
Opgewekt	○	○	○	○	○
Van streek	○	○	○	○	○
Sterk	○	○	○	○	○
Schuldig	○	○	○	○	○
Angstig	○	○	○	○	○
Vijandig	○	○	○	○	○
Enthousiast	○	○	○	○	○
Trots	○	○	○	○	○
Prikkelbaar	○	○	○	○	○
Alert	○	○	○	○	○
Beschaamd	○	○	○	○	○
Geïnspireerd	○	○	○	○	○
Nerveus	○	○	○	○	○
Vastberaden	○	○	○	○	○
Aandachtig	○	○	○	○	○
Rusteloos	○	○	○	○	○

Energiek	○	○	○	○	○
Bang	○	○	○	○	○

Cliënt/ patiënt gedrag

De volgende vragen gaan over het gedrag van uw cliënten/patiënten vandaag.

Hebben uw cliënten/patiënten u vandaag met respect behandeld?

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

Hebben uw cliënten/patiënten u vandaag op een beleefde manier behandeld?

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

Hebben uw cliënten/patiënten u vandaag waardig behandeld?

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

Hebben uw cliënten/patiënten vandaag ongepaste opmerkingen gemaakt?

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

Emotionele arbeid

De volgende uitspraken gaan over hoe u vandaag met uw emoties omging in uw werk richting cliënten/patiënten. Wilt u aangeven in welke mate iedere uitspraak op u van toepassing was?

Vandaag bood ik weerstand aan het uiten van mijn ware gevoelens richting cliënten/patiënten.

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

Vandaag deed ik in mijn contact met cliënten/patiënten alsof ik emoties voelde die ik niet echt had.

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

Vandaag verborg ik tijdens mijn contact met cliënten/patiënten mijn ware gevoelens over een situatie.

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

Vandaag deed ik een poging om de emoties te voelen die ik moest laten zien aan cliënten/patiënten.

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

Vandaag probeerde ik de emoties die ik moest tonen aan cliënten/patiënten echt te ervaren.

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

Vandaag probeerde ik de emoties te voelen die ik moest laten zien aan cliënten/patiënten als onderdeel van mijn werk.

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

Mentale belasting

De volgende uitspraken gaan over hoe u vandaag uw werk heeft beleefd en hoe u zich daarbij heeft gevoeld. Wilt u aangeven in welke mate iedere uitspraak op u van toepassing was?

Ik voelde me vandaag mentaal uitgeput door mijn werk.

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

Vandaag was werken een zware belasting voor mij.

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

Ik twijfelde vandaag aan het nut van mijn werk.

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

Werk bevlogenheid

De volgende uitspraken gaan over hoe u vandaag uw werk heeft beleefd en hoe u zich daarbij heeft gevoeld. Wilt u aangeven in welke mate iedere uitspraak op u van toepassing was?

Op mijn werk bruiste ik vandaag van de energie.

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

Ik was vandaag enthousiast over mijn baan.

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

Ik ging vandaag helemaal op in mijn werk.

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

Coronavirus

De volgende vragen hebben betrekking op het coronavirus COVID-19.

In hoeverre was uw werk vandaag anders dan normaal door het coronavirus?

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

Wat was er vandaag anders dan normaal? (meer antwoorden mogelijk)

- [ ] Minder uren gewerkt
- [ ] Meer uren gewerkt
- [ ] Minder contact met cliënten/patiënten
- [ ] Meer contact met cliënten/patiënten
- [ ] Meer fysieke afstand gehouden van cliënten/patiënten
- [ ] Meer telefonisch contact in plaats van face-to-face contact met cliënten/patiënten
- [ ] Anders, namelijk: _____

Ervoer u vandaag tijdens het werk andere emoties dan normaal door het coronavirus?

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

Bent u vandaag door het coronavirus anders omgegaan met uw emoties dan normaal in uw contact met cliënten/patiënten?

- ○ Helemaal niet
- ○ Een beetje
- ○ Enigszins
- ○ Nogal
- ○ Heel erg

Heeft u nog opmerkingen of aanvullingen naar aanleiding van deze vragenlijst?

_____