

## SPECIAL ISSUE ARTICLE

# “Hide your sickness and put on a happy face”: The effects of supervision distrust, surface acting, and sickness surface acting on hotel employees' emotional exhaustion

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Email: [acacl@iscte-iul.pt](mailto:acacl@iscte-iul.pt)**Funding information**This work was also supported by the *Fundação para a Ciência e a Tecnologia* (FCT) strategic project UIDB/00315/2020.**Summary**

The study of emotional labor and sickness presenteeism in the hotel industry is crucial due to the current context of economic uncertainty and to a climate of insecurity that forces employees to continue to show up for work even despite being sick. This research aimed to explore the effect of supervision distrust as an antecedent of surface acting on hotel service employees' emotional exhaustion levels. Sickness surface acting—the voluntary effort to suppress illness symptoms or to fake a healthy health status—was introduced as a new construct to explain the relation between a perception of supervision distrust and emotional exhaustion. A total of 166 employees from Portuguese hotels completed a five-day diary survey. From these, 58 reported working while ill. The results showed that surface acting mediated the relationship between emotional exhaustion and supervision distrust. Further analysis with a subsample of 58 employees who reported frequency of sickness presenteeism revealed that for sick employees, sickness surface acting mediated the relationship between supervision distrust perception and emotional exhaustion. These findings bring the sickness surface acting construct to the sickness presenteeism literature, and highlight the importance of creating policies to reduce and manage the negative consequences of supervision distrust - a factor capable of promoting attendance and sickness presenteeism behaviors. They also inform human resources managers of the negative impacts of “service with a smile” and sickness presenteeism in the hotel industry.

**KEYWORDS**

emotional exhaustion, sickness presenteeism, sickness surface acting, supervision distrust

## 1 | INTRODUCTION

*Stress, anxiety, and depression are caused when we are living to please others.*

Paulo Coelho

As revealed by the World Tourism Organization—UNWTO (2020), the COVID-19 pandemic has brought about a historic collapse in the tourism sector. This reality reflects the insecurity and precariousness that has always been associated with the sector (O'Neill & Davis, 2010) and which has been exacerbated in this post-

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pandemic environment. It has put increased physical and emotional demands on workers forced to commit to more excessive work behaviors (i.e., working long hours and working despite illness) to protect their jobs (Chen et al., 2021), which could potentially have a negative effect on them by increasing their burnout levels (Asensio-Martínez et al., 2019).

In the hotel industry, for workers to achieve organizational performance goals, it is imperative that they respond appropriately to emotional labor demands (Chi & Grandey, 2019). Due to this, emotional labor—that is, the management of emotional displays as part of one's work role—has become a growing area of study within organizational behavior (Brosi & Gerpott, 2022) and customer service research (Grandey et al., 2015). Among tourism organizations, hotels are known to require employees to display cheerful and friendly emotions when interacting with customers (Kim, 2008). These emotional requirements are designated as display rules and require self-regulatory behavior from employees—surface acting and deep acting—to deliver “service with a smile” (Diefendorff & Gosserand, 2003). While deep acting involves changing one's felt emotions and aligning them with organizationally required emotions (e.g., cheerfulness, friendliness, compassion, or warmth); surface acting involves “faking” those emotions and suppressing and “hiding” one's own emotions (e.g., anxiety, sadness; Grandey, 2015). Although in the short run, working with a smile may have positive consequences, especially for companies as they enhance customer satisfaction (Goldberg & Grandey, 2007), the effort required to maintain expressions consistent with emotional display rules over time and across interactions may be very costly for employees (e.g., Trougakos et al., 2015).

In view of that, this daily diary investigation revisits the question “how could there be a dark side to putting on a smile?” (Grandey et al., 2015, p. 771) by further analyzing the role that the social work context can play as a surface acting antecedent and its harmful impacts for hotel service employees. These negative impacts can be understood in light of the conservation of resources theory (COR; Hobfoll et al., 2018) since sustained surface acting involves high levels of emotional dissonance between feelings and expressions (Kammeyer-Mueller et al., 2013), which leads to self-regulatory energy depletion. This self-regulatory energy depletion is unhealthy in the long term and may result in both increased burnout (Grandey, 2015) and a greater prevalence of sickness presenteeism (Krannitz et al., 2015). That this is so reinforces the need for research that will continue to reveal which variables may contribute to negative effects of surface acting in the hotel industry (Kwon et al., 2019).

In response to this need for such research, and similarly to previous research in the field (Puranik et al., 2021), this study uses a daily diary approach with the goal of further analyzing the impact of an understudied emotional labor antecedent in a social context. First, we add to the literature by exploring the effect that supervision distrust despite being ill can have on hotel employees' surface acting and resulting emotional exhaustion. The fear that supervisors will suspect an employee's absences from work are not due to genuine sickness (Ferreira et al., 2015) is known to create pressure to attend work at

any cost, even despite being sick (Ferreira et al., 2019). Thus, it is our contention that this social-context characteristic (henceforth referred to here as “supervision distrust”), as an emotional labor antecedent, may lead to enhanced emotional exhaustion levels. To explain this specific relation, we rely on the assumptions of the COR framework and propose that supervision distrust may have the power to initiate certain behaviors at work due to existing feelings of job insecurity. In fact, in the hospitality industry, which is notorious for the high levels of job insecurity among its workers due to the precarious working conditions offered (Deery & Jago, 2015), the outbreak of the COVID-19 pandemic exacerbated the situation (Khan et al., 2021). According to the COR theory, when individuals face the threat of resource loss, they tend to protect their existing resources to avoid falling into resource loss spirals (Hobfoll et al., 2018). This may mean, from a COR perspective, that individuals are aware of resource-draining effects. While using surface acting strategies at work to regulate felt emotions, individuals are constantly draining their remaining resources. According to Trougakos et al. (2015), each time an individual engages in surface acting, which is an effortful self-regulatory behavior, their remaining resource pool is depleted. Thus, the use of this strategy is expected to have a negative impact on employee health through emotional exhaustion and burnout due to increased and sustained emotional dissonance and energy depletion (Hobfoll et al., 2018), which are mechanisms strongly linked to surface strategy (Puranik et al., 2021).

Second, this study aims to further explore the effect of supervision distrust as a factor that contributes to promote attendance and sickness presenteeism behaviors. To that end, by selecting a subsample of individuals who reported going to work sick, we proposed to answer the question: “How do hotel employees maintain a cheerful and healthy posture while working sick?” This issue is of much interest given that hospitality companies tend to encourage sickness presenteeism (Deery & Jago, 2009), which has considerable negative impacts on individuals' health and performance (Karanika-Murray & Cooper, 2018). Hotel service employees who work while sick may, therefore, have to make additional efforts to maintain a cheerful service and feign good health in order to comply with organizational display rules. Thus, we conceptualize the mechanism by which employees manage to suppress sickness symptoms or to fake a healthy status as “sickness surface acting.” Although this regulation mechanism remains unstudied, it may—in accordance with the COR theory (Hobfoll et al., 2018)—require extra energy and deplete the resources of hotel service employees striving to maintain cheerful and healthy expressions. It is our contention then, as mentioned by previous scholars (e.g., Johns, 2018; Kozlowski & Klein, 2000), that social-context factors in the hospitality industry (i.e., organizational climate variables) may be positioned as a stable between-person level variable with the power to promote within-person variance explaining sickness presenteeism behavior. These are driven by the presence of supervision distrust of subordinates' health status and may lead to effortful sickness regulation behavior (i.e., sickness surface acting) and subsequently to more emotional exhaustion because of its resource-depleting effects.

Overall, due to the noticeably negative consequences of both surface acting and sickness presenteeism and their prevalence in the hotel sector, research must continue to unveil its antecedents. Hence, this research aims to add to the existing emotional labor literature (already explored in this JOB Special Issue; cf., Brosi & Gerpott, 2022) by investigating an understudied emotional labor contextual antecedent (i.e., supervision distrust). Additionally, it aims to add to the sickness presenteeism literature, by exploring the role of sickness surface acting and addressing recent calls arguing that the effects of social-context factors capable of promoting sickness presenteeism behavior need to be further explained (Ferreira et al., 2019; Ruhle et al., 2020).

## 2 | LITERATURE REVIEW

### 2.1 | Emotional labor and emotional exhaustion in the hotel industry

Due to the critical role that the tourism sector plays in the worldwide economy, it is vital to ensure that hotel employees' working conditions allow them to boost the benefits associated with high-quality service delivery, that is, customers' willingness to return and recommend (Correia Leal & Ferreira, 2020). This is particularly relevant since the hotel industry is renowned for offering poor working conditions (e.g., excessive job stress due to long hours and shift work, job insecurity, and intense physical/emotional job demands; Boylu & Arslaner, 2015) that unquestionably impact employees' well-being and performance (O'Neill & Davis, 2010). Due to these characteristics inherent to the industry, hotel service employees are very susceptible to high levels of emotional strain and burnout (Asensio-Martínez et al., 2019). Kristensen et al. (2005) define burnout as the "degree of physical and psychological fatigue and exhaustion that the person perceives as related to his/her work" (p. 197) and Maslach and Jackson (1981) state that "a key aspect of the burnout syndrome is increased feelings of emotional exhaustion" (p. 99). Among hotel related occupational stressors, emotional labor has been constantly linked to emotional exhaustion (e.g., Chen et al., 2019; Hwa, 2012; Rath et al., 2013) and burnout (e.g., Choi et al., 2019; Hülshager & Schewe, 2011; Jeung et al., 2018). This link can be explained by the fact that hotel service employees are challenged by frequent direct face-to-face contact with customers on a daily basis (Kim, 2008). Indeed, during these interactions, and independent of the situation (e.g., facing an aggressive vs. polite customer), hotels expect their employees to provide "service with a smile." These organizational display requirements are prevalent in the hospitality sector as customers' perceived service quality is largely shaped by the relationships established during service encounters (Tsui et al., 2013). However, given the demands on employees for effortful emotional control while interacting with customers, their true feelings and the organizational emotions they are required to display are not always in accord (Grandey, 2015). This explains why, prompted by the depletion of emotional resources (Asensio-Martínez et al., 2019;

Maslach et al., 2001), individuals are prone to experience emotional exhaustion (Zapf, 2002).

In this study, therefore, our focus will be on exploring a socially contextualized understudied emotional labor antecedent and how it impacts individuals' emotional exhaustion levels. Emotional labor antecedents have been meticulously studied, and the literature defends the well-founded notion that personal characteristics, such as personality traits, work motives, and emotional abilities (Brosi & Gerpott, 2022; Chi & Grandey, 2019; Grandey & Gabriel, 2015) affect how individuals deal with emotional labor demands and, consequently, their performance (Dahling & Johnson, 2013). For example, studies have shown that personality traits moderate the effects of emotional labor strategies (i.e., surface acting and deep acting) on employees' well-being and behavioral outcomes (e.g., Chi & Grandey, 2019; Judge et al., 2009). Likewise, research also indicates that work conditions and events (e.g., moods and emotions, and customer incivility) play important roles in shaping emotional labor processes (Brosi & Gerpott, 2022; Grandey et al., 2013; Kammeyer-Mueller et al., 2013).

These two emotional labor predictor groups, that is, person-related characteristics and event-related characteristics have been linked to two theoretical perspectives (Grandey & Gabriel, 2015). First, the person-job congruence perspective, where congruence is a result of an alignment between individual characteristics (i.e., personality traits) and emotional requirements (Grandey & Gabriel, 2015). Second, the emotion-goal congruence perspective, where emotions and/or events meet emotional requirements (Grandey & Gabriel, 2015). In this diary study, we intended to explore the emotion-goal congruence perspective. The process of congruence between work emotional events and work emotional requirements is dynamic and can be understood in the light of control theory (Diefendorff & Gosserand, 2003). According to this theory, our behaviors are shaped by our efforts to reduce incongruities between our current states (e.g., negative emotions) and the situational goals we face (e.g., working under organizational display rules that require a constant cheerful expression). For instance, experiencing an explicit pressure to attend despite health problems due to supervision distrust may create incongruities between felt emotions (such as fear, guilt, and job insecurity) and display rules, which generate emotion-goal incongruence. To deal with this incongruence, individuals can resort to emotion regulation strategies—surface acting or deep acting—to deliver the required organizational emotional display. For example, in a study conducted by Sliter et al. (2010) that investigated the effects of stressful work events, it was revealed that employees who perceive customers' incivility tend to fake positive emotions (thus resorting more to surface acting than deep acting strategies) as a way of diminishing the incongruence between felt negative emotions and organizationally required positive emotions. Although the reasons for faking a smile may be associated with different factors, such as faking in bad faith (which reveals psychological reactance), with regard to our study context—the hotel industry—recent studies have revealed that hotel service employees tend to use surface acting strategies more often than deep acting strategies (e.g., Igbojekwe, 2017). This may,

however, be related to different factors such as lack of emotional intelligence skills (e.g., Lee & Ok, 2012) and customer mistreatment (Grandey & Sayre, 2019; Sliter et al., 2010). Despite these insightful findings, there is still scant literature regarding the impacts of context variables on emotion regulation strategies, specifically regarding the use of surface acting in the hotel context. Nonetheless, according to Grandey and Gabriel (2015), surface acting addresses the display goal by allowing immediate compliance with the goal. By considering that the perception of supervision distrust may elicit negative emotions, such as fear and job insecurity, in our study, we conceptualize surface acting as a regulatory strategy that allows an immediate response to organizational display rules through the feigning of required positive emotions and the suppression of negative emotions. In light of the above, in this study, we will approach this specific emotional regulation strategy.

Overall, many scholars have already stressed the effects of emotional labor—in particular surface acting—on individuals' work-related well-being through increased emotional exhaustion and burnout (e.g., Choi et al., 2019; Hülshager & Schewe, 2011; Jeung et al., 2018; Trougakos et al., 2015). Most studies have supported this link with the COR theory (Hobfoll et al., 2018), which suggests that when their resources are scarce (such as when there is a perception of supervision distrust), individuals may experience high levels of stress and strain. This framework, which focuses on the hotel industry, suggests that hotel service employees' physical, mental, and emotional well-being are resources that are in danger of loss or depletion when responding to emotional labor demands. Therefore, as in recent studies (e.g., Bakker et al., 2019), we conceptualize “energy” and “health” as key resources essential to dealing with daily emotional work.

To our knowledge, the COR theory has not yet explained the intermediate path between contextual factors related to sickness presenteeism as surface acting antecedents and emotional exhaustion in the hotel industry. In particular, the impacts of specific social-contextual characteristics such as supervision distrust—a factor that has the power to promote attendance at any cost, even despite sickness—on surface acting and subsequent emotional exhaustion have been underexplored, creating a significant gap that requires further investigation. Thus, this present research focuses on hotel service employees' daily regulation experiences and the role of supervision distrust as a possible trigger.

## 2.2 | Supervision distrust—a factor that promotes attendance and sickness presenteeism behavior—as a surface acting antecedent

Attendance behavior is increasingly a subject of study among organizational behavior theorists. Ruhle and Süß (2020) define it as the behavior of attending or not attending work, which can be influenced by multiple factors. Individual factors may, for example, include health status or financial need, and contextual factors may involve working conditions and work demands, such as ease of replacement, absence

policies, teamwork environment, working long hours, time pressure, and emotional or physical demands (e.g., Boylu & Arslaner, 2015). All these factors may play a role in an individual's attendance decisions (e.g., working long hours, showing up for work sick due to perceived illegitimacy of sickness absence; Hansen & Andersen, 2008; Ruhle & Süß, 2020; Simpson, 1998).

Undeniably, the idea of the existence of presenteeism cultures that force work attendance at any cost and despite an individual's ill-health has been depicted in the literature (e.g., Dew et al., 2005; Ruhle & Süß, 2020; Simpson, 1998). As an example, the novel attendance culture model of Ruhle and Süß (2020) introduced the concept of “presentistic culture.” In a presentistic culture, absenteeism is not seen as legitimate. In terms of espoused beliefs and values, this kind of culture can have voluntary or involuntary connotations. Involuntary presentistic cultures presuppose that attendance is a result of management pressure to be present and show organizational commitment, regardless of the health circumstances. In this case, being absent may lead to an individual not progressing in their career or being fired (Simpson, 1998).

In this study, we will focus on this prevalence of management pressures to be present and show organizational commitment, regardless of the health circumstances. To this end, we will explore the prevalence of supervision distrust among hotel service employees. Supervision distrust is the term used to describe a supervisors' suspicion that the reasons for an employee's sickness absences from work are not real/true. The concept was first introduced in the literature by Ferreira et al. (2015) as a specific social-context factor that had the power to influence employees' attitudes and behaviors at work, which consequently has organizational impacts. Undeniably, by stimulating competitiveness from within, businesses have been creating work environments that have adverse consequences not only for employees' well-being but also for company profitability (Ferreira et al., 2019). However, despite the negative consequences that social-context factors—such as supervision distrust—may have for businesses, this topic has only recently begun to be studied (e.g., Ferreira et al., 2015; Ferreira et al., 2019; Gosselin et al., 2013). Besides supervision distrust, Ferreira et al. (2019) also mention other factors that may contribute to an employee's presence at work, even though that could endanger individual and collective health. All factors are listed in Table 1.

While contextual factors such as extra-time valuation and coworker competitiveness may play a role in encouraging non-sickness attendance behaviors (e.g., working long hours; Simpson, 1998), supervision distrust emerges as a factor that may play a crucial role in encouraging sickness presenteeism behaviors (i.e., working despite being sick; Ferreira et al., 2019), which is already known to be prevalent in the hospitality industry (e.g., Deery & Jago, 2009, 2015). As a result, understanding how the prevalence of supervision distrust perceptions affects employees is one of the important issues in the hotel industry.

So far, no studies have emphasized the role that supervision distrust—as a social-context variable—plays with regard to affecting the tradeoff between the gain and loss of resources in a competitive

**TABLE 1** Factors that may contribute to an employee's presence at work

Factors	Definition	Authors
Coworkers competitiveness	Related to internal competitiveness. Encompasses the rivalry between coworkers in order to see who works more hours and adulates the chief.	Addae & Johns, 2002; Nicholson & Johns, 1985; Simpson, 1998.
Supervision distrust	Related to the supervision suspicion that the reasons for employees' sickness absences from work are not real/true.	Rentsch & Steel, 2003.
Extra-time valuation	Related to the perception that careers depend on the number of hours employees' stay at work per day.	Nicholson & Johns, 1985.

and demanding context such as the hospitality and tourism sector and, by extension, how that contributes to the COR theory (Hobfoll et al., 2018). In this study, we chose to focus solely on the perception of supervision distrust. This decision was made because this factor is closely related to contextual pressures to attend work despite being ill.

The contribution made by this study is that it extends COR theory to the sickness presenteeism literature by supporting the idea that value at work is measured by the time we spend in our workplace (e.g., Simpson, 1998) regardless of how sick we are. As a result, hotel service employees may experience high levels of job insecurity, and find themselves trapped in a work environment that constantly puts their resources at risk due to increased strain and emotional exhaustion. We believe, therefore, that when facing resource threats due to organizational pressure for attendance, hotel service employees may find themselves caught between making an effort to respond to organizational display rules, and protecting their remaining resources. Thus, as previously stated, it is expected that when dealing with the constant emotional labor demands imposed by the sector, hotel service employees resort to surface acting strategies to deliver “service with a smile” as a first option, over other regulation strategies (e.g., deep acting, Beal & Trougakos, 2013). As previously mentioned, however, surface acting strategies both in the short and long run are known to have a negative impact on an individual and to contribute to burnout (e.g., Krannitz et al., 2015) due to the high levels of emotional exhaustion (e.g., Asensio-Martínez et al., 2019; Chen et al., 2019; Hwa, 2012; Rath et al., 2013; Trougakos et al., 2015) brought about by elevated emotional dissonance and energy depletion (Hobfoll et al., 2018). For this reason, and considering also the resource-draining effects, what may at first seem to be a way for an individual to protect their scarce resource pool can become a spiral of resource loss if maintained while trapped in a work environment where supervision distrust is perceived, and where time to recover is scarce. Thus, based on the above analysis, we formulate the following:

**Hypothesis 1.** Surface acting mediates the positive relationship between supervision distrust and emotional exhaustion, which implies that the more an individual perceives supervision distrust, the more they will surface act at work, which will consequently lead to higher emotional exhaustion levels.

## 2.3 | The role of sickness surface acting

Due to the stressful environment and consistently implemented presence climates in the hotel industry (Hirsch et al., 2017), attending work while sick has become a commonly adopted behavior (Deery & Jago, 2009). However, hotel service employees who go to work sick may find they need to make an even greater effort to maintain “service with a smile.” This may happen because sick employees need to constantly focus on hiding sickness symptoms from customers and display a cheerful expression as they attempt to deliver a high-quality service and secure their jobs.

That being so, our aim in this study was to explore how hotel service employees may be able to successfully respond to organizational display, especially when they engage in sickness presenteeism. To this end, we have designated employees' voluntary efforts to suppress sickness symptoms or to “fake” a healthy health status as “sickness surface acting.” This type of “surface acting,” which intends to mask sickness symptoms instead of emotions (as conceptualized in the original construct), has not been investigated despite it being a promising area of study due to its potential to negatively impact individuals' well-being and lead to high levels of work-related emotional exhaustion.

As mentioned before, sickness presenteeism behaviors are a result of the perceived illegitimacy of sickness absence (Johns, 2010; Ruhle & Süß, 2020) and may play an important role in increasing work-related emotional exhaustion. Hence, for employees' who work while sick, we posit that this relationship between supervision distrust perceptions and emotional exhaustion may be explained by sickness surface acting. In other words, we believe that when individuals consistently continue to work while sick due to perceived organizational pressure to attend, they may resort to sickness surface acting in their attempt to maintain high-performance levels when dealing with their emotional labor demands. Engaging in sickness surface acting will be a constant drain on their remaining energy and health resources, and an inability to recover these will lead to increased emotional exhaustion. Taking into account the assumptions underpinning COR theory (Hobfoll et al., 2018), this stance is understandable and has the potential to create increased levels of energy depletion due to scarce coping resources (i.e., health), which they are unable to recover from due to the constant effort required. In the kind of situation described above, employees continuously experience an imbalance of low resources (i.e., impaired health) and high demands (i.e., emotional labor).



Likewise, due to the perceived illegitimacy of sickness absence created by supervision distrust, hotel service employees are less capable of resource gain due to continued exposure to emotional labor demands, which undeniably leads to sustained resource loss. Relying on this chain of reasoning, the following hypothesis was proposed for the present study:

**Hypothesis 2.** Sickness surface acting mediates the positive relationship between supervision distrust and emotional exhaustion, which implies that the more an individual perceives supervision distrust, the more they will sickness surface act at work, which will consequently lead to higher emotional exhaustion levels.

### 3 | METHOD

The first goal of our investigation was to examine the relation between supervision distrust and emotional exhaustion with the mediating role of surface acting (Hypothesis 1). The conceptual model for this hypothesis is presented in Figure 1.

#### 3.1 | Participants

Experience sampling methodology—daily diary approach—was used to collect the data. We chose this methodology because it has the advantage of allowing researchers to “directly examine how changes in contextual factors affect the moods, thoughts, perceptions and behaviors of organizational members” (Heggestad et al., 2021, p. 2).

In total, we collected data from 166 hotel service employees. Due to missing data (e.g., participants that failed to answer on one or more days), our final sample comprised 132 participants. The participants' mean age was 35 years ( $M = 34.97$ ,  $SD = 12.44$ ,  $minimum = 18$ ,  $maximum = 64$ ). Most participants were women (54.7%), had completed high school (64.2%), had a permanent contract (53.5%), and did not have a leadership role (71.8%). Regarding work experience, 39.8% had worked for their company for more than 4 years, and 30.0% for less than 1 year.

#### 3.2 | Procedures and design

We collected diary data from two Portuguese hotel chains over five consecutive workdays. Both hotel chains included four- and five-star

hotels and employees with different job roles (e.g., housekeeping, front office, food and beverage, maintenance, and management).

To set up initial meetings, hotel managers were contacted via email. In the initial meetings, instructions on how the daily surveys should be filled in and when to be delivered (i.e., at the end of the work shift over five consecutive days) were provided. All data were collected in Portuguese with paper and pencil booklets (containing all five questionnaires that should be filled out one a day.) The goal was to measure how surface acting and emotional exhaustion fluctuated daily. Because of this, all items were worded to refer to “today” (e.g., “Today, I ...”). Also, we aimed to assess hotel service employees' perceptions of supervision distrust, a more perennial organizational-context aspect that is not expected to fluctuate daily. To this end, this variable measure was included in the day-one survey. Demographic questions were also asked.

To guarantee ethical research practices, this study complied with the Ethical Principles of Psychologists, the Code of Conduct of the American Psychological Association (2010), and the Order of Portuguese Psychologists (2011). Before filling out the questionnaire, respondents were told about the research objectives, given completion instructions, informed that participation was voluntary, and were assured of the confidentiality and anonymity of the data collected.

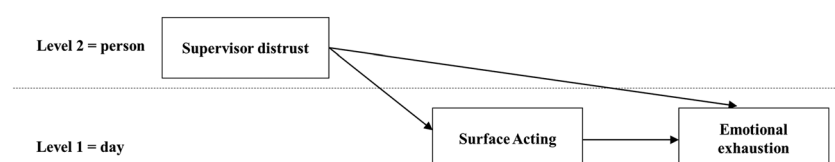
### 4 | MEASURES

The data were collected using five self-report scales, which were all Portuguese versions as all the data were in Portuguese. When Portuguese versions were not available, we used Portuguese translations following the back-translation procedure (Brislin, 1986).

**Supervision distrust.** To measure supervision distrust, we used four items from the Portuguese adapted version of the Ferreira et al. (2015) scale (see Appendix A). Two sample items are “When I call my supervisor to say I am sick, I feel misunderstood” and “I think my supervisor distrusts me if I am absent from work due to a health problem.” Responses were rated on a seven-point scale ranging from 1 (*totally disagree*) to 7 (*totally agree*). This measure showed sustained internal reliability ( $\alpha = .84$ , Kline, 2011).

**Surface acting.** To measure surface acting we used seven items from Diefendorff et al. (2005) with a 5-point scale ranging from 1 (*totally disagree*) to 5 (*totally agree*). Two sample items are: “Today, I faked the emotions I showed when dealing with customers” and “Today, I faked a good mood when interacting with customers.” This scale was also reliable ( $\alpha = .96$ , Kline, 2011).

**Emotional exhaustion.** To measure work-related emotional exhaustion a 5-point scale (1 [*never/almost never*] to 5 [*always*]) was used to



**FIGURE 1** Proposed conceptual framework (Hypothesis 1)

measure the six items of a subscale from the Copenhagen Burnout Inventory (Kristensen et al., 2005). Specifically, we used an adaptation of the Brazilian Portuguese version developed by Rocha et al. (2020). Two sample items include “Do you feel worn out at the end of the working day?” and “Is your work emotionally exhausting?” This scale presented a Cronbach alpha of .94 (Kline, 2011).

**Controls.** We also obtained background information from respondents, where we highlight sex and age. As suggested by Becker (2005), we used these as person-level control variables. This decision was made based on previous research that has found that both sex and age influence work-related burnout (Wright & Bonett, 1997).

## 4.1 | Measurement model

To test the measurement model with all latent variables, a multilevel confirmatory factor analysis (MCFA) was first conducted. The proposed three-factor measurement model (supervision distrust, surface acting, and emotional exhaustion) showed a satisfactory fit with the data:  $\chi^2 = 404.70$ ,  $df = 109$ ,  $p < .001$ , with the normed  $\chi^2/df = 3.71$ , supported by the cutoff value of  $\leq 3$  (Hair et al., 2019); the CFI and the TLI were  $\geq 0.95$  (Hu & Bentler, 1999), with CFI = 0.97 and TLI = 0.97; the root mean square error of approximation (RMSEA = 0.06) and standardized root mean square residual (SRMR = 0.04) were  $\leq 0.08$  (Hair et al., 2019). All factor loadings were significant ( $p < .001$ ) and above .50 as suggested by Hair et al. (2019). The standardized loadings ranged between 0.57 and 0.95. The three-factor measurement model was compared to alternative models in which two of the three-factor models were combined. The results demonstrated that the proposed measurement model (three-factor model) displayed a better fit than alternative models (see Table 2). In addition, the best fit of the three-factor model was also supported by the Akaike Information Criterion (AIC), because the smaller the AIC value, the better the comparative model (Chung et al., 2012).

**TABLE 2** Fit indices for measurement model comparisons (Hypothesis 1)

Models	Three-factor Model 1 (full measurement model)	Model 2 <sup>a</sup>	Model 3 <sup>b</sup>
$\chi^2$ (df)	404.70 (109)***	719.20 (110)***	671.43 (110)***
$\chi^2/df$	3.71	6.54	6.10
CFI	0.97	0.95	0.95
TLI	0.97	0.93	0.94
RMSEA	0.06	0.09	0.09
SRMR	0.04	0.10	0.08
AIC	492.70	805.20	757.43
$\chi^2_{\text{dif}}$ (df)	—	314.50 (1)***	266.73 (1)***

Note:  $N = 660$ ;  $\chi^2$ , chi square; df, degrees of freedom;  $\chi^2/df$ , normed chi-square;  $\chi^2_{\text{dif}}$ , chi-squared difference.

Abbreviations: AIC, Akaike Information Criterion; CFI, Comparative Fit Index; RMSEA, root mean square error of approximation; SRMR, standardized root mean square residual; TLI, Tucker–Lewis Index.

<sup>a</sup>Supervision distrust and Emotional exhaustion combined into a single factor.

<sup>b</sup>Supervision distrust and Surface acting combined into a single factor.

\*\*\* $p < .001$ .

## 4.2 | Analytical strategy

Similarly to previous studies (e.g., Xing et al., 2021) using the same methodological approach, the data were collected over five consecutive working days, thus nesting within the participants. Since there was a time-varying model, the data were stacked as suggested by Bauer et al. (2006). Accordingly, a vertical data structure was managed, and each participant (Level 2) was left with five lines (Level 1 time-varying variables). In addition, emotional exhaustion is known to have daily fluctuations (Ferreira et al., 2019), which suggests the need to study this construct with daily methods. The mediating hypotheses were tested by multilevel modeling (MLM). The multilevel mediation models were *lower level mediation*, as the mediator was a Level 1 variable (i.e., surface acting, see Figure 1). Hypotheses 1 and 2 were supported by models that include a 2–1–1 mediation, as the predictor was a Level 2 variable (i.e., supervision distrust); thus, it did not vary at the lower level.

As the supervision distrust varied only between Level 2 units, it cannot influence within-cluster individual differences. Thus, in a model where  $X$  (the predictor) is assessed at a Level 2, the indirect effect is a between-group effect, and the within-group  $b$  effect is not important for the mediation model in a 2–1–1 design (Preacher, 2015). Otherwise, the  $b$  effect estimate that combines the between and within effects leads to an indirect effect, the component paths of which may confound effects. To deal with the problem of confounding in 2–1–1 models, we followed the solution proposed by Zhang et al. (2009) that suggested that the within- and between-group effects may arise in a single mediation effect estimate. To accommodate that, the group-mean centering (or person-mean centering for daily measures) surface acting ( $M_{ij} - M_{.j}$ ) was included at Level 1, and its group mean ( $M_{.j}$ ) was included at Level 2.

First, a linear mixed models procedure was implemented to obtain path coefficient estimations  $a$  and  $b$  for both between effects and for within effects. To assess the significance of the indirect effects, the

Monte Carlo method was used to estimate the 95% confidence interval (CI) based on 20 000 simulated draws from the distributions for *a* and *b* parameters (Preacher & Selig, 2012). The indirect effect is significant when the CIs do not contain zero.

To determine whether multilevel analysis was appropriate, the intraclass correlation (ICC) was calculated for our daily measured variables. This analysis allowed us to assess the amount of variance in Level 1 that can be explained by week-level characteristics. Specifically, for surface acting, 45.5% of the total variance was within-person (ICC = .55); and for emotional exhaustion, 31.5% of the total variance was within-person (ICC = .68). Thus, the results were suitable for the use of MLM.

## 5 | RESULTS

Descriptive statistics (mean and standard deviation) and bivariate correlations of all studied variables are presented in Table 3.

Following recommendations by Becker (2005), the effects of control variables were tested, that is, age and sex. The results showed no difference between the models tested that included these control variables and the models tested without them; thus, there was no change in conclusions reached. Due to this, and for the sake of simplicity, we do not include these control variables in our tables.

Hypothesis 1 predicted that supervision distrust—a factor that contributes to promoting attendance and sickness presenteeism behaviors—influenced emotional exhaustion through surface acting (Table 4). First, the effect of supervision distrust on emotional exhaustion (i.e., total effect, Model 1) was tested. The results showed that supervision distrust was positively and significantly related to emotional exhaustion ( $\beta = 0.29$ ,  $t = 5.54$ ,  $p < .001$ ). Then, in Model 2, the relationship between supervision distrust (i.e., predictor variable) and surface acting (i.e., mediator) was tested. Results proved that the effect of supervision distrust on surface acting was positive and significant ( $\beta = 0.31$ ,  $t = 6.71$ ,  $p < .001$ ). Model 3 was tested, and the results showed that surface acting was positively and significantly

**TABLE 3** Descriptive statistics, bivariate correlations, and reliabilities (Hypothesis 1)

		<i>M</i>	<i>SD</i>	1	2	3	4	5
Level 2 = person	1. Age	34.97	11.80	—	—	—	—	—
	2. Sex <sup>a</sup>	0.55	—	.11	—	—	—	—
	3. Supervision distrust	2.47	1.38	−.00	−.02	(.84)	—	—
Level 1 = day	4. Surface acting	2.00	0.96	−.09	−.02	.45***	(.96)	—
	5. Emotional exhaustion	2.50	1.06	.01	.08	.38***	.54***	(.94)

Note: Level 2: *N* = 135. Level 1: *N* = 660. Cronbach's alpha is in parentheses.

<sup>a</sup>Dummy variable: 0 = male, 1 = female. It is reported the proportion of female.

\*\*\* $p < .001$ .

**TABLE 4** Multilevel mediation results (Hypothesis 1)

	Model 1 <i>X</i> → <i>Y</i>			Model 2 <i>X</i> → <i>M</i>			Model 3 <i>X</i> → <i>M</i> → <i>Y</i>		
	Estimate	<i>SE</i>	<i>t</i>	Estimate	<i>SE</i>	<i>t</i>	Estimate	<i>SE</i>	<i>t</i>
Level 1 = day									
Intercept	1.78***	0.15	11.80	1.23***	0.13	9.33	1.06***	0.17	6.32
Surface acting	—	—	—	—	—	—	0.34***	0.05	7.10
Level 2 = person									
Supervision distrust	0.29***	0.05	5.54	0.31***	0.05	6.71	0.11*	0.05	2.08
Surface acting (mean)	—	—	—	—	—	—	0.58***	0.09	6.72
Level 1 variance	0.36***	0.03	12.58	0.25***	0.02	16.25	0.30***	0.02	16.23
Level 2 variance	0.62***	0.09	6.87	0.50***	0.07	7.32	0.47***	0.07	7.11
Pseudo <i>R</i> <sup>2</sup> level 1	0.14	—	—	—	—	—	0.32	—	—
Pseudo <i>R</i> <sup>2</sup> level 2	0.19	—	—	—	—	—	0.39	—	—
Log-likelihood	1451.75	—	—	—	—	—	1375.42	—	—
LR test	—	—	—	—	—	—	76.33***	—	—

Note: Analyses were repeated controlling for age and sex, but the results were essentially similar. Wald Z test was calculated for variances. LR test, likelihood ratio test, with  $\chi^2$  distribution. *Y*, emotional exhaustion.

\* $p < .05$ . \*\*\* $p < .001$ .



related to emotional exhaustion ( $\beta = 0.58$ ,  $t = 6.72$ ,  $p < .001$ ). The direct effect of supervision distrust on emotional exhaustion was significant ( $\beta = 0.11$ ,  $t = 2.08$ ,  $p = .039$ ). As the CI for the indirect effect of supervision distrust on emotional exhaustion via surface acting ( $\beta = 0.18$ ) did not include zero (95% CI [0.11, 0.26]), Hypothesis 1 was supported.

## 6 | COMPLEMENTARY ANALYSIS

In order to further explore how supervision distrust may influence emotional exhaustion in the hotel industry, the relationship between supervision distrust and emotional exhaustion via sickness surface acting (Hypothesis 2) was examined. For this purpose, those participants who reported going to work sick during the data collection period were isolated, and we tested the conceptual model proposed in Figure 2.

### 6.1 | Participants and procedure

From the data obtained from the initial sample of 135 hotel service employees, those participants that met the criteria of having gone to work sick for at least 1 day during the 5 days of the data collection period were identified. To do this, we measured the act of presenteeism by asking individuals daily whether they had come to work despite being sick. The participants that had ( $N = 58$ ) were asked to respond to the sickness surface acting measure. For measurement purposes, eight items from the original version of the Diefendorff et al. (2005) scale for health symptoms were adapted (see Appendix A). Two sample items include “Today, I pretended to feel well and adopted the healthy posture that I need to show at my work” and “Today, I faked a healthy health status when interacting with customers.” The items were adapted to the interactions with customers, coworkers, and supervisors. Participants answered on a five-point scale ranging from 1 (*totally disagree*) to 5 (*totally agree*). This scale revealed excellent internal consistency ( $\alpha = .99$ , Kline, 2011).

The ages of the 58 participants ranged between 20 and 61 years, and the average was 34 ( $SD = 11.17$ ). Most participants were women (58.9%), had completed high school (59.6%), had a permanent contract (50.0%), and did not have a leadership role (70.8%). Regarding work experience, 35.4% had worked for the company for more than 4 years, and 35.5% for less than 1 year. Most participants reported going to work sick at least once during the previous year (89.7%), and the average perception of productivity loss due to impaired health was 4.77 ( $SD = 2.75$ , the scale ranged from 1 to 10). The employees

were also asked to report their daily health problems, as well as any experienced over the last 12 months (see Table 5).

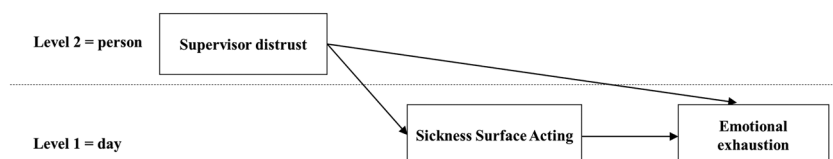
### 6.2 | Measurement model

To test the measurement model with all the latent variables, a MCFA was performed. The proposed three-factor measurement model (supervision distrust, sickness surface acting, and emotional exhaustion) revealed a good fit with the data (Table 6):  $\chi^2 = 289.07$ ,  $df = 118$ ,  $p < .001$  and the relative  $\chi^2$  fit index for this model reached the cutoff value of  $\leq 3$  ( $\chi^2/df = 2.45$ ); the CFI and TLI were  $\geq .95$  (Hu & Bentler, 1999), with CFI = 0.98 and TLI = 0.97; the RMSEA (0.07) and SRMR (0.05) were  $\leq 0.08$  (Hair et al., 2019). All factor loadings were significant ( $p < .001$ ) and the standardized loadings ranged from 0.41 to 0.98. The three-factor measurement model was compared to alternative models in which two of the three factors were combined. The results demonstrated that the proposed measurement model (three-factor model) displayed a better fit than alternative models (see Table 6). Furthermore, the best fit of the three-factor model was also supported by the AIC since it holds the lowest value among the models tested (Chung et al., 2012).

**TABLE 5** Employees' daily reported health problems and from the previous 12 months

Health problems	Over the last 12 months (%)	Daily (%)
Back pain	59.5	14.9
Cold or flu	59.5	5.9
Migraine	51.4	6.9
Anxiety and stress	50.0	9.0
Neck pain	43.2	13.8
Joint pain	32.4	6.9
Allergies	27.0	4.5
Gastrointestinal problems	24.3	0.3
Toothache	18.9	1.7
Menstrual pain	16.2	0.0
Depression	13.5	2.4
Heart problems	13.5	1.7
Stomach heartburn	10.8	1.7
Asthma	10.8	0.7
Arthritis	5.4	2.1
Dermatitis	2.7	0.0

**FIGURE 2** Proposed conceptual framework (Hypothesis 2)



**TABLE 6** Fit indices for measurement model comparison (Hypothesis 2)

	Three-factor-Model 1 (full measurement model)	Model 2 <sup>a</sup>	Model 3 <sup>b</sup>
$\chi^2$ (df)	289.07 (118)***	551.07 (126)***	652.99 (127)***
$\chi^2/df$	2.45	4.37	5.14
CFI	0.98	0.94	0.93
TLI	0.97	0.93	0.92
RMSEA	0.07	0.11	0.12
SRMR	0.05	0.11	0.08
AIC	395.07	641.07	740.99
$\chi^2_{\text{dif}}$ (df)	—	262.00 (8)***	363.01 (9)***

Note:  $N = 290$ ;  $\chi^2$ , chi-square;  $df$ , degrees of freedom;  $\chi^2/df$ , normed chi-square;  $\chi^2_{\text{dif}}$ , chi-squared difference.

Abbreviations: AIC, Akaike Information Criterion; CFI, Comparative Fit Index; TLI, Tucker–Lewis Index; RMSEA, root mean square error of approximation; SRMR, standardized root mean square residual.

<sup>a</sup>Supervision distrust and emotional exhaustion combined into a single factor.

<sup>b</sup>Supervision distrust and sickness surface acting combined into a single factor.

\*\*\* $p < .001$ .

**TABLE 7** Descriptive statistics and bivariate correlations and reliabilities (Hypothesis 2)

		<i>M</i>	<i>SD</i>	1	2	3	4	5
Level 2 = person	1. Age	33.52	11.17	—	—	—	—	—
	2. Sex <sup>a</sup>	.59	—	-.02	—	—	—	—
	3. Supervision distrust	2.98	1.35	.13	-.10	(.78)	—	—
Level 1 = day	4. Sickness surface acting	2.77	1.07	.09	-.19	.55***	(.99)	—
	5. Emotional exhaustion	2.72	1.13	.40	-.08	.48***	.55***	(.94) <sup>b</sup>

Note: Level 2:  $N = 58$ . Level 1:  $N = 290$ . Cronbach's alpha is in parentheses.

<sup>a</sup>Dummy variable: 0 = male, 1 = female. It is reported the proportion of female.

<sup>b</sup>Surface acting reliability within each workday ranged from .93 to .95, and the mean across the five workdays was .94.

\*\*\* $p < .001$ .

### 6.3 | Analytical strategy

To assess our second hypothesis, a lower-level mediation of upper-level effect (2–1–1) (Bauer et al., 2006) was tested. The predictor variable (i.e., supervision distrust) was at Level 2, and the mediator (i.e., sickness surface acting) and the outcome variable (i.e., emotional exhaustion) were at Level 1. To test this mediation, the statistical strategy used to test Hypothesis 1 was followed. To evaluate whether multilevel analysis was adequate, the ICC for the daily measured variables was calculated. Specifically, 28.4% of the total variance was within-person (ICC = .72) for sickness surface acting and, for emotional exhaustion, 30.6% of the total variance was within-person (ICC = .69). Hence, the results were suitable for the use of MLM. To evaluate the significance of the indirect effect, the Monte Carlo method was used to estimate the 95% CI based on 20 000 simulated draws from the distributions for *a* and *b* parameters (Preacher & Selig, 2012).

## 7 | RESULTS

Descriptive statistics (mean and standard deviation), bivariate correlations and reliabilities are presented in Table 7.

As in the initial analysis, the effects of age and sex as control variables were accounted for. Findings revealed no difference between the model tested including these control variables and the model tested without them. Thus, and for the sake of simplicity, these control variables were not included in our tables (Becker, 2005).

Hypothesis 2 proposed that sickness surface acting mediates the relationship between supervision distrust and emotional exhaustion. The results can be seen in Table 8. The total effect of supervision distrust on emotional exhaustion (Model 1) was positive and significant ( $\beta = 0.30$ ,  $t = 3.56$ ,  $p < .001$ ). Then, in Model 2, the effect of supervision distrust on the mediator sickness surface acting was tested. Results showed that supervision distrust was positively and significantly related to sickness surface acting ( $\beta = 0.32$ ,  $t = 3.77$ ,  $p < .001$ ). Finally, the effects of supervision distrust and sickness surface acting on emotional exhaustion were examined (Model 3). The results showed that sickness surface acting was positively related to emotional exhaustion ( $\beta = 0.49$ ,  $t = 3.22$ ,  $p = .002$ ). The direct effect of supervision distrust on emotional exhaustion was not significant ( $\beta = 0.17$ ,  $t = 1.68$ ,  $p > .05$ ). The CI to assess the indirect effect of supervision distrust on emotional exhaustion via sickness surface acting ( $\beta = 0.16$ ) did not include zero (95% CI [0.05, 0.30]); thus, Hypothesis 2 was confirmed.

**TABLE 8** Multilevel mediation results (Hypothesis 2)

	Model 1 X → Y			Model 2 X → M			Model 3 X → M → Y		
	Estimate	SE	t	Estimate	SE	t	Estimate	SE	t
<i>Level 1 = day</i>									
Intercept	1.82***	0.28	6.52	1.63***	0.28	5.75	1.12***	0.39	2.86
Sickness surface acting	—	—	—	—	—	—	0.04	0.11	0.39
<i>Level 2 = person</i>									
Supervision distrust	0.30***	0.09	3.56	0.32***	0.08	3.77	0.17	0.10	1.68
Sickness surface acting (mean)	—	—	—	—	—	—	0.49**	0.15	3.22
Level 1 variance <sup>(1)</sup>	0.39***	0.04	10.77	0.30***	0.05	6.50	0.31***	0.05	6.39
Level 2 variance <sup>(1)</sup>	0.71***	0.15	4.76	0.54***	0.14	3.82	0.63***	0.17	3.78
Pseudo R <sup>2</sup> Level 1	0.14	—	—	—	—	—	0.26	—	—
Pseudo R <sup>2</sup> Level 2	0.18	—	—	—	—	—	0.28	—	—
Log-likelihood	689.24	—	—	—	—	—	321.03	—	—
LR test	—	—	—	—	—	—	368.21***	—	—

Note: Analyses were repeated controlling for age and sex, but the results were essentially similar. Wald Z test was calculated for variances. LR test, likelihood ratio test, with  $\chi^2$  distribution. Y—Emotional exhaustion.

\*\* $p < .01$ . \*\*\* $p < .001$ .

## 8 | DISCUSSION

### 8.1 | Theoretical implications

Our study findings contribute to the fields of emotional labor and sickness presenteeism by introducing supervision distrust—a social-context characteristic—as an emotional labor antecedent and critical predictor of emotional exhaustion. Also, it contributes to the literature by introducing the concept of sickness surface acting as a regulatory behavior. We present explanations for these contributions in the following paragraphs.

First, this study makes a further contribution to the growing sickness presenteeism literature by considering the prevalence of supervision distrust—supervisors suspecting that the reasons for employees' sickness absences from work are not real/true (Ferreira et al., 2015). This factor prompts not only certain regulatory behaviors but also work attendance despite being sick and is a social-context variable in hotels. We believe that our research constitutes one of the first attempts to explore how this social context, pointed out in the literature by Ferreira et al. (2019) as having the power to create pressure to attend work at any cost and despite being sick (Mach et al., 2018), affects the hotel industry. Our study also contributes to the literature by seeking to answer part of the question raised by Mach et al. (2018) in their study conducted with a sample of healthcare professionals, “Does work context play a role in the specific act of presenteeism?”, by exploring a sector that has been little explored in terms of the impact of the phenomenon of sickness presenteeism.

Specifically, our findings add to the sickness presenteeism field by showing that hotel service employees' perception of supervision distrust is positively related to work-related emotional exhaustion. Perceptions of supervision distrust have been linked to the existence of

organizational climates and cultures that are known to create pressure to attend and point to absence as illegitimate even when one is sick (Johns, 2010; Mach et al., 2018; Ruhle & Süß, 2020). By perceiving that their employment depends upon the number of hours worked despite being sick, individuals constantly make high environmental demands on themselves in terms of role expectations. That said, our study adds to COR theory (Hobfoll et al., 2018) by showing that the constant pressure to attend and perform work at any cost, coupled with a lower capacity in terms of energy to cope with high work demands, creates high levels of stress that lead to a sustained spiraling loss of resources which, in turn, can cause high levels of emotional exhaustion among hotel employees. As expected, our findings showed that surface acting mediated the relationship between supervision distrust and emotional exhaustion (Hypothesis 1), thus explaining the energy depletion effect generated by the perception of supervision distrust.

With recent studies having linked supervision distrust to presenteeism behavior (e.g., Ferreira et al., 2015, 2019; Mach et al., 2018), our initial results provide a further foundation from which to examine whether hotel service employees who perceive the existence of this type of pressure tend to use sickness surface acting to fake a healthy status. These findings help towards a better understanding of the complex relationship between leaders' behaviors (or attitudes) and employees presenteeism (cf., Dietz et al., 2020). We contend, therefore, that within this important emergent area of study, the findings of our complementary analysis are also worthy of discussion and figure as a further attempt to enrich the literature of sickness presenteeism and emotional labor. Specifically, our results provide insights into the mediating effect of “sickness surface acting” in the relationship between supervision distrust and emotional exhaustion. It is known that work environments can act as a constraint on an individual

choosing whether to be present or absent, particularly when sick (Ruhle & Süß, 2020), and that stressful work environments, such as those in the hotel sector, promote presenteeism behaviors (Deery & Jago, 2009). Thus, besides answering recent calls for studies on the effects of contextual factors related to sickness presenteeism on employees' behavior (Ferreira et al., 2019; Mach et al., 2018; Ruhle et al., 2020), our results address the issue of “how do hotel employees maintain a cheerful and healthy posture while working sick?” First, our complementary analysis findings revealed a positive relationship between supervision distrust—a work context factor that has been shown in the literature to promote sickness presenteeism—and emotional exhaustion. This result further supported the detrimental effects of hotel environment characteristics on employees' emotional exhaustion levels, especially when they engage in sickness presenteeism behaviors (i.e., continue to show up for work despite being sick). These results figure, therefore, as a novel attempt in the study of the effects of sickness presenteeism contextual-related factors with a sample of sick employees (Ferreira et al., 2019; Mach et al., 2018; Ruhle et al., 2020) in a key economic industry such as the hotel industry.

Then, our findings show that in a work context where there is a perception of supervisor distrust of health status—by actively “surface acting” a healthy status during their workday—sick employees experienced higher levels of work-related emotional exhaustion, thus confirming Hypothesis 2. The mediation effect of sickness surface acting extended and integrated the COR theory (Hobfoll et al., 2018) in the study of sickness regulation strategies by considering sickness surface acting as a crucial strategy for dealing with sickness and organizational pressures that force employees' attendance regardless of their health status (i.e., supervision distrust), which inevitably has a detrimental effect on emotional exhaustion.

Altogether, by further investigating supervision distrust as a characteristic of the hotel environment that contributes to the prevalence of sickness presenteeism behaviors and forces attendance at any cost, our findings enrich not only the thriving literature on sickness presenteeism but also the well-established field of emotional labor by positioning supervision distrust as the precursor to surface acting behaviors known to play an important role in eliciting exhaustion (Choi et al., 2019). With the introduction of the new construct, sickness surface acting, we intersect two important lines of research—sickness presenteeism and emotional labor—which in our opinion opens interesting avenues for future studies.

## 8.2 | Practical implications

Given that our findings show that perceptions of supervision distrust have an impact on individuals' work-related emotional exhaustion by eliciting surface acting behavior, they have significant practical implications for hotel managers. Therefore, efforts should be made to decrease the negative effects of this perception. This study also provides insights for HR management teams regarding the harmful effects of surface acting in the hospitality industry. Therefore, efforts

should be made to decrease the negative effects of this perception. This study also provides insights for HR management teams regarding the harmful effects of surface acting in the hospitality industry. These insights highlight the importance of implementing policies that can help employees avoid having to resort to surface acting strategies to manage their emotions at work. For instance, prior studies have suggested that emotional intelligence is a good resource for managing the negative outcomes of surface acting (e.g., emotional exhaustion and job dissatisfaction; Nauman et al., 2019). Hence, we propose that hotels implement emotional intelligence training to improve this ability among their workforce. Moreover, since emotional intelligence is known to have a positive influence on reducing not only the negative consequences of surface acting but surface acting itself, we also suggest that recruitment and selection processes include ways to measure emotional intelligence to increase the likelihood that individuals with higher levels of emotional intelligence are hired (Wolfe & Kim, 2013).

By showing that perceived supervision distrust of the veracity of our health status is an antecedent of surface acting and emotional exhaustion, feeding spirals of lost resources, our investigation also draws attention to the negative effects of sickness presenteeism in hotels and to the constant need to predict, identify, and manage its patterns to achieve positive organizational results (Correia Leal & Ferreira, 2020). Managing signs of supervision distrust and changing the way hotel managers deal with sickness absence from work, as well as hotel employees' resultant attendance and sickness presenteeism behaviors should, therefore, be a primary concern of hotel management teams. The big challenge for these teams is to outline objectives that not only ensure the well-being of the employees but also ensure the quality of service that triggers and engenders customer loyalty and that fosters good relationships with other relevant stakeholders at the same time.

## 8.3 | Limitations and suggestions for future studies

This research sheds light on the negative consequences of emotional labor and sickness presenteeism for a key economic sector and adds to the field by revealing the role of supervision distrust—a factor that promotes attendance and sickness presenteeism behavior—as a work environment social context. Still, despite constituting an advance in the literature, this research is not without its limitations. We point out that our sample was limited to employees working in Portuguese 4- and 5-star hotels. This choice was based on the high standards placed on the service delivery imposed by high-rated hotels notorious for requiring more emotional labor and whose employees, therefore, are more susceptible to experiencing higher levels of emotional dissonance and energy depletion (Sherman, 2007). Also, we focused on Portugal's hotel industry since the country has become a reference in tourism worldwide. Indeed, in 2019, Portugal was distinguished as the “world's leading destination” in the World Travel Awards (2019). Nevertheless, to increase the external validity of this study and to overcome these limitations, future studies would benefit from replicating

our results with larger and more representative samples that include lower-rated hotels and various other countries, as well as different hospitality settings where emotional labor is prevalent (e.g., restaurants).

We also emphasize the fact that we used paper booklets containing the five daily questionnaires and could not, therefore, ensure that the participants' timing of reporting was synchronous. However, as in previous studies, we followed certain procedures to maximize the participation and timely completion of the daily questionnaires (e.g., Bakker et al., 2019). Primarily, we provided all hotel managers and participants with a detailed explanation of the study goals and the value of responding accurately. Also, for each daily survey presented in the booklet, individuals were asked to indicate the day on which they were filling in the questionnaire. Lastly, we eliminated participants who failed to complete all five surveys. To further reduce the risk of incorrect data assessment, we suggest using online surveys (e.g., to avoid participants answering more than one questionnaire per day) and electronic devices (e.g., mobile apps that present notifications at the end of work shifts as a reminder to fill in the survey) to facilitate accurate data collection.

Additionally, following previous studies that obtained optimistic results (Ferreira et al., 2019), we point to the fact that our study was conducted over five workdays. As we acknowledge that this time frame may not allow long-term individual fluctuations to be assessed, we suggest that future researchers investigate whether the studied relationships persist for longer periods and include different levels of analysis by exploring how the studied variables affect not only the individual, but also organizations (e.g., customer brand loyalty). This might be relevant since recent studies have shown that the presenteeism behavior of hotel service employees may jeopardize their health and make it impossible for them to maintain adequate levels of service quality which, in turn, would also prejudice the hotels' success (Correia Leal & Ferreira, 2020).

Furthermore, given the design adopted in this study—a data collection period limited to five consecutive workdays—we considered supervisor distrust as a Level 2 variable. This is because, as a climate perception, it can be deemed as relatively stable over time since individuals are not expected to change their perception of climate within such a limited time period (Schneider et al., 2013). From among the different theoretical perspectives of organizational climate, in this research, we considered the one that assumes an organization has a set of traits (e.g., structure and leadership style) that differentiate it from other organizations, that are relatively stable (i.e., they persist over time), and that influence individual behavior (Kozlowski & Klein, 2000). Thus, although we acknowledge that some studies choose to measure the daily fluctuation of variables associated with leadership, such as that of Barnes et al. (2015) on abusive supervision, in our study, we chose to measure the variable supervision distrust—a social-context factor that prompts an individual's perception of a climate of presenteeism—at the between-person level. According to Johns (2018), context often operates as a cross-level effect in which situational variables (e.g., individual perception of supervision distrust) at one level of analysis affects variables at another level (e.g., surface

acting). Indeed, most cross-level conceptions of context are top down considering the impact of a higher level of analysis on a lower level (Johns, 2018; Kozlowski & Klein, 2000). In fact, the literature has consistently revealed several studies that have explored the impact of variables associated with the climate of presenteeism at the between-person level (e.g., Ferreira et al., 2019; Mach et al., 2018). Still, not to overlook the fact that some studies point out that leaders may react daily to employees (Barnes et al., 2015), future studies may adapt the way they measure supervision distrust and measure it at the within-person level to allow for a more nuanced investigation of the underlying dynamics that lead to presenteeism, surface acting, and exhaustion.

Also, this research elaborates on several important variables to explain the rationale behind why and when supervision distrust results in emotional exhaustion via surface acting (e.g., perceived job insecurity, attendance cultures, and act of presenteeism). However, these variables, although related to the perception of supervision distrust, were not empirically tested in the proposed models. For this reason, we suggest that these variables might be tested in future models derived from the current study.

Future studies might also consider testing the proposed models including the act of presenteeism measure to determine whether the act of presenteeism measure mediates the relationship between supervision distrust and surface acting. This is especially relevant since presenteeism behavior “as the outcome of a complex decision-making process by the ill person to either attend work or stay at home” (Ruhle et al., 2020, p. 2) is known to be influenced by external conditions, where contextual organizational variables such as supervision distrust play a part (Ferreira et al., 2015, 2019). This being noted, we encourage scholars to test the mediating effect of the presenteeism act. This can be done, for example, by using the measure proposed by Lu et al. (2013), which emphasizes the perceived pressure to work despite sickness. Since supervision distrust stands out as a social-context factor that plays a crucial role in encouraging sickness presenteeism behaviors due to the pressure felt to attend to work at all costs, the use of this measure (i.e., “Although you feel sick, you still force yourself to go to work,” Lu et al., 2013, p. 411) may be relevant since it excludes presenteeism behaviors that are voluntary (Holland & Collins, 2018) and does not, therefore, take into consideration other motives unconnected to perceived pressure.

Lastly, in this daily diary study, we focused only on the negative effects of surface acting due to its recognized prevalence in the hotel industry (Igbojekwe, 2017; Kwon et al., 2019; Liu, 2017) and on the negative impacts of emotional exhaustion (e.g., Choi et al., 2019). However, acknowledging the differential effects of emotional regulation strategies with regard to employees' well-being (Grandey, 2015), we suggest that future research also investigates the mediating effects of deep acting strategies. Indeed, although some studies defend that the strategy of deep acting requires more regulatory resources than surface acting does, since it requires attention refocusing and situation reappraisal (e.g., Beal & Trougakos, 2013; Grandey, 2015), other studies have acknowledged that this strategy may not involve as many regulatory resources (e.g., Trougakos



et al., 2015; Xanthopoulou et al., 2018). In light of these controversial results, looking into the mediation effects of deep acting might be a research path worth pursuing. By studying these two distinct regulation strategies, it will be possible to acquire a more integrative view of the effects of supervision distrust on individuals' emotional exhaustion in the hotel industry.

## 9 | CONCLUSION

Although previous studies have already examined diverse antecedents and outcomes of “service with a smile,” our study is among the first to suggest that surface acting may mediate the effects of supervision distrust—a factor that contributes to promote attendance and sickness presenteeism behaviors—on hotel service employees' emotional exhaustion at work. Moreover, it has presented sickness surface acting as a coping strategy that employees use to comply with strict organizational display rules when working while sick. This, however, has been shown to have negative impacts, which can lead to increased emotional exhaustion. Hence, drawing on the emotion–goal congruence perspective and on COR framework, our research enriches both the sickness presenteeism and emotional labor literature by revealing this relation and by introducing the concept sickness surface acting. Moreover, our diary methodology allowed us to disclose dynamic fluctuations associated with emotional labor that inform HRM teams that daily surface acting and sickness surface acting increase hotel service employees' emotional exhaustion levels, thus highlighting the need to create policies to reduce the negative effects of emotional labor and social-context variables that strongly impact sickness presenteeism behavior.

## CONFLICT OF INTEREST

The authors declare no potential conflicts of interest with respect to the research, authorship, and/or publication of this article. An early version of this article was presented at the 2020 Academy of Management meeting in Vancouver and was selected for inclusion in the 2020 proceedings as one of that year's best papers (top 10%).

## DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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## APPENDIX A

Supervision distrust measure (from Ferreira et al., 2015).

1. When I call my supervisor to say I am sick, I feel misunderstood.
2. My supervisor suspects that the reasons for my absences from work are not real.
3. I think my supervisor distrusts me if I am absent from work due to a health problem.
4. I fear that my absence due to a health problem makes my supervisor believe I am less important at work.

Sickness surface acting measure (adapted from Diefendorff et al., 2005).

1. Today, I pretended to feel well and adopted the healthy posture that I need to show at my work.
2. Today, I had to put on a “mask” in order to display the healthy health status I need for the job.
3. Today, I had to put on a “show” so that customers wouldn't realize my current health situation.
4. Today, I had to put on a “show” so that my colleagues wouldn't realize my current health situation.
5. Today, I had to put on a “show” so that my supervisor wouldn't realize my current health situation.
6. Today, I faked a healthy health status when interacting with customers.
7. Today, I faked a healthy health status when interacting with my colleagues.
8. Today, I faked a healthy health status when interacting with my supervisor.