

# The Impact of Emotional Labor on Unethical Pro-organizational Behavior of Medical Staff: Taking Organizational Identification as an Intermediary

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**Abstract:** Medical and health services are a special service-oriented industry. The emotional labor of medical staff must meet their hospital's established norms and organizational rules. In the process of carrying out emotional labor, however, medical staff members are likely to show non-self-regarding unethical pro-organizational behavior (UPB). Previous studies on UPB from the perspective of cognition and emotion have mainly focused on the field of business services and organizational behavior. However, there is a lack of research on this topic in the field of medical services. To explore the mechanism behind the impact of medical staff's emotional labor on their UPB, this study conducted a survey of 261 Chinese medical staff, using organizational identification as an intermediary variable. Results showed that surface behaviors of emotional labor of the medical staff negatively affect organizational identification, which positively affects UPB; the surface behaviors also negatively affect UPB, and organizational identity partly mediates the result of surface behaviors and UPB; deep behaviors of emotional labor of the medical staff positively affects organizational identification, which, in turn, positively affects UPB; and deep behaviors also positively affect UPB, while organizational identity partly mediates the two. The results show that in order to effectively eliminate or avoid medical staff's UPB, hospital managers should take medical staff's real work experience as the standard, and actively pay attention to their emotional resources and the change of organizational identity. Simultaneously, hospitals should also strengthen the cognition of medical staff on professional rules, and actively educate and guide them in implementing emotional labor behavior.

**Keywords:** Medical Staff, Emotional Labor, Unethical Pro-organizational Behavior, Organizational Identity, Emotional Experience

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## 1. Introduction

Full-time medical staff who diagnose and treat patients' physical and mental health are the foundation of hospitals. In dealing with patients who seek medical treatment, not only do they need to possess sufficient diagnostic and treatment skills, but also exhibit emotional expressions professionally, consistent with organizational norms. This helps patients respect the hospital and provide more satisfactory service evaluations. If medical staff have low identification with the organization, they may reduce the expression of emotions, as required by the hospital

organization rules. Once this "professional" emotional labor is reduced, it may lead to "immoral" behavior that undermines patient care and consequently, impacts the hospital's reputation.

According to the emotional labor view based on the resource conservation theory, the physical and psychological costs endured by medical staff need to be within the scope of their personal energy limits. The process of medical treatment exerts considerable strain on the physical and mental resources of the medical staff,

which could lead to them exhibiting undesirable behaviors, such as unethical pro-organizational behavior, to achieve personal gain.

With the help of relevant research results of management psychology and organizational behavior, a scientific investigation index system of emotional labor, organizational identity, and unethical pro-organizational behavior of medical staff was established to understand the relevant situation in the professional development of medical staff from a new perspective. This not only enriches the theoretical research and exploration of relevant concepts in this field, but also helps provide guiding and constructive suggestions for modern hospital management and career development of medical staff.

The mechanisms of employees' unethical behavior and its prevention have been a controversial topic in organizational behavior and management psychology. Studies have mostly followed the "negative factors-negative results" paradigm to conduct research. Unfavorable individual factors, team atmosphere, and organizational environment, among others, are fundamental incentives that result in employees engaging in unethical behaviors. However, recent research on organizational behavior has found that positive factors, such as organizational support, organizational identity, and charismatic leadership, may also influence employees' unethical behavior. To safeguard the core interests of an organization, employees may indulge in behaviors that violate social ethics and codes of conduct. Scholars termed these behaviors unethical pro-organizational behavior (UPB) [1]. For example, in commercial activities, the sense of organizational support encourages employees to conceal defects in goods or services from consumers and exaggerate the performance of products or services to achieve targeted sales performance and complete transactions [2]. Studies have shown that UPB is primarily reflected in two aspects: "pro-organization" and "unethical." Pro-organization indicates that employees' behavior benefits the organization to a certain degree, but such benefits only have short-term significance. Unethical refers to one's behavior that violates social moral standards and has moral hazards. The concept of UPB has challenged previous knowledge on unethical behavior research. To explore the mechanism behind such unethical behavior, scholars have conducted several empirical studies.

American social psychologist Hochschild (1983) put forward the concept of emotional labor for the first time, in a study of airline flight attendants. [3] In addition to physical and mental labor, Hochschild considered emotional labor as the third form of labor. Scholars from various countries have conducted numerous theoretical discussions and empirical studies on personal development and organizational management. In terms of personal development, scholars have been more concerned about employees' inner processes when they follow the organizational standards, with the purpose of caring for employees' feelings and personal development [3-5]. In terms of organizational management, they have focused on the relation between employees'

expression of feeling and organizational performance, with the aim of meeting the targets set by the organizations [6-9]. The focus of emotional labor research can be categorized into four aspects. First, emotional labor is the process of psychological processing by employees or the performance of external behavior. The second focus is whether emotional labor only occurs when an employee's true emotional experience conflicts with the emotional expression requirements of an organization's norms. The third focus is whether the true emotions expressed by employees in an organizational environment belong to emotional labor. Lastly, it asks whether an organization's requirement for employees' emotional expression is the cause or result of emotional labor?

Studies have shown that for employees, UPB is a dilemma that creates complex emotional experiences [10] (Effelsberg and Solga, 2014). Therefore, the relation between emotional labor and UPB is complicated. Against the background of professional ethics education, the professional behaviors of medical staff must exhibit emotional labor behaviors in accordance with organizational norms and social conventions. This helps the hospital gain a good reputation, which in turn helps obtain higher service evaluations from patients. In medical services, staff must show specific emotions according to the established requirements of the hospital, or maintain the emotional performance state required by the organization [6, 11, 12]. In the process of performing emotional labor, it is highly likely that medical staff may exhibit one type of non-self-regarding UPB. This study uses organizational identification as an intermediary variable to explore the impact of emotional labor on the UPB of Chinese medical staff.

## 2. Theoretical Basis and Research Hypothesis

### 2.1. Emotional Labor and Unethical Pro-organizational Behavior

Several review studies have found that the research on emotional labor of medical personnel has gradually shifted from studying the adverse effects of emotional labor on medical personnel (e.g., job stress and burnout) to stabilizing the medical team and improving the quality of medical services development (e.g., reducing turnover rate and improving job satisfaction); formulating emotional labor management strategies; and improving the quality of medical services [5, 13-15]. These studies support Hochschild's (1983) view, that emotional labor is divided into superficial and deep behaviors. Superficial or surface behaviors alone cannot achieve internal empathy; by contrast, deep behaviors adjust one's internal emotions to be consistent with the required emotions.

Based on the conservation of resource theory [16], the exhaustion of medical staff's emotional resources is inevitable. In this situation, assessing whether an individual or an organization can make up for the depletion of emotional

resources is necessary to implement dynamic resource preservation. Therefore, we believe that self-depletion plays a role in mitigating the relation between emotional labor and UPB. Specifically, the surface role of emotional labor positively affects the medical staff's UPB, whereas deep acting negatively impact their UPB.

Based on the relationship between emotional labor and UPB, as indicated by the theoretical research mentioned above, we proposed the following hypotheses:

H1: The surface behaviors of medical staff's emotional labor have a positive predictive effect on UPB.

H2: The deep behaviors of medical staff's emotional labor have a negative predictive effect on UPB.

## 2.2. Emotional Labor and Organizational Identity

Organizational identity is a specific form of social identity that dynamically evolves with changes in modern organizational life [17]. Scholars have unanimously agreed that organizational identity is a combination of cognitive and emotional motivations, which promote the link between an individual's self-definition and self-perception of members of an organization. By combining the perceived consistency of the self-concept of an organization's members with that of an organization, the organizational culture, history, structure, and characteristics can be easily understood [18, 19]. Emotional labor plays an important role in the organization, and many factors affect its performance and the degree of effort. Organization members can transform emotional labor into positive energy, which is conducive to the establishment of a positive emotional culture, and can enhance an organization's sense of identity [20-22].

For medical staff, meeting the expectations of organizations and patients to implement emotional labor, and exhibiting appropriate work attitudes and behaviors are important. The ethos of an organization can be an inspiration for the staff's emotional labor. Therefore, emotional labor is established at the organizational level. Research has shown that improving the sense of organizational identity can alleviate the sense of exhaustion and loss caused by employees' emotional labor, such that they can partake in deep acting behaviors that satisfy their own, and organizational requirements. Medical workers face high-intensity emotional labor. Therefore, to ease the doctor-patient relationship and improve job satisfaction, appropriate behaviors must be performed, which can thereby enhance one's sense of organizational identity. Therefore, the following hypotheses were proposed:

H3: The surface behaviors of medical staff's emotional labor have a negative predictive effect on organizational identity.

H4: The deep behaviors of medical staff's emotional labor have a positive predictive effect on organizational identity.

## 2.3. Organizational Identity and UPB

Umphress et al. (2010) identified two main determinants

of UPB: positive social communication and organizational identity. One of the characteristics of UPB is that it helps protect the interests of an organization and its members in the short-term and achieves damaging results in the long-term [23]. Many studies on the relationship between organizational identity and UPB have found not only a positive correlation between the two, but also that leadership style positively promotes the UPB of organizational members through the intermediary role of organizational identity [10, 24, 25]. In the field of business services, excessive organizational identity can also contribute to employees' participation in immoral organizational behavior, and imply a psychological sense of a promise having been implicitly made to employees [26, 27]. Research has shown that the premise of UPB is driven by organizational, rather than personal, goals. UPB focuses on the initial driving point of the behavior rather than its ultimate purpose. Therefore, the self-interest behavior that is only taken to meet an organization's performance expectations is not defined as UPB if it is not for the benefit of an organization in the initial purpose [28]. Moreover, social exchange and organizational support have a significant positive impact on employees' UPB. When employees receive sufficient organizational support, they will have a sense of organizational identity and feel obligated to perform UPB [29]. Therefore, we proposed the following hypotheses:

H5: The organizational identification of medical staff has a positive predictive effect on UPB (surface behavior path).

H6: The organizational identification of medical staff has a positive predictive effect on UPB (deep behavior path).

## 2.4. The Mediating Effect of Organizational Identity

Few empirical studies have revealed a close relation between emotional labor, organizational identity, and UPB. When employees are subjected to the requirements of, and have a sense of belonging to, an organization, emotional labor may be the result of their initiative. The surface behavior will be reduced in deeper layers. Meanwhile, emotional exhaustion may be alleviated through emotional management, thereby promoting employees' pro-organizational behavior. However, when excessive organizational identity is generated, employees can be involved in behaviors that transcend personal morality. Therefore, organizational identity may have a mediating effect on the relationship between emotional labor and UPB [23, 30]. This article introduces organizational identity as an intermediary variable in the relation between emotional labor and UPB of medical staff. Therefore, we proposed the following hypotheses:

H7: The medical staff's organization is subjected to some surface behaviors of intermediary emotional labor and UPB.

H8: The medical staff's organization is subjected to some deep behaviors of intermediary emotional labor and UPB.

Figure 1 presents the theoretical model of the research based on previous studies and related theories.

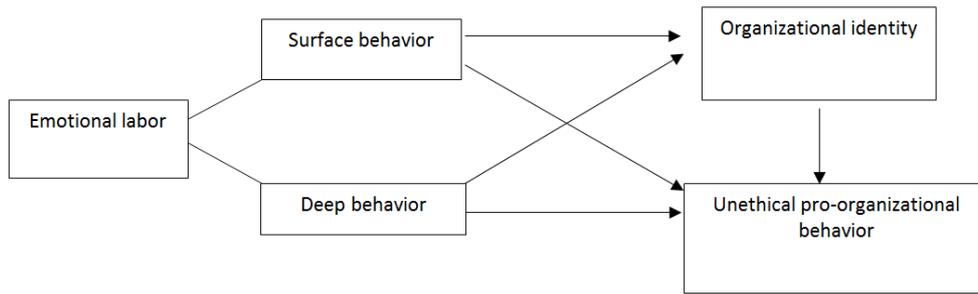


Figure 1. The theoretical model of this research.

### 3. Research Design

#### 3.1. Research Objects

Using a combination of convenient and random sampling, we contacted 10 hospitals above the tertiary level in areas such as Jiangsu, Guangzhou, Hunan, Sichuan, and Beijing in China and distributed questionnaires to hospital staff through the relevant hospital departments. Before the main body of the questionnaire, we stated the purpose of this survey, emphasized that the data obtained would be used only for statistical analysis of academic research, and guaranteed that it would not be used for other purposes. All respondents filled out the electronic questionnaire and provided informed consent. Of the 261 valid samples collected (as shown in Table 1), 98 (37.5%) were male and 163 (62.5%) were female. By job category, 57.1% were nursing staff and 42.9% were doctors. Their working experience was less than 10 years and between 11 and 20 years, accounting for 68.6% and 20.3% respectively; 95.4% of employees were with junior and intermediate titles. The sample is generally representative and, to a certain extent, can reflect the relevant situation of the medical staff in China. Written informed consent was obtained before the experiments, and the study was approved by the committee of the ethics board of Nanjing University of Chinese Medicine following the latest revision of the Declaration of Helsinki.

Table 1. Participants' demographic characteristics.

		Frequency	Percentage
Gender	Male	98	37.5
	Female	163	62.5
Job characteristics	Doctor	112	42.9
	Nurse	149	57.1
Professional titles	Senior	12	4.6
	Intermediate	74	28.4
	Junior	175	67.0
Experience	10 years and below	179	68.6
	11–20 years	53	20.3
	21–30 years	22	8.4
	More than 30 years	7	2.7

#### 3.2. Measuring Tools and Methods

##### 3.2.1. Emotional Labor Scale

Grandy's (2002) Emotional Labor Scale (ELS) is the

standard index measurement scale used by scholars [4]. This study used the Chinese-translated version of Luo (2008), that has been recognized by Chinese scholars [31]. The 11-item ELS consists of two parts: five items measuring participants' superficial acting behaviors and six measuring deep acting behaviors. The scale changed the service object to the patient or the patient's family (accompaniment), and the service body to the medical staff. The objective was to measure the surface and deep role-play in the treatment of patients. The reliability and validity of the scale were re-evaluated through pre-investigation. The scale's overall Cronbach's  $\alpha$  value was 0.825, indicating good reliability.

##### 3.2.2. Organizational Identification Scale

Mael and Ashforth's (1992) six-item Organizational Identification Scale, recognized by most scholars, was used in this study [32]. This scale measured the degree of organizational identity of medical care through each item.

##### 3.2.3. UPB Scale

We adopted Umphress et al.'s (2010) six-item UPB scale. [1] In this survey, the organization was set as the hospital, and the customer as the patient or the patient's family (accompanying person). The reliability and validity of the scale were re-analyzed through pre-investigation. The overall Cronbach's  $\alpha$  value was 0.804. All items had high internal consistency and a good level of reliability. The values of Kaiser-Meyer-Olkin and Bartlett's sphericity test passed the test standards. The results were consistent with the original dimensions and had good construct validity.

#### 3.3. Procedure and Analysis

The three scales used in this study were either developed by foreign scholars or workers in industries different from those of the research subjects. Therefore, to ensure the equivalence of the item meaning and to combine the professional characteristics of Chinese medical staff, we made appropriate adjustments and corrections to the relevant items in the scale. Before the formal investigation, we conducted a pre-survey and revised the items in the questionnaire based on the feedback. To avoid possible confusion of similar items, we mixed the items of the three scales. The questionnaire adopted a self-evaluation scoring method, using a 5-point Likert scale to collect relevant data of the medical staff's emotional labor, organizational identity, and UPB. To ensure the quality of

respondents' answers, we contacted the nursing department and medical office of the relevant hospitals and asked them to issue an electronic questionnaire to the medical staff who were randomly assigned to the hospital. We emphasized that the questionnaire information was only for research purposes and that personal information would be confidential. The medical staff were then instructed to fill out the questionnaires truthfully, according to their own work situation. Questionnaires were directly handed over to the researcher. Data were not shared with the hospital; this questionnaire response rate was 100%.

Based on literature review, this study used a theoretical framework composed of the main variables and constructed the structural equation model between the independent variables (i.e., emotional labor and the intermediary variable of organizational identity) and the dependent variable (i.e., UPB dimensions). SPSS 23.0 was used to conduct the descriptive statistics, Pearson correlation analysis, and Bootstrap mediation effect test on the data collected. We explored the causal relation between the medical staff's emotional labor, organizational identity, and UPB. To study the mediating effect of the medical staff's organizational identity on emotional labor and UPB, the Bootstrap method was used to obtain the results of the intermediary path of the structural equation model. We also determined whether the variables were related to verify the partial or complete intermediary relationship.

## 4. Results

### 4.1. Analysis of Differences Based on Demographic Variables

The demographic characteristics included in the questionnaire were gender, job characteristic, professional titles, and length of employment. Two independent sample t-tests and one-way analysis of variance were used to test the influence of various demographic variables on surface acting behavior of emotional labor, deep acting behavior of emotional labor, organizational identity, and UPB. Results revealed significant differences in the surface acting behavior

of emotional labor of the medical staff with different working years ( $p = 0.025$ ). On average, medical workers who worked for more than 30 years had more surface behaviors of emotional labor. Gender, job characteristic, and professional title had no significant differences in the surface behaviors of emotional labor of the medical staff ( $P > 0.05$ ). There was no significant difference in the deep acting behavior of emotional labor in terms of gender, job characteristic, professional title, and working years ( $P > 0.05$ ).

For organizational identity, no significant difference was found in corporate identity among medical staff with different job characteristics ( $P = 0.043$ ). From the mean value analysis, doctors' organizational identity was higher than the nurses', indicating that the former had a stronger sense of psychological belonging to the hospital. This result is in line with the actual situation of current hospitals in China. No significant difference was found in organizational identity in terms of other demographic characteristics in the dimensions of organizational identity.

Results revealed significant differences in UPB of medical staff with different professional titles ( $P = 0.027$ ). Significant differences were found in UPB of medical staff with different working years ( $P = 0.03$ ). Medical staff who had worked for less than 10 years had the highest recognition of UPB, which is related and consistent with the difference between medical staff with low professional titles and other medical workers, in the dimension of UPB. However, no significant difference was observed in the performance of UPB among medical staff members of different genders and job characteristics.

### 4.2. Path Relationship Analysis of Main Variables

We used AMOS 25 for structural equation modeling, as shown in Figure 2, to explore the causal relation between emotional labor (surface and deep behaviors), organizational identity, and UPB dimensions of medical staff. The confirmatory factor analysis results showed that the model had an excellent fitting index effect, good adaptability, and good model fitting. Therefore, this structural equation model was supported (Figure 2).

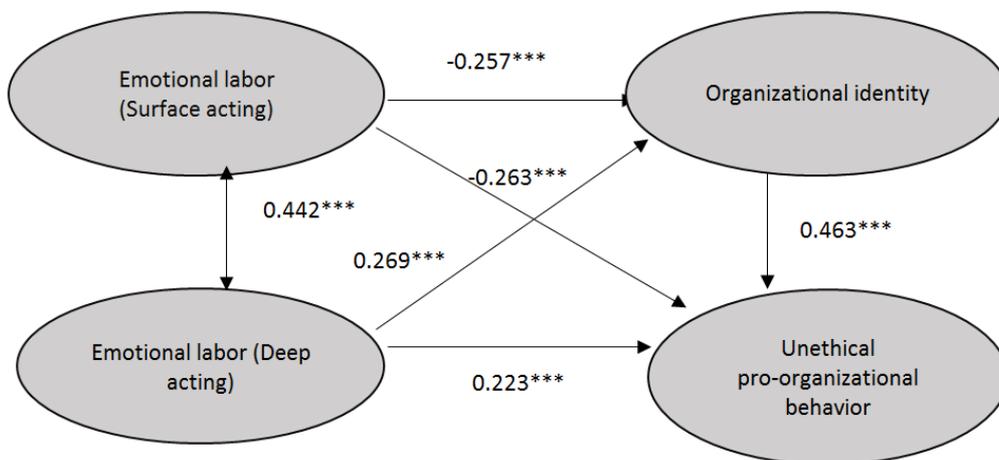


Figure 2. Structural equation model.

The standardized path coefficient from emotional labor (surface behavior) to UPB was -0.263 (t value = -3.858, p = 0.000), indicating the former’s significant negative impact on the latter. The higher the emotional labor (surface behaviors), the lower the UPB. The standardized path coefficient from emotional labor (deep behaviors) UPB was 0.223 (p < 0.001), indicating the former’s significant positive effect on the latter. The higher the emotional labor (deep behaviors), the higher the UPB.

Meanwhile, the standardized path coefficient from emotional labor (surface behaviors) to organizational identity was -0.257 (p < 0.001), indicating the former’s significant

negative effect on the latter. The higher the emotional labor (surface behaviors), the lower the organizational identity. The standardized path coefficient from emotional labor (deep behaviors) to organizational identity was 0.269 (p<0.001), indicating the former’s significant positive effect on the latter. The higher the emotional labor (deep behaviors), the higher the organizational identity.

Lastly, the standardized path coefficient from organizational identification to UPB was 0.463 (p < 0.001), indicating that the former significantly affects the latter. The higher the organizational identity, the higher the UPB.

**Table 2.** Path coefficients between latent variables of the model.

Path		Standardized path coefficient	Non-standardized path coefficient	Residual error	T value
Organizational identity	<--- Emotional labor (surface behaviors)	-0.257	-0.29	0.086	-3.386***
Organizational identity	<--- Emotional labor (deep behaviors)	0.269	0.262	0.072	3.667***
Unethical pro-organizational behavior	<--- Emotional labor (surface behaviors)	-0.263	-0.23	0.06	-3.858***
Unethical pro-organizational behavior	<--- Emotional labor (deep behaviors)	0.223	0.169	0.049	3.443***
Unethical pro-organizational behavior	<--- Organizational identity	0.463	0.36	0.053	6.744***

\*\*\*p < 0.001.

**4.3. Mediation Effect Test**

This study used the Bootstrap algorithm in AMOS 25 to determine the mediation effect. The 95% confidence interval was calculated based on 5,000 repeated samples. Table 3 presents the results. The intermediary path of organizational identity in emotional labor (surface behaviors) and UPB and that of the upper and lower intervals of these two mediation

paths did not contain 0; the p-value was less than the significant level of 0.05. Therefore, the independent variable directly influenced the dependent variable. The intermediary variable of organizational identity plays a partial intermediary effect on the independent (i.e., emotional labor [surface and deep]) and dependent variable (i.e., UPB). That is, medical staff organizations agree on the intermediary emotional labor and UPB.

**Table 3.** Analysis of intermediary effects.

Parameter	Estimate	Lower	Upper	p-value
Emotional labor (surface behaviors)-organizational identification-unethical pro-organizational behavior (standardized)	-0.119	-0.2	-0.055	0.000
Emotional labor (deep behaviors)-organizational identification-unethical pro-organizational behavior (standardized)	0.124	0.064	0.206	0.000

This study aimed to verify whether the emotional labor of medical staff affected the results through organizational identity. The results show that part of the surface and deep behavior of emotional labor directly affect UPBs, and part of it affects the UPB of medical staff through the significant correlation with organizational identity. This reveals that the UPB of medical staff is simultaneously affected by emotional labor and organizational identity. Under the social exchange theory, improving employees' organizational identity can encourage individuals to perform their functions according to the organizational values; this is related to the concept of emotional labor. In the process of understanding and caring for patients, the hospital should also consider employees' emotions so that their emotional loss can be made up in time and they can

self-regulate their emotions to improve their organizational identity. Medical staff have a strong sense of belonging or professional identification with the organization. They are also more inclined to undertake pro-organizational and even non-ethical behavior to meet personal needs or organizational norms to a certain extent.

**5. Conclusion**

The theoretical framework and structural equation model of emotional labor, organizational identity, and UPB of medical staff were constructed based on the data collected from 261 Chinese medical staff members. The following conclusions were drawn: (1) The surface behaviors of emotional labor of the medical staff negatively affect

organizational identification, which positively affects UPB. (2) The surface behaviors of emotional labor of the medical staff negatively affects UPB, and the organizational identity partly mediates the result of dynamic surface acting behaviors and UPB. (3) The deep behaviors of emotional labor of the medical staff positively affects organizational identity, which positively affects UPB. (4) The deep behaviors of the emotional labor of the medical staff positively affects UPB, and the organizational identity mediates these two.

## 6. Recommendations

To alleviate the negative emotions of the medical staff at work, organizations should increase the sense of organizational identity and effectively avoid UPBs in the organization. Hospitals should regularly track the position of its medical staff and update their emotional labor performance behavior, organizational identity feelings, and implementation UPB.

Hospitals should actively pay attention to their employees' real work experience and emotional depletion, along with changes in organizational identity, and UPB tendencies.

Hospitals should provide positive education, guidance, and training to their medical personnel for implementing deep behaviors of emotional labor. They should promote positive accomplishment and train their medical staff on the rules of professional cognition and on how to feel a patient's mood. They should also train their medical personnel to be able to use scientific techniques and methods for emotional self-control, to avoid the loss of human capital caused by the passive implementation of surface emotions, and reduce the UPB in the medical service.

## Data Availability Statement

The original contributions presented in the study are included in the article/supplementary material, and further inquiries can be directed to the corresponding author/s.

## Author Contributions

ZZ designed the study; WX, JX, and LZ performed the experiments; JX, ZZ and WX analyzed the data; ZZ wrote the paper.

## Conflict of Interest

The authors declare that there are no conflicting interests.

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