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Delivering good service: Personal resources, job satisfaction and nurses’ customer orientation

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Abstract

Aims. To explore the complex relationships between nurses’ personal resources, job satisfaction and customer orientation.

Background. Previous research has shown that nursing is highly intensive, emotionally charged work which has an impact on nurses’ job performance and their customer orientation as well as patient or customer satisfaction. This study contributes to the literature by examining how nurses’ personal resources relate to their personal satisfaction and customer orientation and the relationships between them. Specifically, this study explores the impacts two facets of emotional labour (deep acting and surface acting), self-efficacy, emotional exhaustion on personal job satisfaction and customer orientation. The intervening effects of emotional contagion, empathic concern and inauthenticity are also tested.

Design. A quantitative questionnaire survey.

Method. Data were collected through a self-completion questionnaire administered to a sample of 159 Australian nurses in 2010. The data were analysed using WARPPLS.

Results. PLS analysis indicates that the final model is a good fit to the data. Deep acting and surface acting have different effects (positive and negative) on job satisfaction and customer orientation, self-efficacy has a positive effect on both and emotional exhaustion has a positive effect on customer orientation and negative on job satisfaction. The intervening effects of emotional contagion, empathic concern and inauthenticity are significant.

Conclusions. Understanding the complex interactions between personal resources, job satisfaction and customer orientation helps to increase service providers’ personal satisfaction and customer orientation particularly in difficult contexts.
Key Words: Deep Acting, Surface Acting, Personal Resources, Satisfaction, Customer Orientation.

SUMMARY STATEMENT

What is already known about this topic?

- Job satisfaction positively affects customer orientation.
- Nurses’ low job satisfaction has a negative effect on nurses’ health and well-being, and job performance.
- Dispositional characteristics such as self-efficacy, emotional exhaustion, emotional contagion and empathy affect job satisfaction and customer orientation.
- Emotional labour may have negative impacts on job satisfaction and customer orientation.

What this article adds

- This study explores the effects of two key facets of emotional labour: deep acting and surface acting and reveals important findings related to job satisfaction and customer orientation.
- The model suggests moderating effects of empathic concern, emotional contagion and inauthenticity between co-worker support, job satisfaction and customer orientation.
- Overall, the results highlight the importance of understanding the complex relationships with and between personal disposition and outcomes such as job satisfaction and customer orientation.

Implications for practice and/or policy

- Paying attention to the complex relationships and interactions between personal characteristics, job satisfaction and customer orientation provides important insights for work organisation and training.
Introduction

Nursing is a high involvement service profession and patients are increasingly being seen as clients or customers (Hudak, McKeever, Wright, 2003). Consequently, an understanding of nurses’ customer (patient) orientation is likely to be useful to healthcare managers, as interactions between nurses and patients are essential to customer (patient) satisfaction (Susskind, Kacmar and Borchgrevink, 2003). In a broader services marketing context, a service worker’s customer orientation has been suggested to be a predisposition to care for customers’ needs (Brown, Mowen, Donovan and Licata, 2002; Skalen, 2009), which fits well within the nursing profession. A person’s customer orientation is an attitudinal variable that has a direct impact on that person’s overall performance, customer oriented behaviours and commitment (Grizzle, Zablah, Brown, Mowen and Lee, 2009; Stock and Hoyer, 2005). Additionally, a person’s customer orientation affects customers’ satisfaction, which is important, particularly in a credence service such as nursing (Darby and Daniel, 1999).

Customer orientation is also associated with job satisfaction. Many studies have found job satisfaction leads to better performance and that good job performance leads to job satisfaction. However, the causes of job satisfaction are many and individual states, such as happiness and well-being, may have a stronger direct effect on job performance than job satisfaction (Wright and Cropanzano, 2000). This is important, as nurses’ performance and job satisfaction are affected by the emotional nature of their work and their need to control the ways in which they express or suppress their emotions (Bartram, Casimir, Djurkovic, Leggat and Stanton, 2012). Therefore, a better understanding of how nurses’ personal (psychological) resources contribute to job satisfaction should help nursing managers make work
organisational decisions that benefit customers (patients in this case) and services providers (nurses in this case).

Nurses’ job satisfaction reduces the effects of negative emotion work (Yang and Chang, 2008), and, therefore, should be a major concern; particularly when there are problems in recruiting and retaining nurses. Indeed, research suggests nurses’ job satisfaction may have an impact on the nursing workforce (Lu, While and Barriball, 2005). The result of nurses’ dissatisfaction can be seen in recent industrial action in countries such as Australia and United Kingdom. Consequently, the study discussed here was undertaken to explore the roles nurses’ personal resources (individual emotional states and self-efficacy) play and to examine the direct and indirect effects these factors had on nurses’ job satisfaction and customer orientation.

Background

Nursing is a stressful occupation because it is emotionally demanding, as it involves dealing with patients’ problems and suffering. Nurses need to manage the negative emotions that result for their own well-being and if they are to provide good patient care. In recent years a conceptual shift in thinking about patients as ‘customers’ has resulted in a focus on nurses needing to develop a customer orientation, similar to that needed in most other service industries (Hudak, McKeever and Wright, 2003). Nursing is a credence service and, as patients’ generally cannot assess the technical side of their treatment, they tend to assess the service process and the people providing it, primarily nurses, as they are the major point of contact (Darby and Daniel, 1999). Medical services’ managers need to pay greater attention to the conditions that support nurses’ customer orientation; in particular nurses’ emotional labour (Bakker, Le Blac and Schaufeli, 2005), which is particularly high in nursing (Yang and Chang, 2008). An additional concern is that people engaged in emotional labour are expected
to appear authentic, which may lead to them acting to achieve the desired impression, resulting in deleterious effects to their own health (Hochschild, 1983; Erickson and Wharton, 1997).

The key processes of emotional labour are surface acting and deep acting. Surface acting involves the inauthentic modification and control of emotional expressions, such as faking a smile or being pleasant when in a bad mood, which can have negative effects on patients and nurses. Deep acting requires an authentic change of mood and expression, which can have positive benefits (Brotheridge and Grandey, 2002). Although, the need for emotion management is generally accepted in nursing and other services, acting in an inauthentic way can have negative impacts on workers, including burnout, low satisfaction and depression (Erickson and Wharton, 1997). Conversely, authenticity in the work place is associated with better job performance and greater job satisfaction and is thought to influence the relationship between work conditions and outcomes (van den Bosch and Taris, 2013). However, the impacts of emotion management and inauthenticity differ with different individuals, with some people being unaffected (Sloan, 2007). The concept of authenticity extends beyond the individual to an organisational level of ‘climate of authenticity. In an authentic climate, people feel able to express their emotions without fears of negative ramifications, which indicates trust and perceived safety that have positive impacts on emotional labour and job stress (Grandey, Foo, Groth and Goodwin, 2012).

Each person’s evaluation of their workplace situation is influenced by their susceptibility to emotional contagion, or ‘catching’ others’ emotions and their ability to tune into others. In the worst case, emotional contagion may mean service providers ‘catch’ negative emotions from co-workers and patients, which impacts negatively on their satisfaction and well-being (Bakker, Le Blanc and Schaufeli, 2005). Emotional contagion can also have positive impacts.
For example, emotional contagion is related to empathy and this has been shown to have positive effects on patients’ perception of care received and well-being (Williams and Stickley, 2010). Empathy has long been considered a fundamental component of good nursing care, as it is key to trust-building and the creation of an effective therapeutic relationship between healthcare providers and patients (Williams and Stickley, 2010; Brunero, Lamont and Coates, 2009). The empathic concern shown by service providers contributes to customer satisfaction, improves providers’ communicative responsiveness and may avert emotional exhaustion in some, benefitting service providers and recipients (Omdahl and O’Donnell, 1999). On the other hand, some people suffer distress and increased work stress as a result of a lack of empathic concern (Lopez-Perez, Ambrona, Gregory, Stocks and Oceja, 2013).

Whether the impacts of emotion work are generally positive or negative or direct or indirect depends on a number of factors, such as workers’ personal dispositions, autonomy at work and the stress connected with job roles (Garrosa, Moreno-Jimenez, Rodriguez-Munoz and Rodriguez-Carvajal, 2011; Grandey, 2000; Wharton, 1993). Many studies have shown workplaces can have negative consequences, such as job stress and low job satisfaction. However, personal evaluations of stress and satisfaction may mean the consequences of emotional labour are not always deleterious and can increase job satisfaction and feelings of personal accomplishment, which reduces negative impacts, such as emotional exhaustion (Seery and Corrigall, 2007; Pugliesi, 1999). In some situations, workers may gain satisfaction from improving others’ emotional well-being and receiving appreciation for their efforts (Bakker, Demerouti and Verbeke, 2004; Seery and Corrigall, 2007; Kiffin-Petersen, Murphy and Soutar, 2012), which may increase self-efficacy perceptions.

Many studies have also found a relationship between job satisfaction, self-efficacy and performance outcomes (Judge, Jackson, Shaw, Scott and Rich, 2007). An increase in self-
Efficacy appears to increase employees’ effort and subsequent job performance (Hartline and Ferrell, 1996). High self-efficacy workers tend to use problem solving coping strategies, while low self-efficacy workers are more prone to anxiety and operate on a more emotional level (Jex and Bliese, 1999), which may impact on stress and suggest a greater need for organisational support.

Job satisfaction is a set of feelings people have about their jobs. It is also a person’s affective and cognitive evaluation of what job conditions should be and what they are perceived to be that takes account of future expectations (Lu et al., 2005). Considerable research has examined the relationship between job satisfaction and performance (Aronson, Laurenceau, Sieveking and Bellet, 2005). However, findings are inconsistent, as some studies supported this relationship, while others did not (Judge, Thoresen, Bono and Patton, 2001). It seems the relationship depends on job context and may be influenced by job complexity and personal disposition (Judge et al., 2001). In nursing, job satisfaction seems to be related to work performance and associated with good patient care (Lu, While, and Barriball, 2005).

These are important factors to consider, as the consequences of emotional labour and exhaustion may affect nurses’ job satisfaction and general life satisfaction (Demerouti, Bakker, Nachreiner, Schaufeli, 2000). Consequently the present study asked:

(1) What role does self-efficacy play in nurses’ job satisfaction and customer (patient) orientation?

(2) What impacts do emotional states and personal resources (burnout, emotional labour, self-efficacy and inauthenticity) have on job satisfaction and customer orientation?

(3) What is the relationship between job satisfaction and customer (patient) orientation?
Do personal resources moderate the relationship between job satisfaction and customer (patient) orientation?

A model, which is shown in Figure 1, was built from the prior research discussed earlier to answer these questions. The study undertaken to examine this model, the results obtained and their implications are discussed in subsequent sections.

Figure 1 about here

The Study

Aim

The aim of this study is to explore the relationships shown in the model above.

Design

A self-completion questionnaire was conducted in 2010, with 159 Australian nurses. The nurses were employed at a public hospital in a state capital city.

Participants

Five hundred questionnaires were distributed to nurses who were working at the Australian public hospital at the time of data collection in 2010. The data collection took place during a difficult period when nursing staff spoke of their concern that hospital facilities and resources were inadequate to service the increasing needs of the local population. Indeed, some expressed concern for patients’ care and safety.

Data collection

One hundred and fifty nine nurses (32%) responded to the self-completion questionnaire that provided the data used in the present study and completed. The questionnaire took
approximately 15 minutes to complete and participation was voluntary and anonymous. Most of the respondents (62%) were between 36 and 50 years of age; 60% had supervisory roles, 74% have been working for more than five years in healthcare and 22% were males, which is representative of the nursing population that was surveyed.

Measures

While the study used existing scales to measure the constructs that were included in the model, some items were adapted to suit the nursing context when this was necessary. All responses were obtained on seven-point Likert-type scales that ranged from strongly disagree (1) to strongly agree (7). In this case:

1. Job Satisfaction was measured using eight items that asked about satisfaction with personal opportunities, organisational issues, support and salary (Brown, and Peterson, 1993).

2. Customer Orientation was measured using five items that asked about attitudes towards customers (Susskind et al, 2003).

3. Emotional Exhaustion was measured using six items that asked about burn out, frustration and a dread of going to work (Wharton, 1993).

4. Employee Self-Efficacy was measured using eight items that asked about capability and confidence (Jones, 1986),

5. Empathetic concern was measured using seven items that asked about concern for others (Davis, 1983).

6. Emotional labour was measured using ten items that asked about emotional responses to people work (Brotheridge and Grandey, 2002) that formed four
subscales (variety, intensity, deep acting and surface acting), although only the deep acting and surface acting subscales were used in the present study.

7. Emotional Contagion was measured using seven items that asked about ‘catching’ other peoples’ emotions (Stiff et al., 1988).

8. Inauthenticity was measured using six items examining authenticity at work (Sloan, 2007).

**Ethical considerations**

Ethics approval was obtained from both the university and hospital involved in the study.

**Data Analysis**

The data were analysed in a variety of ways using the Statistical Package for the Social Sciences (SPSS). However, given the sample size (159), it was decided to use a partial least squares (PLS) approach to estimate the model. In this case, the PLS Regression procedure within the WARPPLS 3.0 software program (Kock, 2012) was used to estimate the model. PLS is particularly useful approach when samples are smaller than is desirable for covariance-based approaches, such as LISREL or AMOS, and WARPPLS uses a bootstrapping approach that reduces the need for concern about the distributional properties of the data being used to estimate a model (Kock, 2012).

**Results**

Table 1 shows the means, standard deviations, composite reliability (CR) scores, AVE score and inter-correlations for the constructs included in the study’s model. All of the scales were reliable, as the CR scores were above 0.80 and all of the constructs had convergent validity, as the AVE scores all exceeded 0.50 (Fornell and Larcker, 1981). Further, all of the constructs
had discriminant validity, as the lowest AVE score (0.51) was greater than the highest squared correlation between any two constructs (0.28) (Fornell and Larcker, 1981). Consequently, the constructs all had good measurement properties and could be used with confidence in estimating the model.

The mean scores suggested that, on average, respondents were not very likely to engage in either deep acting or surface acting behaviours or to suffer from emotional exhaustion, as these means were below the midpoint of the seven-point scale. Further, the nurses, on average, had strong empathic concern, were satisfied with their job and had a positive customer orientation, as all of these means were well above the midpoint of the seven-point scale. However, all of the constructs had reasonable standard deviations (ranging from 0.90 to 1.51), suggesting there was enough variation in the data to make it useful to estimate the suggested model.

*Table 1 about here*

**Estimating the Model**

The model, which was shown in Figure 1, but without the moderators, was estimated using the WARPPLS software program. While PLS models do not have the range of goodness of fit measures suggested for covariance-based procedures, Tenenhaus et al. (2005) recently suggested a goodness of fit (GOF) index, which is computed as the square root of the average variance extracted score for the model’s constructs and the average R-squared for all of the endogenous constructs. Wentzel et al. (2009) suggested a GOF value of 0.36 implied there would be large effect sizes within the model and that the model was performing well. In this case the GOF value was 0.51, suggesting it was worth examining the model in detail.

Not all of the model’s relationships were significant. In particular, the path from deep acting to job satisfaction and the two paths from empathetic concern were not significant. The latter
result suggests empathetic concern did not play an antecedent role and that it should be excluded from the analysis as an independent variable. The path coefficients and their probabilities in the revised model when this was done can be seen in Figure 2. It is clear job satisfaction had the greatest direct impact on customer orientation, although most of the other direct paths were significant. Interestingly, deep acting was negatively related to customer orientation, while surface acting was not related to customer orientation. Emotional exhaustion was also positively related to customer orientation, and negatively related to job satisfaction. Employee self-efficacy was positively related to job satisfaction and customer orientation. Finally, deep acting did not impact on job satisfaction, but surface acting impacted negatively on job satisfaction.

*Figure 2 about here*

**The Moderating Effects**

Some potential moderators were added to the model because past research suggested such effects may be present. Such moderating effects were shown in the conceptual model in Figure 1 and can be modelled in WARPPLS. The final model, which can also be seen in Figure 2, shows the moderating effects of emotional contagion, empathic concern and inauthenticity on the relationships between the relevant variables. Although, empathic concern was suggested as an independent variable in Figure 1, it only had a moderating effect, as is shown in Figure 2. The interaction terms (i.e. the moderating effects) and their significance can be seen in the figures on the moderating paths in Figure 2.

*Figure 3 about here*

When emotional contagion was low, the relationship between emotional exhaustion and customer orientation was not significant. When emotional contagion was high the relationship
between emotional exhaustion and customer orientation was significant (Figure 3). This suggests the higher a nurse’s susceptibility to emotional contagion, the stronger is the negative relationship between emotional exhaustion and customer orientation.

*Figure 4 about here*

When emotional contagion was low, the relationship between job satisfaction and customer orientation was significant. When emotional contagion was high the relationship between job satisfaction and customer orientation was higher and significant (Figure 4). This suggests the higher a nurse’s susceptibility to emotional contagion, the stronger is the relationship between job satisfaction and customer orientation.

*Figure 5 about here*

The interaction between empathic concern and job satisfaction on customer orientation was significant. When a nurse’s empathic concern was low, the relationship between job satisfaction and customer orientation was higher and significant. When a nurse’s empathic concern was high, the relationship between job satisfaction and customer orientation was lower, although still significant (Figure 5). This suggests that the higher empathic concern the weaker the relationship between job satisfaction and customer orientation.

*Figure 6 about here*

The interaction between inauthenticity and job satisfaction on customer orientation was significant. When a nurse’s inauthenticity was low, the relationship between job satisfaction and customer orientation was significant (Figure 6). When inauthenticity was high, the relationship between job satisfaction and customer orientation was significant and higher. This suggests that, when inauthenticity exists, the relationship between overall job satisfaction and customer orientation is more important.
Discussion

The present study explores the complex effects aspects of nurses’ psychological situation (surface acting, deep acting, self-efficacy, empathic concern and emotional exhaustion) have on their job satisfaction and customer orientation. Emotional labour affects job satisfaction and customer orientation, as has been found in prior research (Bartram et al., 2012). However, this study distinguished between deep acting and surface acting and found these aspects have different effects. Deep acting has a negative association with customer orientation, whilst surface acting had a small, but positive association with customer orientation. Interestingly, this is reversed in the relationship with job satisfaction. Deep acting has a very small but significant positive association with job satisfaction and surface acting has a larger, negative association with job satisfaction. This is an important finding, which may be explained by the effort required to achieve a genuine state of deep acting, while surface acting indicates the nurse is making an effort and is concerned about the customer, but may be emotionally detached and better able to protect themselves against the deleterious effects of emotion work. As expected, emotional exhaustion has an impact on job satisfaction and customer orientation. The negative relationship with job satisfaction and the positive relationship with customer orientation seems contradictory, but may be explained by nurses’ personal interpretation of a stressful work role and pressured situations, resulting in greater concern for patients at the same time as a reduction in personal job satisfaction. Self-efficacy has a positive relationship with job satisfaction and customer orientation, suggesting that, as in previous research, self-efficacy has a positive effect on effort, job satisfaction and ability to cope with stress (Spence Laschinger and Grau, 2011; Jex and Bliese, 1999).

The findings suggest emotional contagion intervenes in the relationship between emotional exhaustion and customer orientation, as well as job satisfaction and customer
orientation. It seems susceptibility to emotional contagion may have positive and negative consequences for outcomes such as job satisfaction and customer orientation. Perhaps, those prone to ‘catching’ others’ emotions are particularly vulnerable during difficult times, such as those described anecdotally which give context to the present study. The positive intervening effects of emotional contagion on the relationship between job satisfaction and customer orientation are evidence that emotion work can sometimes be a positive experience and result in more effort and better performance (Seery and Corrigall, 2009; Pugliesi, 1999). The unusual finding that inauthenticity appears to increase the relationship between job satisfaction and customer orientation may also reflect extra effort being made during difficult times.

Empathic concern seems to reduce the relationship between job satisfaction and customer orientation in this study. This is consistent with research that has shown highly empathic staff may have difficulty in maintaining an objective perspective, which increases their personal stress. However, low empathy may negatively affect patients (customers) (Lopez-Perez, Ambrona, Gregory, Stocks and Oceja, 2013). Some studies suggest empathy education may have a positive effect on participating nursing staff and even their colleagues who do not receive the training which may be due to the contagious nature of empathy (Herbek and Yammarino, 1990).

This paper suggests personal resources have subtle complexities that may be associated with individual differences, organisational culture and management and have implications for nursing staff education and training and support. The results have implications for management in both health care provision and other services that are high in emotional labour and stress. Clearly, it is important to recognise there are differences in people’s attitudes and responses to stressful situations that result in different outcomes and some individuals are
better able to protect themselves. All of this supports the notion that an ability to manage emotions and interactions with customers and co-workers is an individual trait that can be assisted through appropriate training and the development of a positive organisational climate (Lopez-Perez et al., 2013; Brunero et al, 2009; Herbek and Yammarino, 1990; Grandey et al., 2012).

Limitations

The key limitations lie in the small sample, which was drawn from one organisation. However, these are interesting results that should be tested more widely in future in different organisations and services. As with all questionnaires completed by the same individuals, common method variance may be an issue. However, this should be minimized as well established measures were used and the correlations between measures were not excessively high (Spector, 2006).

Conclusions and Implications

There are many interactions between a service providers’ psychological state, interactions with other service providers and consumers and further research would help to increase our understanding of the complex issues found in highly stressful service work such as nursing. Individual emotional states and coping abilities can be characterised as psychological capital that, when high, buffers the negative effects of work stress and exhaustion (Spence Laschinger and Grau, 2011). Exploring different ways to ameliorate problems through adjustments to existing training and work processes should increase nurses’ psychological well-being and positively affect both nurses and patients.
References


Figure 1: The Conceptual Model
Figure 2: The Final Model
Figure 4
Figure 5
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<th>M</th>
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<td>1.16</td>
<td>0.85</td>
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<td>-0.10</td>
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