

Emotional Dissonance, Burnout, and In-Role Performance Among Nurses and Police Officers

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Two studies including 108 nurses and 101 police officers tested the proposition that emotionally demanding interactions with recipients may result in emotional dissonance, which, in turn, may lead to job burnout and impaired performance. More specifically, on the basis of the literature on burnout and emotional dissonance, the authors hypothesized that emotional job demands would explain variance in burnout (i.e., exhaustion and cynicism/disengagement) through their influence on emotional dissonance. In addition, the authors predicted that emotional dissonance would be (negatively) related to in-role performance through its relationship with burnout. The findings of a series of structural equation modeling analyses supported both hypotheses. The implications for research and practice are discussed, as well as avenues for additional research.

Keywords: burnout, emotional demands, emotional dissonance, in-role performance

Nurses and police officers seemingly represent opposite poles in the emotions they are required to express as part of their work role. While nurses are expected to show a trusting, empathizing concern for their patients, police officers are required to demonstrate a detached, matter-of-fact attitude vis-à-vis their clients (civilians). However, despite these divergent work settings, both professions have two main characteristics in common. First, both nurses and police officers are exposed to emotionally demanding interpersonal

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interactions, such as confrontation with death and illness, violence, and victims of crime or accidents on a daily basis (e.g., Brown & Campbell, 1994; Burke, 1994; Schaufeli & Enzmann, 1998). Second, the (non) display of certain types of emotions is an important task requirement for both nurses and police officers. That is, both professions call for a regulation of feelings and expressions as part of the work role, which has been referred to as *emotion work* (Hochschild, 1983). The central aim of the present study is to examine how emotion work affects human service professionals' well-being and performance.

OCCUPATIONAL BURNOUT

Burnout has been defined as a specific kind of occupational stress reaction among human service professionals, resulting from demanding and emotionally charged interactions with recipients (Maslach, 1982; Maslach & Schaufeli, 1993). Although several recent studies have shown that burnout is not restricted to the service professions (e.g., Bakker, Demerouti & Schaufeli, 2002; Demerouti, Bakker, Nachreiner & Schaufeli, 2001; Leiter & Schaufeli, 1996), the syndrome is most prevalent among human services providers (Schaufeli & Enzmann, 1998).

Two core dimensions of burnout can be distinguished: emotional exhaustion and depersonalization (cf. Maslach, 1982; Cordes & Dougherty, 1993; Demerouti et al., 2001). In response to the chronic emotional strain in daily interactions with recipients, human service providers may feel emotionally overextended and drained by their interactions with other people (Leiter & Maslach, 1988). A way of coping with this emotional exhaustion is to decrease investments in relationships with recipients by emotionally distancing oneself from them (Maslach, Jackson & Leiter, 1996). Decreased involvement is expressed by a cynical and dehumanizing attitude toward recipients, reduced empathy, and by "blaming the victim" (Schaufeli & Enzmann, 1998). This detached attitude or depersonalization may vary from nurses, considering their patients as impersonal objects ("that kidney on the operation table"), to police officers, blaming a raped woman for walking the streets alone at night. As a result, human service professionals are unable to perform adequately, which, in turn, may result in a decline in their feelings of professional efficacy (Bakker, Schaufeli, Sixma, Bosveld, & Van Dieren-donck, 2000; Leiter, 1993). However, several scholars (e.g., Cordes & Dougherty, 1993; Demerouti et al., 2001; Shirom, 1989) have argued that reduced professional efficacy is not a genuine burnout component, because it is only weakly related to emotional exhaustion and depersonalization (or cynicism) and has different predictors.

In the present study, we applied two alternative burnout instruments to measure burnout among nurses and police officers. The Oldenburg Burnout Inventory (OLBI) (Demerouti, Bakker, Vardakou, & Kantas, 2003) is distinct from the most frequently used Maslach Burnout Inventory (MBI; Maslach et al., 1996) in that it covers both negatively and positively framed items, includes affective but also physical and cognitive aspects, and extends the concept of depersonalization beyond distancing oneself emotionally from recipients to work objects and work content.

EMOTIONAL JOB DEMANDS

Specific about the two groups in our present study are the extreme emotional situations to which nurses and police officers are exposed during their work. Police officers are constantly confronted with society's interpersonal violence, confrontational interactions with individuals, and emotionally charged encounters with victims of crimes and accidents (Brown & Campbell, 1994; Toch, 2002). Likewise, nurses are in frequent, close contact with severe illness, suffering, and death (Le Blanc, Bakker, Peeters, Van Heesch, & Schaufeli, 2001). Initially, dealing with these types of severe human problems in intense, emotionally charged interactions of long duration with recipients was considered to be the main source of burnout among human service professionals (Maslach & Jackson, 1984; Pines & Aronson, 1988).

However, contrary to these initial expectations, empirical findings have not supported this assumption (Schaufeli & Enzmann, 1998). Job-related stressors are generally found to more strongly correlated with burnout than are client-related stressors. Specifically, in empirical studies among police officers, organizational constraints such as workload and inadequate systems of supervision and management were found to be more important for the development of burnout complaints than frequent interactions with difficult or aggressive delinquents (Brown & Campbell, 1990; Kop, Euwema, & Schaufeli, 1999). In a similar vein, burnout complaints among nurses have not been consistently related to occupation specific stressors, such as confrontation with death and dying and interaction with difficult patients. Non-patient-related job demands are experienced as even more stressful (see Schaufeli & Enzmann, 1998, for an overview).

EMOTIONAL DISSONANCE

Emotion work occurs in face-to-face contacts with the public in which expressions are regulated as part of the job to produce an emotional state in

the recipients or to comply with the organizational rules concerning emotional expression (Grandey, 2000). More specifically, emotion work refers to the psychological efforts necessary to express organizationally desired emotions during interactions with the public (Morris & Feldman, 1997; Zapf, 2002). Police officers are expected to manage their emotions to obtain a facial and physical expression that is neutral, solid, and controlled. Their work environment asks for a suppression of emotions to adequately deal with, for example, conflict situations, manipulation, and aggression. On the other hand, police officers are also asked to show compassion and understanding toward, for example, victims of crime. Thus, police officers need to master the art of constantly switching between this human and disciplinary emotional expression. In a similar vein, nurses are required to express a wide variety of emotions during their interactions with patients. They have to switch between keeping a certain emotional distance toward their patients to secure a professional attitude on the one hand, and showing a caring, compassionate attitude on the other. This is also known as “detached concern” (Lief & Fox, 1963).

The performance of emotion work may have positive consequences for employees, such as the facilitation of interpersonal encounters with recipients, task effectiveness, and self-expression (Adelmann, 1995; Ashforth & Humphrey, 1993). However, several scholars have argued that the regulation of emotions as part of the work role may be stressful and detrimental to health. These positive and negative consequences of emotion work can be traced back in differential effects on stress-related illnesses and burnout across various empirical studies (see Zapf, 2002, for an overview). However, consistent and unequivocal relations have been found between a specific element of emotion work, namely *emotional dissonance*, and burnout complaints across a wide variety of human service professions (e.g., Abraham, 1998; Brotheridge & Lee, 1998; Heuven & Bakker, 2003; Zapf, Seifert, Schmutte, Mertini, & Holz, 2001; Zapf, Vogt, Seifert, Mertini, & Isic, 1999).

Emotional dissonance refers to the structural discrepancy between felt emotions on the one hand and the emotional display that is required and appropriate in the working context on the other (e.g., Zapf et al., 1999, 2002). Thus, emotional dissonance is the discrepancy between authentic and displayed emotions as part of the job. Increasing empirical evidence supports the notion that the suppression of true emotions and feelings has detrimental effects on health and well-being. For example, the study by Heuven and Bakker (2003) found that the structural discrepancy between inner feelings and the positive emotional display in the job of cabin attendants was, more than quantitative job demands and lack of job control, the main predictor of burnout complaints. Also, the suppression of experienced emotions in jobs that demand neutrality in emotional expression, such as correctional officers, has been found to be a source of stress (Rutter & Fielding, 1988). Further-

more, the inhibition of emotions and the inability to express negative emotions were strong predictors of physical problems and illnesses (including high blood pressure and cancer) among employees across various studies (see Grandey, 2000, for an overview).

Because, by definition, emotional dissonance only occurs among employees interacting with recipients, we believe that the equivocal evidence for the relationship between emotional job demands and burnout (see previous paragraph) may be attributable to the fact that emotional dissonance plays a mediating role in this relationship. That is, emotional demands may particularly lead to burnout through the experience of emotional dissonance. Nurses and police officers are faced with situations, such as death, illness, and violence that trigger emotional reactions, while their professions require them to inhibit or suppress the emotions that normally occur in reaction to these situations. Therefore, we propose that the emotional job demands in nursing and law enforcement, which require the regulation of emotions, will result in elevated levels of dissonance between displayed and felt emotions. Emotional dissonance, in turn, will contribute to feelings of exhaustion and cynicism.

Hypothesis 1: Emotional job demands are a predictor of burnout (exhaustion and cynicism), through the experience of emotional dissonance. Thus, we expect that emotional dissonance will play a mediating role in the relationship between emotional job demands and burnout (see also Figure 1).

IN-ROLE PERFORMANCE

Emotion work has found its way into the business literature because of its importance for organizational outcomes. Emotions are important facets of

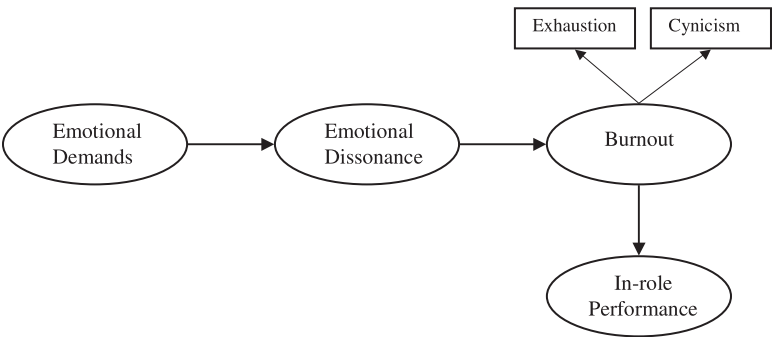


Figure 1. Hypothetical emotion work model.

the products the service industry “sells” to clients. Thus, smiling air hostesses, empathic nurses, and neutral police officers are of main importance for the public’s perception of these professions and for client satisfaction. For example, a recent study by Tsai (2001) among sales clerks in retail shoe stores found that customer satisfaction was highly correlated with the frequency of displaying positive emotions. The study also indicated that employees’ display of positive emotions increased customer’s willingness to return to the store. In addition, several studies have suggested that emotional dissonance may have important (negative) implications for job satisfaction, organizational commitment, and turnover intentions (Abraham, 1999; Morris & Feldman, 1997; Zapf et al., 1999).

Although the relationship between emotional dissonance and organizational outcomes has been substantiated in several studies, the psychological mechanisms explicating this relation have not been addressed so far. In the present study, we strive to understand how the relation between emotional dissonance and one of the most important organizational outcomes, in-role performance, is mediated by burnout. Several studies have pointed at the negative implications of emotional dissonance for emotional exhaustion and depersonalization. In turn, burnout has been related to negative outcomes at the level of the organization, such as elevated levels of absenteeism and personnel turnover (see Lee & Ashforth, 1996, for an overview). For example, Aiken, Clarke, Sloane, Sochalski, and Silber (2002) found that 43% of the nurses who report high burnout levels intend to leave their jobs within a year compared with 11% of their colleagues without such complaints. Another study among British police officers found that 25% of sickness absence could be attributed specifically to stress (Brown & Campbell, 1994).

In the current study, we focused exclusively on in-role performance, because this variable has been primarily related to job demands, such as emotional task requirements, whereas job resources are most predictive of extra role performance (Bakker, Demerouti, & Verbeke, 2004). In-role performance can be defined as the officially required outcomes and behaviors that directly serve organizational objectives (Motowidlo & Van Scotter, 1994). In the case of nurses, this includes primary tasks such as providing injections, serving meals, and washing patients. For police officers, in-role performance consists of, among other things, street surveillance, putting suspects under arrest, and responding to alert calls by citizens. Bakker et al. (2004) found that job demands, including work pressure and emotional demands, were predictive of in-role performance through their relation with feelings of exhaustion. We expect a similar relationship in the present study. That is, we expect nurses and police officers who experience a structural discrepancy between the emotions they need to show as part of the job and their true feelings to drain their energy resources, and subsequently become

cynical and detached toward their recipients and their work. In turn, this will negatively affect their achievement of organizational objectives.

Hypothesis 2: Emotional dissonance is negatively related to in-role performance, through the experience of exhaustion and cynicism. That is, exhaustion and cynicism will play a mediating role in the relationship between emotional dissonance and in-role performance (see also Figure 1).

METHOD

Participants and Procedure

Two studies were conducted in the Netherlands. The participants were 108 nurses (89% response) working in two departments of a large hospital, and 101 police officers (76% response) working in one department of a police force. All employees could fill out an electronic questionnaire (published on a secure website) during work time, in a silent, separate room. A newsletter and an e-mail from the management to all employees explained the goal of the study. Anonymity and confidentiality of the data was emphasized. The nurses' sample included 21 men (19%) and 87 women (81%). Their age ranged from 21 to 59 years with an average of 40 years ($SD = 9.93$). Mean organizational tenure was 11 years ($SD = 8.15$). The police officers' sample included 65 men (64%) and 36 women (36%). Their age ranged from 20 to 58 years with an average of 35 years ($SD = 8.04$). Mean organizational tenure was 5 years ($SD = 4.96$).

Measures

Emotional Demands

Emotional demands were assessed with a scale developed by Van Veldhoven and Meijman (1994) and included four items. Examples are: "Is your work emotionally demanding?" and "Do the people who you meet through your work intimidate you?" (1 = *never*, 5 = *always*).

Emotional Dissonance

Emotional dissonance was measured following Zapf, Vogt, Seifert, and Mertini's (1998) conceptualization and operationalization of this construct.

Respondents were asked: "How often are you confronted with the following situations during your work?" Four items were used to assess emotional dissonance. Examples are: "Having to show certain feelings to patients (civilians) that do not correspond with the way you feel at that moment," and "Having to show positive feelings to patients (civilians), while in fact you feel indifferent" (1 = *never*, 5 = *always*).

Burnout

Burnout was assessed with the OLBI (Demerouti et al., 2003) in the study with nurses and with the Maslach Burnout Inventory–General Survey (MBI-GS; Schaufeli, Leiter, Maslach, & Jackson, 1996) in the study with police officers. The reason for using two different instruments was that we wanted to generalize our findings across measurement instruments. Previous research has indicated that the OLBI and MBI-GS measure conceptually similar concepts (Demerouti et al., 2003). Both instruments include scales to assess the two core dimensions of burnout, namely exhaustion and cynicism (this is called "disengagement" in the OLBI).

OLBI. The eight items of the *exhaustion* subscale are generic and refer to general feelings of emptiness, overtaxing from work, a strong need for rest, and a state of physical exhaustion. Example items are "After my work, I regularly feel worn out and weary," and "After my work, I regularly feel totally fit for my leisure activities" (reversed) (1 = *totally disagree*, 4 = *totally agree*). Four items are positively worded and four are worded negatively.

Disengagement refers to distancing oneself from the object and the content of one's work (including recipients) and to negative, cynical attitudes and behaviors toward one's work in general. This subscale also comprises eight items, including "I frequently talk about my work in a negative way," and "I get more and more engaged in my work" (reversed). Similar answering categories as for exhaustion were used. Again, four items are positively worded and four are worded negatively.

MBI-GS. *Exhaustion* is measured with five items, including "I feel burned out from my work," and "I feel tired when I get up in the morning and have to face another day on the job." *Cynicism* reflects indifference or a distant attitude toward work and is measured with five items. Examples are: "I have become less interested in my work since I started this job," and "I have become more cynical about whether my work contributes anything." Participants were asked to indicate the extent to which they agreed with each statement using a 7-point rating scale (0 = *never*, 6 = *every day*).

In-Role Performance

In-role performance was assessed with three items based on Goodman and Svyantek (1999). Participants could indicate the extent to which they found each of the statements characteristic of themselves (0 = *not at all characteristic*, 6 = *totally characteristic*). An example is: “Achieves the objectives of the job.”

Strategy of Analysis

To test our Emotion Work model, we performed structural equation modeling (SEM) analyses using the AMOS software package (Arbuckle, 1997). The fit of the model to the data was examined with the goodness-of-fit index and the root mean square error of approximation (RMSEA). In addition, the non-normed fit index, the comparative fit index, and the incremental fit index are utilized. In general, models with fit indices > .90 and an RMSEA < .08 indicate an acceptable fit between the model and the data (Browne & Cudeck, 1989; Hoyle, 1995). All constructs were included as latent variables in the model. Emotional demands (four items), emotional dissonance (four items), and in-role performance (three items) were indicated with the items introduced before. Burnout was indicated with the two multi-item scales for exhaustion and disengagement/cynicism of the OLBI (nurses sample) and the MBI-GS (police sample). The hypothesized relationships (see Figure 1) were included in the model.

RESULTS

Descriptive Statistics

Tables 1 and 2 show the means, intercorrelations, and the internal consistencies (Cronbach’s alpha) of the scales included in the analyses. All

Table 1. Means, Standard Deviations, Intercorrelations, and Internal Consistencies (Cronbach’s alpha Between Parentheses) of the Scales Used in the Nurse Study (*N* = 108)

Variable	<i>M</i>	<i>SD</i>	1	2	3	4	5
1. Emotional demands (1–5)	2.46	.46	(.70)				
2. Emotional dissonance (1–5)	2.24	.36	.40**	(.64)			
3. Exhaustion—OLBI (1–4)	2.24	.45	.37**	.37**	(.85)		
4. Disengagement—OLBI (1–4)	2.29	.43	.05	.21*	.45**	(.82)	
5. In-role performance (0–6)	3.59	1.04	.03	–.08	–.26**	–.22*	(.82)

Note. OLBI = Oldenburg Burnout Inventory.
* *p* < .05. ** *p* < .01.

Table 2. Means, Standard Deviations, Inter-correlations, and Internal Consistencies (Cronbach's alpha Between Parentheses) of the Scales Used in the Police Study ($N = 101$)

Variable	<i>M</i>	<i>SD</i>	1	2	3	4	5
1. Emotional demands (1–5)	2.51	.71	(.86)				
2. Emotional dissonance (1–5)	2.53	.66	.64**	(.76)			
3. Exhaustion—MBI-GS (0–6)	1.50	1.10	.36**	.42**	(.92)		
4. Cynicism—MBI-GS (0–6)	1.56	1.06	.32**	.53*	.53**	(.80)	
5. In-role performance (0–6)	4.27	1.09	–.18	–.22*	–.24*	–.27**	(.80)

Note. MBI-GS = Maslach Burnout Inventory–General Survey.

* $p < .05$. ** $p < .01$.

scales showed good reliabilities, with one exception: the internal consistency of the emotional dissonance scale was low (.64) in the nurses' study. In addition, several relationships are worth noting from Table 1. First, in both studies, the raw scores of emotional demands and emotional dissonance were significantly and positively related to both burnout dimensions, with one exception. Unexpectedly, emotional demands was a variable unrelated to disengagement in the nurses' study. Second, of the two emotion variables, only emotional dissonance was significantly and negatively related to in-role performance in one study (police officers). Finally, in both studies, the two burnout dimensions were significantly and negatively related to in-role performance.

Preliminary analyses revealed that demographic variables were not substantially related to the model components. The only relationships found indicated that nurses reported somewhat higher levels of cynicism when they had higher age ($r = .22, p < .05$) and when they were more experienced ($r = .30, p < .01$). Regarding the police officers, men scored somewhat higher on emotional demands than women ($M = 2.70$ vs. $M = 2.21$), $F(1, 100) = 11.61, p < .01$, and higher on in-role performance ($M = 4.45$ vs. $M = 3.94$), $F(1, 100) = 5.17, p < .05$. However, inclusion of these background variables in the structural equation model did not significantly modify the results. They were therefore omitted from further analyses.

Test of the Proposed Model

To test the proposed model, two separate series of SEM analyses were performed, one for the nurses and one for the police officers. The results indicated that the hypothesized model fitted adequately to the data of both groups (see second and seventh row in Table 3). Most fit indices showed values of .90 or higher, and the RMSEA was .08. Only the goodness-of-fit index was with .89 (nurses) and .86 (police), somewhat lower than it should have been. Importantly, all indicators loaded significantly on the intended

Table 3. Results of Structural Equation Modeling Analyses: Fit Indices of Emotion Work Models for Nurses (*N* = 108) and Police Officers (*N* = 101)

Model	χ^2	<i>df</i>	GFI	RMSEA	IFI	CFI	NNFI
Nurses							
M1. Proposed model	90.53	62	.89	.07	.92	.92	.89
M2. Alternative model	82.45	60	.90	.06	.94	.93	.91
M3. Alternative model	89.33	61	.89	.07	.92	.92	.89
Null model	414.27	78	.58	.20			
Police officers							
M1. Proposed model	108.24	62	.86	.08	.92	.92	.90
M2. Alternative model	106.68	60	.86	.08	.92	.92	.89
M3. Alternative model	108.23	61	.86	.08	.92	.92	.89
Null model	643.45	78	.39	.27			

Note. GFI = goodness-of-fit index; RMSEA = root mean square error of approximation; IFI = incremental fit index; CFI = comparative fit index; NNFI = non-normed fit index. M2 = alternative model, including the paths from emotional demands to burnout and to performance; M3 = alternative model, including the path from emotional dissonance to performance.

latent factors, and the proposed relationships in the model were significant, and in the expected direction (see Figure 2). The coefficient of the path from emotional demands to emotional dissonance was positive and highly significant (nurses $\beta = .51$, police $\beta = .73$). In addition, the relationship between emotional dissonance and burnout was positive and significant (nurses $\beta = .44$, police $\beta = .58$). Finally, the relationship between burnout and in-role performance was *negative* and significant in both samples (nurses $\beta = -.32$, police $\beta = -.35$). The model explained 26% and 53% of the variance in

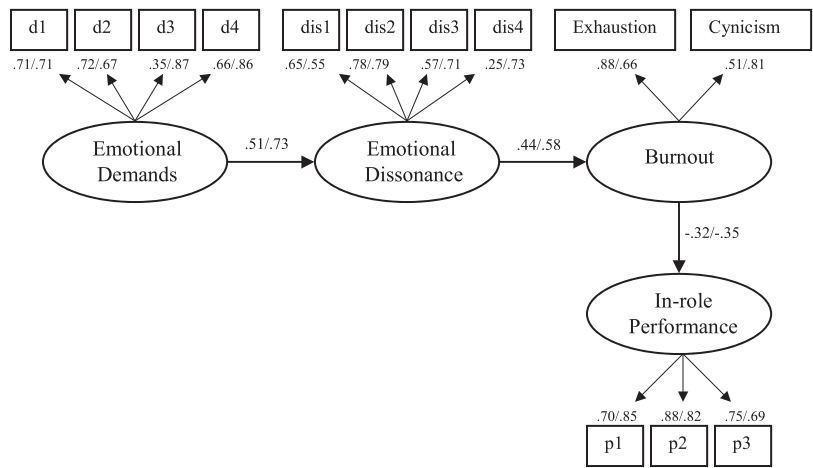


Figure 2. Standardized solution of the proposed emotion work model (maximum likelihood estimates) for nurses (*N* = 108; before the slash) and police officers (*N* = 101). All parameters are significant at the $p < .05$ level.

emotional dissonance, 20% and 34% of the variance in burnout, and 10% and 12% of the variance in in-role performance for nurses and police officers, respectively.

To test the alternative hypothesis that emotional job demands are *directly* related to burnout and in-role performance, these two paths were included in the model for both samples (M2). As can be seen from Table 3, this alternative and less parsimonious model improved significantly on the proposed model for the nurses, $\Delta\chi^2(2) = 8.08$, $p < .05$, but *not* for police officers, $\Delta\chi^2(2) = 1.56$, nonsignificant (NS). Output inspection revealed that in the nurses sample, only the additional relationship between emotional demands and burnout was significant, $\gamma = .33$; $t = 2.77$, $p < .05$; the emotional demands–in-role performance relationship was nonsignificant, $\gamma = .15$; $t = 1.00$. A second alternative model to be tested for both groups included the direct path from emotional dissonance to in-role performance (M3). This model was *not* better than the proposed model (M1) (nurses $\Delta\chi^2(1) = 1.20$, NS), (police officers $\Delta\chi^2(1) = .01$, NS), and the additional path was not significant (nurses $\beta = .17$, $t = 1.07$, NS; police $\beta = -.02$, $t < 1$, NS).

Taken together, these findings offer additional support for the proposed model. In sum, our findings are consistent with Hypothesis 1: Emotional demands are related to burnout, mainly through emotional dissonance. Hypothesis 2 is supported as well: Emotional dissonance is only related to in-role performance through its relationship with burnout. Note, however, that we only found evidence for real mediation of burnout in the relationship between emotional dissonance and performance in the police study, because the correlation between the raw scores of emotional dissonance and in-role performance was nonsignificant in the nurse study ($r = -.08$, NS vs. $r = -.22$; $p < .05$ in the police study).

DISCUSSION

The central aim of the present research among police officers and nurses was to examine: (1) whether emotional job demands are related to burnout through their influence on emotional dissonance, and (2) whether emotional dissonance is related to in-role performance through its influence on burnout. Both hypotheses were largely supported by the results of SEM analyses. First, the emotional dissonance experienced by police officers and nurses as a result of the emotional demands in their jobs provides an important contribution to explaining why both police officers and nurses get emotionally exhausted and detach from their jobs. Thus, our findings offer a possible explanation for the lack of empirical evidence with regard to the predictive

value of emotional job demands for burnout (Schaufeli & Enzmann, 1998). These previous findings seem puzzling in the light of the high prevalence of burnout among human service professionals as opposed to employees in jobs that require no client contacts, implying that there is something specific about the interactions with recipients that may cause burnout complaints. Our findings indicate that as a result of the emotionally charged interactions with patients and civilians, nurses and police officers experience a discrepancy between felt and displayed emotions which, in turn, leads to emotional exhaustion and cynicism. Thus, the findings of the present study underscore the relevance of including emotional dissonance in future studies on the relationship between emotional demands and job stress in the human services.

Second, emotional dissonance was mainly related to in-role performance *through* its relationship with emotional exhaustion and cynicism. These findings suggest that nurses and police officers who feel a discrepancy between the emotions they need to show and their true emotions deplete their energy resources and eventually become cynical toward their recipients and their work. This may be disastrous for their performance: they may no longer achieve the objectives of their work, that is, providing high-quality service to patients and civilians. These findings are consistent with empirical studies that tested the influence of other types of job demands on in-role performance (e.g., Bakker et al., 2004).

Taken together, our findings confirm previous theorizing and empirical research showing that emotion work is a laborious activity (e.g., Hochschild, 1983; Zapf, 2002). Burned-out individuals will logically have to put more effort into regulating their emotional display compared to their emotionally vigorous colleagues. That is, the large discrepancy between felt emotions (i.e., emotional exhaustion) and demanded display (i.e., neutrality or caring, empathetic expression), reduces the possibilities for a spontaneous expression of emotions and asks for more surface and deep acting. This, in turn, will further deplete employees' emotional resources and result in more burnout complaints. This reasoning is in line with Hobfoll's (1989, 2002) conservation of resources theory, suggesting that people who lack resources are the most vulnerable to additional losses. Future studies in the field of emotion work may formally test such a dynamic model incorporating *reciprocal* relationships between emotional dissonance and burnout.

In this context, it may also be interesting to relate the concept of emotional dissonance to Festinger's (1957) theory of *cognitive* dissonance. Cognitive dissonance is the incompatibility between two cognitions. The theory of cognitive dissonance holds that contradicting cognitions serve as a driving force that compels the mind to acquire or invent new thoughts or beliefs, or to modify existing beliefs, so as to reduce the amount of dissonance or conflict between cognitions. If *emotional* dissonance evokes the

same psychological mechanism as cognitive dissonance, emotional dissonance can be reduced either by eliminating dissonant emotions, or by adding new consonant emotions. Thus, police officers who have to suppress negative emotions (e.g., anger, fear) to adequately deal with manipulation and aggression may feel positive emotions (e.g., pride, joy) when they learn that such an approach facilitates problem solution. Similarly, nurses who cheer up terminally ill patients may reduce their dissonance when they realize that their positive emotions alleviate patients' pain. These examples clearly show that reflection and performance feedback may be crucial to reduce the negative impact of emotional dissonance on well-being and performance.

Our findings also revealed that demographics were not systematically related to the model variables and did not modify the results of the model testing. This suggests that the proposed model equally applies for men and women, nurses and police officers, and different age groups. However, we were not able to compare the mean burnout scores of the two professional groups, because we used two different burnout instruments. Several scholars have shown that the prevalence of burnout, as well as the specific patterns of this syndrome, varies considerably across occupational groups. Nurses generally show elevated levels of emotional exhaustion compared with other human services professionals, whereas the highest levels of cynicism or depersonalization are found among police officers (Schaufeli & Enzmann, 1998). One explanation for the latter finding is the overrepresentation of men in law enforcement who, as a rule, experience more cynicism than women. Another explanation is that the high levels of cynicism among police officers reflect their occupational socialization, characterized by objectivity and distance (Schaufeli & Enzmann, 1998). In contrast, several researchers have argued that the empathic, caring, and understanding attitude required from nurses may increase their susceptibility to emotional exhaustion (Berger, 1987; Maslach, 1982; Pines & Aronson, 1988). These arguments suggest that the differences in type of emotional display required as part of the job will result in differences in type of burnout patterns. That is, the suppression or nonexpression of emotions among police officers may result in relatively high levels of depersonalization as opposed to the empathic and caring attitude required from nurses resulting in high levels of emotional exhaustion. This hypothesis needs additional attention in future research on the relationship between emotion work and burnout.

Finally, an interesting finding in the current study is that both samples showed identical results even though two distinct burnout measures were used. Not only does this replication of findings across two different professional groups provide robust empirical evidence for our emotion work model, it also confirms the validity of both the MBI and the OLBI as appropriate instruments to measure burnout (cf. Demerouti et al., 2003).

Limitations

Because of the cross-sectional design of the current studies, the postulated relationships between emotional dissonance and burnout dimensions cannot be interpreted causally. The direction of the causal relationship can only be determined theoretically. For example, in our study we assumed that emotional dissonance leads to burnout complaints, while the direction of this relationship may also be reversed. Indeed, several authors (e.g., Adelman, 1995; Zapf et al., 1999) have suggested that emotional dissonance can be considered both as an external organizational demand as well as a stress reaction that is strongly interrelated with emotional exhaustion. To test such reciprocal relationships between emotion work and burnout, more elaborated models are needed using longitudinal research designs or diary studies.

Another limitation of the present research is that both studies were carried out in the Netherlands. Basically, this calls into question the generalizability of the present findings to other countries. Moreover, it is likely that feeling rules strongly vary between different countries. A comparison of various countries regarding emotion work and its influence on burnout in future research would be a valuable contribution to our knowledge in this domain.

Practical Implications

Despite these limitations, the present findings have several implications for nursing and police work, and perhaps more generally for human service work. Emotional job demands and emotion work are job-specific stressors that are indissolubly connected with human service work. Nurses will continue to be confronted with physical and emotional suffering, illness, and death, and dealing with aggression and victims of crime will continue to be an intrinsic part of police work. Because the results clearly indicate that emotional dissonance coincides with burnout and reduces in-role performance, it seems important for management to consider ways to reduce (the impact of) emotional dissonance.

One possibility is to further train nurses and police officers in managing their emotions. Company training with regard to emotion work generally focuses on teaching employees skills to regulate the emotions of recipients. Air hostesses are taught how to make passengers feel safe and comfortable during their flight, nurses learn how to reduce anxiety and despair, and police officers are instructed how to reduce aggressive behavior and calm victims of crime. Although the regulation of emotions in *recipients* may have positive consequences for the employee involved (e.g., by smoothening the social

interaction), our study underlines the importance of training human service workers regarding how to deal with their *own* emotions in a healthy manner. Employees might be taught how to respond to the emotional demands of their work while staying true to their own feelings. In addition, the organizational rules regarding emotional display of frontline employees and the style of supervision may need revision. Allowing employees to express their true emotions may seem undesirable for recipients, but the current research suggests that in the long run this approach may be positive for both clients and organizations.

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