ISCTE ◆ Business School
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Relationship between Emotional Labor, Leader Member Social

Exchange, and Affective Commitment

-A Empirical Study of Clinicians in Hospitals in China

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Abstract

The aim of the present study is to investigate how the level of emotional labor is related to affective commitment and how the level of emotional labor with the patient is performed differently from those performed to the colleague and also to examine the relationship among emotional labor, leader member social exchange, and affective commitment. Data were collected through self-report questionnaires (N=218), targeting groups of clinicians in the public hospitals in China.

The findings indicate that there is a significant relationship in the level of emotional labor and affective commitment, except surface acting with colleagues. And there is a significant difference in the level of emotional labor with colleague and emotional labor with the patient. The result also shows that LMSX mediates the relationship between emotional labor and affective commitment. Management implications of the findings, limitations, and suggestions for future research are discussed.

Key Words: Emotional Labor with Patient, Emotional Labor with Colleagues, LMSX, Affective commitments, Chinese Hospitals.

JEL: J53; M100

Resumo

O objetivo do presente estudo é investigar como o nível de trabalho emocional está relacionada ao comprometimento afetivo e como o nível de trabalho emocional com o paciente é realizada de forma diferente daqueles realizados para o colega e também para examinar a relação entre trabalho emocional, líder intercâmbio social membro e comprometimento afetivo. Os dados foram coletados por meio de questionários de auto-relato (n = 218), grupos de médicos focalização nos hospitais públicos na China.

Os resultados indicam que existe uma relação significativa no nível de trabalho emocional e comprometimento afetivo, exceto superfície agindo com os colegas. E há uma diferença significativa no nível de trabalho emocional com o colega e trabalho emocional com o paciente. O resultado também mostra que LMSX medeia a relação entre o trabalho emocional e comprometimento afetivo. implicações de gestão das conclusões, limitações e sugestões para futuras pesquisas são discutidas.

Palavras-chave: trabalho emocional com paciente, trabalho emocional com os colegas, LMSX, compromissos afetivos, hospitais chineses.

JEL: J53; M100

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1. INTRODUCTION

1.1 Background

Since the reform and opening, China has maintain a average growth rate of over 10% for 3 decades. In 2014, China's GDP reaches 63.6463 trillion yuan in total with an increase of 7.4% with China's per capita GDP about 7000 US dollars (China National Bureau of Statistics, 2015).With the improvement of per capita income and people's health awareness, people pay more attention to disease prevention, diagnosis and treatment .Economic development and the increasing living standard along with the aging population drive dramatic increase in demand of medical services.

In 2014, there were 7.31 billion visitors to medical institutions in total in the whole country -an increase over 420 million visitors compared to previous year, an up of 6.1% and 5.4 visits per capita; What worth mentioned is that there were 2.74 billion visitors chose hospitals to take healthcare service. In 2014, there were 2.46 billion visitors to public hospitals, accounting for 89.8% (Health Statistics Yearbook, Chinese Ministry of Health, 2015). In 1990, the total spending of personal health counted for only 3.8 billion US dollars while in 2014, spending of personal health reached to 166 billion US dollars, representing an increase of 44 times compared to 1990 (Health Statistics Yearbook, Chinese Ministry of Health, 2015).

Due to the increase in healthcare demand and shortage of clinicians, most Chinese doctors are working in overload (more than 70% of clinicians work more than 50 hours a week)(Chinese Physician Practice White Paper, 2015, May), but holding low-paid salary to work for people and country. Doctors can not get the desired pay in terms of skills and knowledge and can not maintain a life with dignity.

In China, the numbers of physicians per 1000 persons are 1.42 in 2010 (World Bank WDI database, 2015), the ratio of doctor and nurse per thousand people in

China is much lower than many countries. The average numbers of physicians per 1000 persons in high income countries are 2.76 (World Bank WDI database, 2015). Now, the basic wage of doctors in public hospitals is less than civil servants and teachers. According to a survey which have collected more than 6150 questionnaires by magazine <Medical profession> in 2014, the situation of wage of clinicians are not positive. The monthly salary for resident doctor mainly focus in 154-462 US dollars; the monthly salary for executive doctor mainly focus in 154-615 US dollars; the monthly salary for deputy chief doctor mainly focus in 308-769 US dollars and the monthly salary for chief doctor mainly focus in 462-1540 US dollars, finally, the monthly salary for nurses mainly focus in 154-462 yuan per month (http://innovation.ifeng.com/focus/detail_2014_08/11/2743349_0.shtml).

The doctor gradually lost enthusiasm and many experienced doctors give up the practice of art. Finally, doctors have learnt to prescribe exaggeratedly and to be not serious about treatments. So the quality of medical treatment for patients is gradually getting worse and the patient begin to rage, so the extreme groups of patients will take a extreme means to hurt and kill doctor to express anger and vent their anger.

In recent years the medical injury cases apparently appear a bit too frequently. The reason for that is because the attitude of patient side towards the medical side is getting worse, combined with the fight for doctors own interests, so that some people see the commercial interests, thus creating a new career - medical trouble maker. The emergency of these medical trouble maker exacerbated tensions between doctor and patient, and the doctor feels more threat to their own security and demands for more self-protection. Therefore, the medical injury cases have happened more and more frequently.

During the period between December 2012 and July 2013, violence injury incidents in Chinese hospitals increased annually, the average incidents occurred for one hospital per year increase from 20.6 times in 2008 to 27.3 times in 2012,

according to the survey of Chinese Hospital Association and other organizations. (http://www.moh.gov.cn/wsb/index_2013.shtml, Chinese Ministry of Health, 2014).

All in all, the environment for doctors and nurses is full of challenges and risks, and their job satisfaction and commitment are low. Thus, affective commitment of doctor and nurses has became priorities needed to be considered for managers of hospitals.

1.2 Research Questions

To provide high standard healthcare service, clinicians in hospitals need to perform emotional labor of in the form of action, spoken language, body language, including appearance and attitude when they interact with patients. In this study, we first explore the level of clinician's emotional labor performed with patients and colleagues. Then we want to understand the role of leader member social exchange in the relationship between emotional labor and affective commitment in hospitals. By doing so, we hope that we can have an insight of how to improve clinicians' affective commitment through social exchange among hospital managers and clinicians. Therefore, the present study aims to answer these questions: 1. What are the level of emotional labor Chinese clinician perform with patients and colleagues respectively? 2. How does emotional labor (deep acting and surface acting) impact clinicians' affective commitment in China? 3. What is the role of leader member social exchange (LMSX) in the relationship between emotional labor and affective commitment?

1.3. Structure

Following this chapter, we will first review the existent literature regarding emotional labor, leader-member social exchange and affective commitment and the relationship among them to develop the theoretical framework of the present study. In the third chapter, we will explain the methodology used in the present study. In more details, we will describe sampling, procedure, and analysis strategy used in this study.

Finally, we will present the results of our research, discuss the management implications, limitations of the study and suggestions for future research.

2. LITERATURE REVIEW

2.1. Emotional Labor

When employees manage their emotions in order to meet the requirements of the organization, they are engaged in emotional labor. Through emotional classification and investigation of interaction between delta airlines staff and customer, Hochschild (1983) defined the term "emotional labor" as the purposeful control of feelings in order to outwardly demonstrate an appropriate facial and body display.

Ashforth and Humphrey (1993) defined emotional labor as the contrived display of appropriate emotional responses in service encounters on the basis of actual behaviors performed. And Morris and Feldman (1996) defined emotional labor as the effort, planning, and control needed to express organizationally desired emotion during interpersonal transactions to display appropriate emotions. They suggest that following elements affect the emotional labor: frequency of appropriate emotional display; attentiveness to required display rules; variety of emotions to be displayed and emotional dissonance generated by having to express organizationally desired emotions not genuinely felt.

Grandey (2000) argued that emotional labor involved the regulation of feeling and expression in order to meet organizational goals. She pointed out that there are three factors that influence the emotional labor: one is individual elements like gender, emotional intelligence, emotional expression and emotional tendencies, the second is situation elements like desire of dating (frequency, persistence, etc.); the third is organizational elements, such as work autonomy, organizational support and peer support.

In general, employees can manage emotions to meet work role demands through two major processes-surface acting and deep acting Hochschild (1983). Surface acting refers that employees try to change their external expression of emotion in order to

meet the requirements of organizations, but will not change their inner feelings. Deep acting refers that employees try to change their inner feelings on purpose of being consistent with the emotional expression required by organizations and intend to make coherent sense of their inner feeling and external expression. Surface acting has been measured as occupational titles such as service jobs that are thought to represent "people work" (Hochschild, 1983; Wharton, 1996), work demands such as frequency of interactions with customers (Morris and Feldman, 1996, 1997), and job expectations to express certain emotions (Schaubroeck and Jones, 2000; Wharton and Erickson, 1995) .This camouflage method is only committed to change of external performance of emotion, and inner feelings and external emotional expression are not necessarily unanimous, which easily cause emotional disorder. From this, it is easy to observe that appropriate emotional quality from surface acting is worse than that from deep acting. Those surface acting actions are hard to be successful camouflage and even easy to reveal the true feelings of employees to the customers.

Deep acting denotes employee process or experience of managing emotions and expressions to meet work demands. This camouflage method is committed to change of inner feelings to demonstrate the required emotions sincerely. Therefore, the more unanimous internal feelings and external emotional expression is, the less likely employees feel emotional disorder. In the meantime, those employees seems to be more concerned with the customer's feeling and try express sincere emotions in interaction with customers (Ashforth and Humphrey, 1993). However, not all of employees choose this kind of way of emotional labor at work, especially those employees who does not recognize and accept their work roles (Ashforth and Humphrey, 1993) or those employees who are not aware of how to regulate personal feelings of employees (Grandey, 2000).

Deep acting and surface acting both are management of emotions at work, namely emotional labor strategy (Ashforth and Humphrey, 1993; Hochschild, 1983;

Morris and Feldman, 1996; Zapf, 2002). In addition to the two ways from the point of view of Hochschild (1983), Grandey (2000) thinks that different levels of camouflage are related to mechanisms of emotional regulation. In surface acting, employees regulate their external expression of emotions in order to meet the requirements of organizations while in deep acting, employees regulate their inner feelings in order to make external expression of emotions and inner feelings are unanimous.

In this study, we not only discuss the emotional labor occurred between clinicians and patients, but also the emotional labor between colleagues. The early definitions of emotional labor focused on modifying one's emotions in front of the public, or in the customer service context (Hochschild, 1983). In the customer service context, employees are often required to display certain emotions (e.g., through smiling, pleasant tone of voice) although they may not be feeling that particular positive emotion (e.g, if a customer is surly). Thus, customer service contexts may elicit surface acting, a form of emotional labor, where employees plaster on the organizationally prescribed emotional response even if they are not feeling that emotion (Allen, Pugh, Grandey, and Groth, 2010). Recently, Ashforth and Humphrey (2012) noted that a trend in the emotional labor research has been to extend the examination of emotional labor beyond service workers. They argued emotional labor takes place in a wide variety of jobs because our roles at work are replete with social expectations and thus emotions are inevitably experienced. This view is consistent with Diefendorff, Richard, and Croyle (2006) who argued display rules such as acting friendly to others and suppressing annoyance are requirements of most jobs. Emotional labor might not only take place between employees and clients or customers but also between coworkers as well as between leaders and followers (Bono, Foldes, Vinson, and Muros, 2007; Gardner, Fischer, and Hunt, 2009). Ashfort and Humphrey argued that display rules are less likely to regulate internal co-workers than those who are external customers because usually there is a written or official

rule that regulate employees to be displayed to external customers but not with the internal customers. (Ashfort and Humphrey, 1993)

Therefore, it is necessary to consider the differences between internal and external contact. Hereby, we compare: deep acting with colleagues and deep acting with patients as well as surface acting with colleagues with surface acting with patients.

2.2 Affective Commitment

Although there are several definitions of organizational commitment, a common theme in most is that committed individuals believe in and accept organizational goals and values, and are willing to remain within their organizations, and willing to provide considerable effort on their behalf (Mowday et al., 1979). Hence, organizational commitment acts as a ''psychological bond'' to an organization that influences individuals act in ways that are consistent with the organization's interests (Porter et al., 1974). Organizational commitment is related to employee's turnover intention (Martin and Bennett, 1996; Schwepker, 2001; Wong and Law, 2002) and productivity (Becker et al., 1996; Martin and Bennett, 1996).

Organizational scientists have developed numerous scales to measure them. Exemplary of this work is Meyer and Allen's (1991) model of commitment, which was developed to integrate numerous definitions of commitment that had been proliferated in the literature. There are three components of commitment: affective commitment, continuance commitment; and normative commitment.

Affective commitment reflects the extent to which subordinates are emotionally attached to, identify with and are involved in the organization (Meyer and Allen, 1991; Mowday, Steers, and Porter, 1979; O'Reilly and Chatman, 1986). By contrast, continuance commitment is based on subordinates' perceptions of the costs associated with leaving the organization (Meyer and Allen, 1997; Reichers, 1985). Normative

commitment is based on subordinates' feelings of obligation to remain with the organization (Meyer and Allen, 1991, 1997). Compared with continuance or normative commitment, much of the empirical work has examined the relation between attitudinal correlates of affective commitment (Meyer and Allen, 1997; Wasti, 2008). Affective commitment has been shown to be strongly related to desirable individual and organizational outcomes (e.g, Mathieu and Zajac, 1990; Meyer et al., 2002; Vandenberghe, Stinglhamber, Bentein, and Delhaise, 2001; Wasti, 2003). Research has indicated that subordinates develop feelings of affective commitment if they perceive there to be organizational support and justice (Meyer and Allen, 1991) and if they see the organization as a place where they feel they are important (Meyer and Allen, 1997).

Meyer, Stanley, Herscovich, and Topolnytsky (2002) showed that affective commitment has the strongest, positive correlation with desirable work outcomes (i.e., attendance, job performance and organizational citizenship behavior). Mercurio (2015) extended this model by reviewing the empirical and theoretical studies on organizational commitment. Mercurio posts that emotional, or affective commitment is the core essence of organizational commitment and afffective commitment is found to be an enduring, demonstrably indispensable, and central characteristic of organizational commitment (Mercurio, 2015). Although all the three types of commitments are important to retain employees in the organization, and reduce turnover, but the present study would focus only on the relationship between emotional labor and affective commitment.

2.3 Relationships between Affective Commitment and Emotional Labor

According to conservation of resources theory (Hobfoll,1989), individuals have a finite repository of personal resources (e.g., psychological, emotional, physical) that they are able to expend towards any given undertaking (Baumeister, Bratslavsky, Muraven, and Tice, 1998; Grandey, Fisk,and Steiner, 2005). Resources expended

toward any given undertaking necessarily limit what is expended toward another undertaking that demands similar resources. Research has shown that efforts devoted toward emotion regulation processes are one means by which personal resources may be expended (Brotheridge and Lee, 2002).

As surface acting is the viable response-focused strategy to suppress negative emotions (i.e., high perceived negative display rules), those engaging in surface acting will need to engage in greater self-control so as to not "break character" (Muraven and Baumeister, 2000). Importantly, though, emotional displays are often considered one of the most instinctive and automatic forms of human behavior (LeDoux,1996). Attempting to "watch your emotions" would require considerably more on going internal surveillance than would "watching your words". Unlike deep acting, which seeks to eliminate emotional dissonance by aligning expected emotions with internal emotions, surface acting does nothing to reduce such dissonance. Employees engaging in surface acting will ceaselessly need to monitor and control potential revelation of their true emotions, and this will deplete personal resources. Consistent with conservation of resources theory, Grandey, Fisk, and Steiner (2005) proposed that emotion regulation on the job would relate to lower levels of job satisfaction because employees will feel that work demands drain their personal resources.   Given that there is a positive relationship between the job satisfaction and affective commitment (e.g. Ashforth and Humphrey, 1993; Patrick, Harold Andrew; Sonia and Jasmine, 2012; Pugliesi, 1999;). Literature suggest that the inauthenticity of this surface acting process, showing discrepant from feelings, affects employee job satisfactions. Surface acting can undermine a worker's sense of professionalism (Gimlin, 1996), there is evidence that surface acting can undermine job satisfaction (Bulan, Erickson, and Wharton, 1997; Parkinson, 1991; Pugliesi and Shook, 1997). Emotional labor can also be exhausting, it can be perceived as stressful, and it can increase psychological distress and symptoms of depression (Pugliesi and Shook,

1997; Wharton, 1993, 1996; C. Wharton, 1996). Therefore, we hypothesize that SA is negatively correlated with affective commitment.

H1a. Surface acting with colleagues is negatively related with affective commitment.

H1b. Surface acting with patients is negatively related with affective commitment.

It has been suggested that deep acting to experience positive emotions may actually lead employees to sincerely have a more positive emotional reaction towards their jobs (Fisher, 2000). The facial feedback hypothesis (Adelmann and Zajonc, 1989) proposes that when individuals deliberately exhibit displays of positive moods, they will come to actually be in a better mood. Other research suggests that conscious attempts to reappraise situations to change one's moods, recall and savor positive moods, and use positive imagery (i.e., deep acting) are related to general measures of positive mood states (Folkman and Moskowitz, 2000). This association of positive deep acting with feelings of accomplishment and satisfaction has been confirmed in prior studies (Zapf, Vogt, Seifert, Mertini and Isic, 1999). In sum, we believe that unlike surface acting, deep acting can actually lead to more positive reactions from employees, among these being job satisfaction.

As Patrick, Harold Andrew, Sonia, Jasmine (2012) has proved before, there is a positive relationship between the job satisfaction and affective commitment. And deep acting is directly focused on one's inner feelings (Ashforth and Humphrey, 1993; Mann, 2004); given the increased psychic effort involved in deep acting, this form of emotional labor is more consistent with a strong concern for one's customers. Therefore, we hypothesize that deep acting is positively correlated with affective commitment.

H2a. Deep acting with colleagues is positively related with affective commitment.

H2b. Deep acting with patients is positively related with affective commitment.

2.4 Leader Member Exchange, Leader Member Social Exchange Theory

Leader–member exchange (LMX) is based on the notion that leaders develop unique types of relationships with individual subordinates which is originally proposed by Graen and colleagues (Dansereau, Graen, and Haga, 1975; Graen and Cashman, 1975; Graen, Novak, and Sommerkamp, 1982; Graen and Scandura, 1987; Liden and Graen, 1980).

However, a review of LMX studies published in the last 10 years reveals two different theoretical conceptualizations of LMX:vertical dyad linkage (VDL) and social exchange theory. VDL, which is now commonly referred to as LMX, is based on the degree of latitude that supervisors grant their subordinates in negotiating work roles (Dansereau et al., 1975). Social exchange theory, which has only recently been used as a theoretical correlate, proposes that recipients of positive actions experience a sense of indebtedness (Uhl-Bien and Maslyn, 2003; Wayne, Shore, Bommerand Tetrick, 2002; Wayne, Shore, and Liden, 1997). Indebtedness is reduced when the recipient of positive actions returns an equivalent action to the donor (Greenberg and Westcott, 1983; Settoon, Bennett, and Liden, 1996).

Social exchange theory is the most influential concept of organizational behavior (Russell and Marie), Blau (1964)'s theory of social exchange believes that all of exchange relations in the organization can be divided into two types of economic exchange and social exchange. Economic exchange is based on gains and losses of the interests and the behaviors of each party will be affected by gains and losses; social exchange is based on trust and goodwill and the individual wants their behaviors can be rewarded in the future time. The concept of social exchange thinks

that the purpose why the individual make connections with others is to achieve the maximum benefit and the individual is more willing to reward those who have helped them. Social exchange simply implies as individuals act in ways that benefit others, an implicit obligation for future reciprocation is created. Therefore, social exchange is a more behaviorally oriented construct and therefore more observable and concrete than general feelings (Bernerth et al., 2007).

Chinese are considered as collectivist compared to other populations (Bond and Hwang, 2008; Li, 1986; Nisbett, 2003). This cultural trait is traced back predominantly to confucian heritage (Bond and Hwang, 2008; Li, 1986; Nisbett, 2003).Therefore, Chinese people value collectivism and treat group interest higher than individual interest. In China, it is common that leaders and subordinates have a close interaction, like families. In other words, the leader-member exchange relationship in China would be more social exchange oriented. Thus, in this study, we choose leader member social exchange (LMSX), a new social exchange-based measure of LMX (see Bernerth, et al., 2007) as a possible mediator instead of LMX partly because the measures of LMX are criticized for poorly representing the social exchange content on which LMX theory is built (e.g., Bernerth et al., 2007; Schriesheim, Castro, and Cogliser, 1999), and more importantly because LMSX is more social exchange oriented and may better fit Chinese collective culture.

2.5 Relationship between Emotional Labor, LMSX and Affective Commitment

In surface acting, employees modify and control their emotional expressions (Morris and Feldman, 1997; Pugliesi, 1999; Lin, 2000). For example, employees may fake a smile when in a bad mood or interacting with leaders. Conversely, during deep acting, there is a need to actively strive to invoke thoughts, images, and memories to induce a certain emotion (Ashforth and Humphrey, 1993). As a result, employees who perform deep acting in daily work can establish a high-quality exchange relationships more easily while employees who perform surface acting may lead to a

social-emotional distance between their supervisor and themselves, and result in formal, impersonal and low-quality exchange relationships (Graen and Uhl-Bien, 1995; Liden et al., 1997). Therefore, we propose that surface acting is negatively correlated with LMSX and deep acting is positively correlated with leader member social exchange.

In the eyes of subordinates, the supervisor represents the organization (Eisenberger, Stinglhamber, Vandenberghe, Sucharski, and Rhoades, 2002; Schyns, Paul, Mohr, and Blank, 2005). Supervisors have formal authority over subordinates. They convey and execute the organizational goals and, thus, hold a position that connects their subordinates to the overall organization. Therefore, subordinates interpret the supervisor's actions as a formal functioning of the organization because the supervisor has formal authority over them (McGregor, 1960, 1966) and this provides subordinates with different work-related experiences (Rhoades et al., 2001; Wasti, 2008). When subordinates and the supervisor trade benefits in a two-way process, exchange relations will be established (Blau, 1967; Gouldner, 1960).

Leader member social exchange theory can explain the possible relationships between emotional labor and affective commitment to the organization. For example, when in a high-quality exchange relationship between supervisors and subordinates, subordinates can communicate with their supervisors frequently and have their supervisors' support, encouragement and consideration (Sparrowe and Liden, 1997; Wayne et al., 1997). In return, subordinates repay these benefits by displaying desirable behaviors, such as affective commitment to the organization (Cohen, 1992; Wayne et al., 2009). Thus, we propose that leader member social exchange is positively correlated with affective commitment.

Consequently, from this perspective, the surface acting and deep acting will first influence subordinates' perceptions of exchange relationships and subsequently further modify or change their affective commitment to the organization. Hence, in

this study, we proposed that leader member social exchange mediates the relationships between the emotional labors and the affective commitment to the organization. Therefore, there are hypothesis as followed.

H3a, Leader member social exchange *will mediate the relationship between deep acting with colleagues and affective commitment.*

H3b, Leader member social exchange *will mediate the relationship between deep acting with patients and affective commitment.*
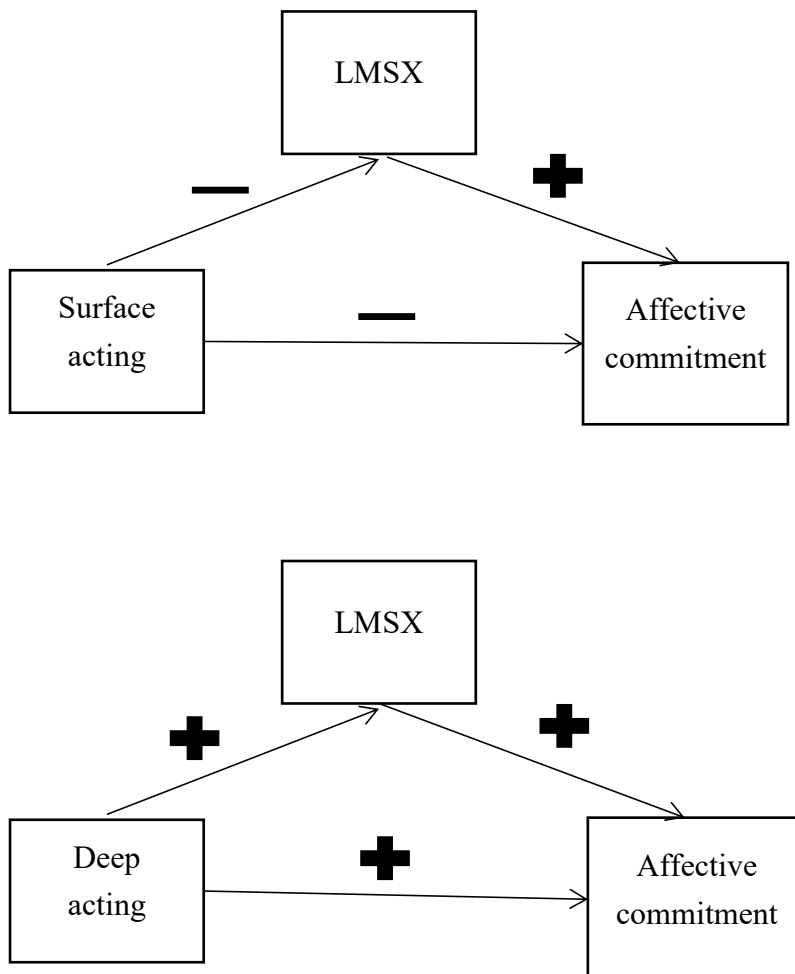
H4a, Leader member social exchange *will mediate the relationship between surface acting with colleagues and affective commitment.*

H4b, Leader member social exchange *will mediate the relationship between surface acting with patients and affective commitment.*

Figure 1. Proposed mediation model

3: RESEARCH METHOD

3.1 Sampling and Procedure

In this study, the population is staff in hospitals such as doctors and nurses among Guangdong province, Jiangxi province and Beijing in China. The way used to collect sampling method is questionnaire app. In this way, samples can use their mobile phones to fill the questionnaire. It is no doubt that it is convenient and effective. In addition, they can choose internet and paper to answer the questionnaire. Three hundred questionnaire were collected in 3 weeks, and 218 questionnaires were valid and were used in the analysis of this study. The questionnaire is included in appendix.

3.2 Measures

3.2.1 Emotional Labor

The emotional labor is measured in two categories, one is emotional labor with colleagues and the other is emotional labor with patients. Each one has two parts respectively- deep acting and surface acting. Surface acting items were assessed by five items (e.g., "put on an act in order to deal with patients in an appropriate way"), and deep acting items by three items (e.g., "try to actually experience the emotions that I must show"). The scale reflects the emotional interactions with internal and external constituents (colleague and public). The Cranach alpha were .879 and .892 for deep and surface acting with colleagues, respectively while the Cranach alpha were .887 and .916 of deep and surface acting with patients respectively.

3.2.2 Leader member social exchange

Leader member social exchange was measured by eight items developed by Bernerth et al. (2007). Items including:"My supervisor/organization and I have a

two-way exchange relationship"; "I do not have to specify the exact conditions to know my supervisor/ organization will return a favor"; "If I do something for my supervisor/organization, my supervisor/ organization will eventually repay me"; "I have a balance of inputs and outputs with my supervisor/organization"; "My efforts are reciprocated by my supervisor/ organization"; "My relationship with my supervisor/organization is composed of comparable exchanges of giving and taking"; "When I give effort at work, my supervisor/organization will return it"; "Voluntary actions on my part will be returned in someway by my supervisor/organization". The Cranach alpha were .885.

3.2.3 Affective commitments

Affective commitments was measure by six items including: "I am willing to work here all the time"; "I indeed feel problems of this hospital is same part of my problem"; "I think it is hard to feel same feeling from others hospitals"; "I indeed feel that i am part of this big hospital family"; "I feel i am sensitively rely on this hospital"; "this hospital means a lot to me personally". The Cranach alpha were .890

3.3 Statistical Analysis

First, means, standard deviations, correlation and coefficient alpha internal consistency reliabilities were computed. Second, a paired t-test is run to compare the emotional labor with colleagues and emotional labor with patients. We conducted mediation tests by using SPSS to analyze regression and sobel test. In order to confirm if a variable is making a mediation effect in the relationship between an independent variable and a dependent variable, we use several types of tests. We conducted the traditional hypothesized method using SPSS regression analysis (Baron and Kenny, 1986). This procedure involves four steps. First, a significant relationship

between the initial variable and the outcome variable must be shown. Second, a significant relationship must be shown to exist between the initial variable and the mediator variable. Third, the mediator variable must continue to affect the outcome variable while controlling for the effects of the initial variable. Finally, to determine whether the mediation is full or partial, the relationship between the initial variable and the outcome variable is examined for any reduction after controlling for the mediator variable. If the initial variable is still significant, support is provided for a partially mediated model. Furthermore, the sobel test was used to test the significance of a mediation effect. The sobel test provides means to determine whether the reduction in the effect of the independent variable, after including the mediator, is a significant reduction and therefore whether the mediation effect is statistically significant (Sobel, 1982).

4.RESULTS

4.1 Samples

Demographic information of the samples is presented in the following Table 1. The age distributions of the samples were predominated by employees between 18 to 29 years old (64%), then followed by employees whose age are between 30-39 years old (23%). The sample consists of nearly half males (48%). The composition of the job position was nurses (39%) whereas doctors, clinic supervisor, administrative staff and other group of employees were 27%, 7%, 12% and 17% respectively. The tenure of the samples is described as follows: about 40% of them have been working for 1-3 years and 18% have been working less than 1 years and 17% have been working 4-6years.

Table 1. Demographic characteristics of samples

Measure	N=218	%
Gender		
Male	104	47.80%
Female	114	52.20%
Age		
18-29 years old	140	64.22%
30-39 years old	50	22.94%
≥40 years old	28	12.84%
Job position		
Doctor	58	26.61%
Nurse	86	39.45%

Administrative staff and supervisors	38	17.44%
Other	36	16.51%
Tenure		
Under 1 year	39	17.89%
1-3 years	86	39.45%
4-6 years	37	16.97%
7-9 years	20	9.17%
≥10 years	36	16.51%
Educational background		
High school and technical School	68	31.19%
Bachelor	111	50.92%
Master and over	39	17.89%
Numbers of bed		
Under 500	48	22.02%
501-1000	74	33.94%
Over 1000	96	44.03%

4.2 Correlation Analysis between Variables

There are 6 factors being analyzed, "Surface acting with colleagues"; "Deep acting with colleagues"; "Leader member social exchange"; "Affective commitments"; "Surface acting with colleagues"; "Deep acting with colleagues". There is significant positive correlation between deep acting with colleagues and affective commitments; and between leader member social exchange and affective commitments; and between leader member social exchange and affective commitments; and between surface acting with colleagues and affective commitments;

and between deep acting with colleagues and affective commitments. and between surface acting with patients and affective commitments; and between deep acting with patients and affective commitments. However, there is no correlation between surface acting with colleagues and affective commitments.

Table 2. Means, standard deviation, correlations and Cronbach alpha of all samples

Variables	Mean	SD	1	2	3	4	5	6
1.Surface Acting with Colleagues	14.5917	6.1422	(.892)					
2.Deep Acting with Colleagues	10.6422	3.78944	0.506**	(.879)				
3.Surface Acting with patients	18.0138	6.32782	0.567**	0.458**	(.916)			
4.Deep Acting with patients	11.6193	3.68419	0.383**	0.577**	0.489**	(.887)		
5.LMSX	28.8716	8.36946	0.356**	0.501**	0.456**	0.556**	(.885)	
6.Affective Commitments	24.1239	6.02057	0.118	0.293**	0.351**	0.489**	0.548**	(.890)

N=218, Cronbach α coefficients are in the parenthesis.

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

*. Correlation is significant at the 0.05 level (2-tailed).

4.3 Paired T test

There was a significant difference in the level of surface acting with colleagues (M = 14.59, SD =6.14) and surface acting with patient (M =18.01, SD =6.33); t = -8.701, p < .01. With regards to the difference level of deep acting with colleagues and deep acting with patient, there is also a significant difference with deep acting with colleagues (M = 10.64, SD = 3.79) and deep acting with public (M =11.62, SD = 3.68); t = -4196, p < .01.

Table 3. Paired t-test results (N=218)

Surface Acting				Deep Acting			
With colleagues	With patient	Mean Difference	F	With colleagues	With patient	Mean Difference	F
M=14.59 SD=6.14	M=18.01 SD=6.33	-3.422	t= -8.701**	M=10.64 SD=3.79	M=11.62 SD=3.68	-0.977	t= -4.196**

* p < 0.05   ** P < 0.01

4.4 Regression analysis

On account of and surface acting with colleagues have been proved that there is no correlation with affective commitment, therefore, we mainly focus on how leader member social exchange and mediate the process that deep acting with colleagues and surface acting and deep acting with patients affects affective commitment.

(1)Table 4. Analysis of regression of deep acting with colleagues

dependent variables	independent variables	R^2	β	SE	t	sig
affective commitment	deep acting with colleagues	0.086	0.293	103	4.511	0.000
leader member social exchange	deep acting with colleagues	0.251	0.501	0.130	8.508	0.000
affective commitment	deep acting with colleagues and LMSX	0.301	0.025	0.105	0.378	0.705
			0.536	0.047	8.135	0.000

Firstly, when deep acting with colleagues treated as independent variables, and affective commitment as dependent variables. β is 0.293 and sig is 0.000 (p<0.05), which means deep acting with colleagues and affective commitment are correlated. Secondly, when deep acting with colleagues treated as independent variables, and leader member social exchange as dependent variables. β is 0.501 and sig is 0.000 (p<0.05), which means deep acting with colleagues and leader member social exchange are correlated. Finally, when deep acting with colleagues and leader member social exchange both are treated as independent variables, R^2 is 0.301 and sig of deep acting with colleagues is 0.705 (p>0.05) while sig of leader member social exchange is 0.000 (p<0.05), which means, leader member social exchange has a completed mediation effects between the relationship of deep acting with colleagues and affective commitment.

Figure 2. Deep acting with colleagues and affective commitment with LMSX as a
mediator
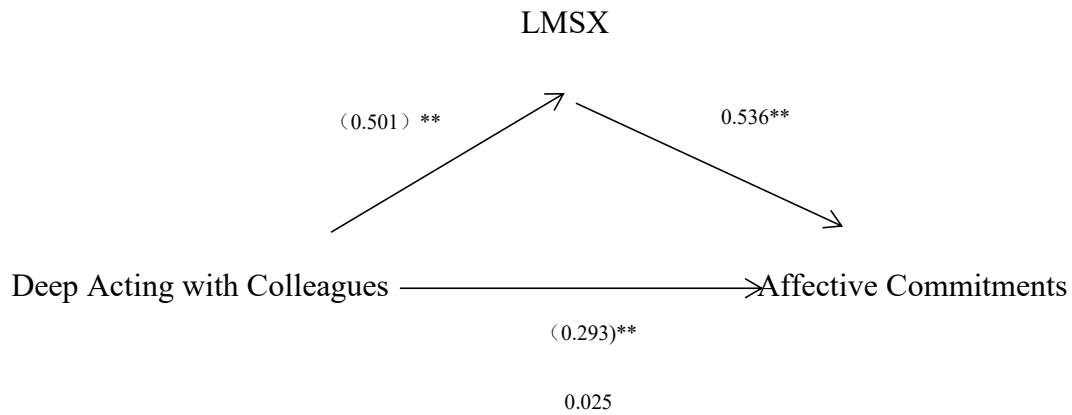
LMSX

（0.501）**   0.536**

Deep Acting with Colleagues ——————————→Affective Commitments

（0.293)**

0.025

Notes: All numbers represent standardized beta coefficients (numbers in brackets are direct effects
without including the mediator); *p < 0.05; ** p < .001;

(2) Table 5. Analysis of regression of Surface Acting with Patients.

dependent variables	independent variables	R2	β	SE	t	sig
affective commitment	surface acting with patients	0.123	0.351	0.061	5.513	0.000
leader member social exchange	surface acting with patients	0.208	0.456	0.08	7.537	0.000
affective commitment	surface acting with patients and LMSX	0.314	0.128	0.060	2.008	0.046
			0.490	0.046	7.720	0.000

Firstly, when surface acting with patients treated as independent variables, and
affective commitment as dependent variables. β is 0.351 and sig is 0.000 (p<0.05),
which means surface acting with patients and affective commitment are correlated.
Secondly, when surface acting with patients treated as independent variables, and
LMSX as dependent variables. β is 0.456 and sig is 0.000 (p<0.05), which means
surface acting with patients and leader member social exchange are correlated. Finally,

when surface acting with patients and leader member social exchange both are treated as independent variables, R^2 is 0.314 and sig of deep acting with colleagues is 0.046 (p<0.05) while sig of leader member social exchange is 0.000 (p<0.05), which means, LMSX has a partly mediation effects between the relationship of surface acting with patients and affective commitment.

Figure 3. Surface acting with patients and affective commitment with LMSX as a mediator

LMSX

(0.208)**   0.490**

Surface Acting with Patients. ⟶ Affective Commitments

(0.351)**

0.128**

Notes: All numbers represent standardized beta coefficients (numbers in brackets are direct effects without including the mediator); *p < 0.05; ** p < .001;
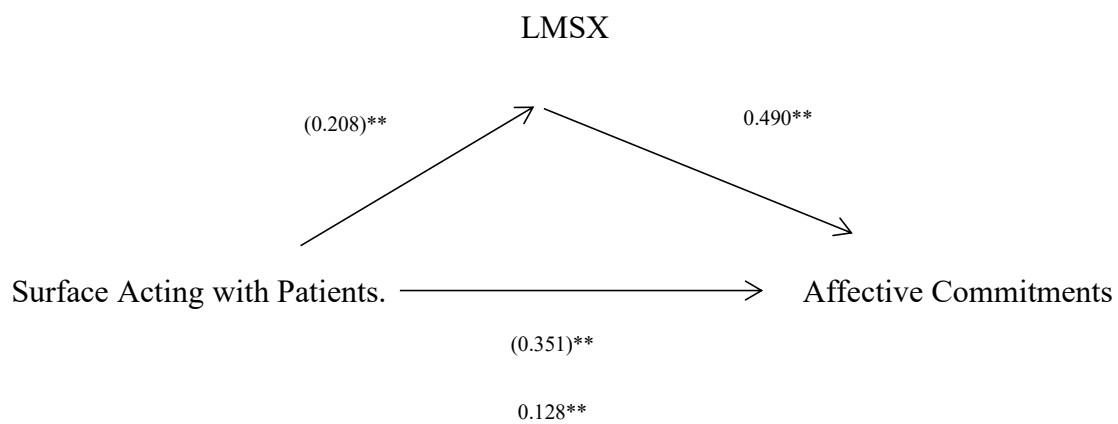
(3) Table 6. Analysis of regression of Deep Acting with Patients

dependent variables	independent variables	R^2	β	SE	t	sig
affective commitment	deep acting with patients	0.239	0.489	0.097	8.237	0.000
leader member social exchange	deep acting with patients	0.309	0.556	0.129	9.820	0.000
affective commitment	deep acting with patients and LMSX	0.350	0.266	0.108	4.030	0.000
			0.400	0.048	6.053	0.000

Firstly, when deep acting with patients treated as independent variables, and affective commitment as dependent variables. β is 0.489 and sig is 0.000 (p<0.05), which means deep acting with patients and affective commitment are correlated. Secondly, when deep acting with patients treated as independent variables, and leader member social exchange as dependent variables. β is 0.556 and sig is 0.000 (p<0.05), which means deep acting with patients and leader member social exchange are correlated. Finally, when deep acting with patients and leader member social exchange both are treated as independent variables, R^2 is 0.350 and sig of deep acting with colleagues is 0.000 (p<0.05) while sig of leader member social exchange is 0.000 (p<0.05), which means, leader member social exchange has a partly mediation effects between the relationship of deep acting with patients and affective commitment.

Figure 4. Deep acting with patients and affective commitment with LMSX as a mediator

LMSX

(0.556)**   0.400**

Deep Acting with Patients. ⟶ Affective Commitments

(0.489)**

0.266**
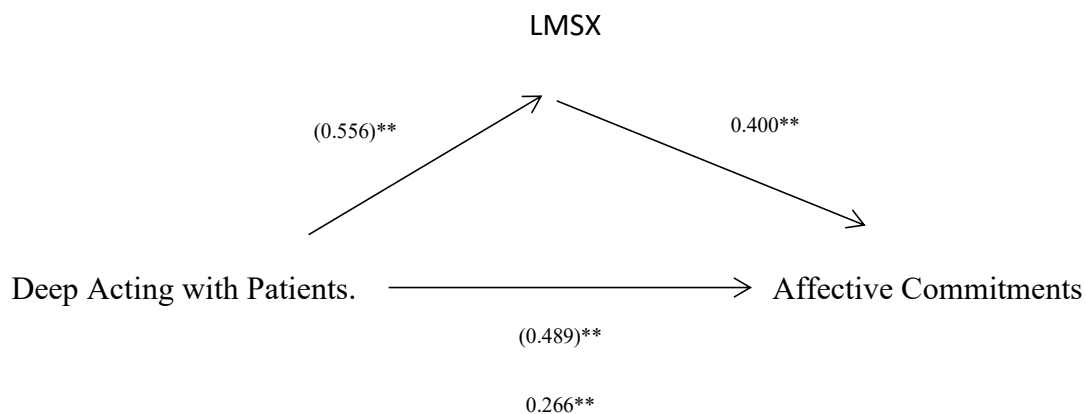
Notes: All numbers represent standardized beta coefficients (numbers in brackets are direct effects without including the mediator); *p < 0.05; ** p < .001;

4.5. Sobel Test

Table 7

Sample	Sobel-test-Z	Explained variance R^2	
		Without direct path	including direct path
deep acting with colleagues	5.8588**	0.251**	0.3012**
surface acting with patients	5.3701**	0.2082**	0.3136**
deep acting with colleagues	5.1337**	0.3086**	0.3498**

Indirect effect of emotional labor on affective commitment

Notes: *p < 0.05; ** p < .001

In addition, we also calculated the significance of indirect effects using the Sobel-test (Sobel, 1982). Table 2 summarizes the results. It also provides a comparison of the explained variance including and without taking the indirect effect of emotional labor to affective commitment via leader member social exchange into account.

5. RESEARCH DISCUSSIONS AND CONCLUSIONS

5.1 Overall Findings

5.1.1 Comparison of Emotional Labor with Colleagues and Patients

We compared emotional labor (surface acting and deep acting) that the employees performed to the colleagues and those performed to the patients. In this study, we found that there is a significant difference in the level of surface acting performed to patients and performed to colleagues. Specifically, samples in this study perform significantly higher surface acting to the public than surface acting to the colleagues. And we also found that there is a significant difference in the level of deep acting performed to patient and performed to colleagues.

5.1.2 Emotional labor and Affective Commitment

From the analysis, we can find that deep acting with colleagues is positively significant with affective commitment while surface acting with colleagues is not significant with affective commitment. In the aspect of emotional labor with patients, deep acting and surface acting with patients both are positively significant with affective commitment. Therefore, H1a. surface acting with colleagues is negatively related with affective commitment is not supported. While H1b. surface acting with patients is negatively related with affective commitment, is also not supported.

What's more, H2a, deep acting with colleagues is positively related with affective commitment, is supported And H2b, deep acting with patients is positively related with affective commitment, is supported.

5.1.3 Mediation of LMSX

From analysis of regression of leader member social exchange, we can draw a conclusion that leader member social exchange has a completed mediation effects in the process of that deep acting with colleagues mediates affective commitment. While

leader member social exchange has a partly mediation effects in the process of that deep acting and surface acting with patients mediate affective commitment. Therefore, H3a, leader member social exchange will mediate the relationship between deep acting with colleagues and affective commitment, is supported. H3b, leader member social exchange will mediate the relationship between deep acting with patients and affective commitment, is partly supported. Leader member social exchange will partially mediate the relationship between deep acting with patients and affective commitment

H4a, leader member social exchange will mediate the relationship between surface acting with colleagues and affective commitment, is not supported. And H4b, leader member social exchange will mediate the relationship between surface acting with patients and affective commitment, is partly supported. Leader member social exchange will partially mediate the relationship between surface acting with patients and affective commitment.

5.2 Discussion

In this study, we have found that deep acting with patients has a more positive correlation with affective commitment compare to deep acting with colleagues. And deep acting with patients has a more positive correlation with affective commitment compare to surface acting with patients. We can summary that deep acting with patients has the most important role in correlation with affective commitment in the four elements. What's more, there are several contributions to this area, the details are as followed.

1. Compare of the differences between internal and external contact in hospitals.

2. Few scholars have utilized the leader member social exchange under background of Chinese culture and in different samples. Most of researches focus on employees in service industry while we focus on clinicians in hospitals.

3. What's interesting is that H1b, surface acting with patients is negatively related with affective commitment, is not supported, which is different with what we predicted before. The results shows that surface acting with patients has a positive effect on affective commitment. The reasons might be that supervisors may interpret behaviors of surface acting of subordinates as a symbol of profession and empathy and therefore results in a better relationship between supervisors and subordinates. In the nature of thing, better relationship between supervisors and subordinates can lead to high affective commitment.

There are several implications for managers of hospitals worth mentioned:

1. Better relationship with subordinates can improve their affective commitment.

2. Deep acting and surface acting with patients are positively correlated with affective commitment under the partial mediation of leader member social exchange, thus managers of hospitals can strengthen daily communication with subordinates about their emotional labor in daily work.

5.3 Conclusion

The aim of this study is to investigate how the level of emotional labor of staff in hospitals with colleagues and patients in hospitals in China can influence the affective commitment of staff and also to examine relationship between emotional labor, leader member social exchange and affective commitment. The results also show that deep acting with colleagues can mediate the affective commitment under the completed mediation of leader member social exchange, and deep acting and surface acting with patients can mediate the affective commitment under the partly mediation of leader member social exchange.

In conclusion, if managers of hospitals want to improve the affective commitment of staff, it is effective to improve their affective commitment by making the relationship between subordinates and supervisors better.

5.4 Limitations and prospect of the research

It cannot be avoided that there are some limitations that should be admitted in this research. First, the number of hospitals where we investigate is less than 20 public hospitals, which causes great limitations, in the future, the numbers of public hospitals and the demographic differentiation should be paid more attention. The second is that the way to collect questionnaire is mainly by questionnaire app which may cause short of numbers of questionnaires.

Finally, this study is one of few studies about relationship about the emotional labor and affective commitment which have been done in China especially in public hospitals which focuses on its relation with leader-member social exchange. I think the future area of research should execute this questionnaire in more hospitals and include more and more private hospitals.

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Appendix : Questionnaire

My name is Tao Ye. I am a master student at ISCTE - University Institute of Lisbon, Portugal, conducting an academic research for my thesis currently. There is no right or wrong answers and all data will be kept strictly confidential. Please do not identify yourself. On the following pages you will find several different kinds of questions. Specific instructions will be given at the start of each section. It should take no more than 10 minutes to complete the entire questionnaire.   Please answer each item as honestly and frankly as possible.

Emotional labor with colleagues						43
Instruction: **When interacting with the colleagues, how often do you actually do the following behaviors during a typical work day**	**Never**	**Nearly never**	**Rarely**	**sometimes**	**Often**	**Always**
Surface acting – Managing facial expressions						
1	Put on an act in order to deal with customers in an appropriate way	1	2	3	4	5	6
2	Fake a good mood	1	2	3	4	5	6
3	Put on a "show" or "performance."	1	2	3	4	5	6
4	Just pretend to have the emotions I need to display for my job.	1	2	3	4	5	6
5	Put on a "mask" in order to display the emotions I need for the job.	1	2	3	4	5	6
Deep acting – Managing internal feeling states						
1	Try to actually experience the emotions that I must show.	1	2	3	4	5	6

| 2 | Make an effort to actually feel the emotions that I need to display toward others. | 1 | 2 | 3 | 4 | 5 | 6 |
| 3 | Work hard to feel the emotions that I need to show to others. | 1 | 2 | 3 | 4 | 5 | 6 |

C. LEADER-MEMBER SOCIAL EXCHANGE (LMSX)							
Instruction: **This section contains items that ask you to describe your relationship with either your organization or your supervisor. For each of the items, indicate the degree to which you think the item is true for you by choosing one of the responses that appear beside the item.**		**Strongly disagree**	**Disagree**	**A few disagree**	**A few agree**	**Agree**	**Strongly Agree**
1	My supervisor/organization and I have a two-way exchange relationship.	1	2	3	4	5	6
2	I do not have to specify the exact conditions to know my supervisor/organization will return a favor	1	2	3	4	5	6
3	If I do something for my supervisor/organization, my supervisor/organization will eventually repay me.	1	2	3	4	5	6
4	I have a balance of inputs and outputs with my supervisor/organization.	1	2	3	4	5	6
5	My efforts are reciprocated by my	1	2	3	4	5	6

		Strongly disagree	Disagree	A few disagree	A few agree	Agree	Strongly Agree
	supervisor/organization.						
6	My relationship with my supervisor/organization is composed of comparable exchanges of giving and taking.	1	2	3	4	5	6
7	When I give effort at work, my supervisor/organization will return it.	1	2	3	4	5	6
8	Voluntary actions on my part will be returned in some way by my supervisor/organization	1	2	3	4	5	6

C. LEADER-MEMBER EXCHANGE Quality (LMX Quality)							
Instruction: **This section contains items that ask you to describe your relationship with either your organization or your supervisor. For each of the items, indicate the degree to which you think the item is true for you by choosing one of the responses that appear beside the item.**		**Strongly disagree**	**Disagree**	**A few disagree**	**A few agree**	**Agree**	**Strongly Agree**
1	I always know how to support my supervisor	1	2	3	4	5	6
2	my supervisor clearly know my problems and needs at work	1	2	3	4	5	6
3	my supervisor recognizes my potential	1	2	3	4	5	6

4	No matter how much authority my supervisor have , he/she will help me solving problem i meet	1	2	3	4	5	6
5	my supervisor will try his/her best to help me when i need help	1	2	3	4	5	6
6	If my supervisor need to defend and explain while his is out, i can stand out and be confident to explain for him/her	1	2	3	4	5	6
7	i have a harmony relationship with my supervisor at work	1	2	3	4	5	6

EMOTIONAL INTELLIGENCE							
Instruction: **Choose an answer that best describes your self**	**Strongly disagree**	**Disagree**	**A few disagree**	**A few agree**	**Agree**	**Strongly Agree**	
1	I have a good sense of why I have certain feelings most of the time.	1	2	3	4	5	6
2	I have good understanding of my own emotions.	1	2	3	4	5	6

3	I really understand what I feel.	1	2	3	4	5	6
4	I always know whether or not I am happy.	1	2	3	4	5	6
5	I always know my friends' emotions from their behavior.	1	2	3	4	5	6
6	I am a good observer of others' emotions.	1	2	3	4	5	6
7	I am sensitive to the feelings and emotions of others.	1	2	3	4	5	6
8	I have good understanding of the emotions of people around me.	1	2	3	4	5	6
9	I always set goals for myself and then try my best to achieve them.	1	2	3	4	5	6
10	I always tell myself I am a competent person	1	2	3	4	5	6
11	I am a self-motivated person.	1	2	3	4	5	6

12	I would always encourage myself to try my best.	1	2	3	4	5	6
13	I am able to control my temper and handle difficulties rationally.	1	2	3	4	5	6
14	I am quite capable of controlling my own emotions.	1	2	3	4	5	6
15	I can always calm down quickly when I am very angry.	1	2	3	4	5	6
16	I have good control of my own emotions	1	2	3	4	5	6

Affective Commitment							
Instruction: Choose an answer that best describes your self	Strongly disagree	Disagree	A few disagree	A few agree	Agree	Strongly Agree
1	i am willing to work here all the time	1	2	3	4	5	6
2	i indeed feel problems of this hospital is same part	1	2	3	4	5	6

	of my problem						
3	i think it is hard to feel same feeling from others hospitals	1	2	3	4	5	6
4	i indeed feel that i am part of this big hospital family	1	2	3	4	5	6
5	i feel i am sensitively rely on this hospital	1	2	3	4	5	6
6	this hospital means a lot to me personally	1	2	3	4	5	6

motional labor with patients						
Instruction: When interacting with the patients, how often do you actually do the following behaviors during a typical work day	Never	Nearly never	Rarely	sometimes	Often	Always
Surface acting – Managing facial expressions						
1 Put on an act in order to deal with customers in an appropriate way	1	2	3	4	5	6
2 Fake a good mood	1	2	3	4	5	6

3	Put on a "show" or "performance."	1	2	3	4	5	6
4	Just pretend to have the emotions I need to display for my job.	1	2	3	4	5	6
5	Put on a "mask" in order to display the emotions I need for the job.	1	2	3	4	5	6
Deep acting – Managing internal feeling states							
1	Try to actually experience the emotions that I must show.	1	2	3	4	5	6
2	Make an effort to actually feel the emotions that I need to display toward others.	1	2	3	4	5	6
3	Work hard to feel the emotions that I need to show to others.	1	2	3	4	5	6

1. Respondents' Information

1. Gender   ☐ Male   ☐ Female

2. Age   ☐ 18-29 years old

     ☐ 30-39 years old

     ☐ 40-49 years old

     ☐ >=50 years old

3. Position   ☐ Doctor

     ☐ Clinic supervisors

     ☐ Nurses

     ☐ Administrative Staff

     ☐ Others

4. Tenure   ☐ less than 1 year

     ☐ 1-3 years

     ☐ 4-6 years

     ☐ 7-9 years

     ☐ >=10 years

5. Educational Background   ☐ <=High School

     ☐ Technical School

☐   Bachelor

☐   Master

☐   >=Doctor

6. Numbers of Beds   ☐   <= 500

☐   501-1000

☐   1001-1500

☐   1501-2000

☐   >=2001

7. The Name of hospitals: [   ]