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Impact of Positive Emotions on Patient's Satisfaction

UMM E AIMEN
BSN, Nursing College, Allama Iqbal Medical College
SAIMA LATIF
Staff Nurse, Jinnah Hospital Lahore
HUMAIRA SADDIQUE
Staff Nurse, Services Hospital Lahore
ALI WAQAS
Lecturer, Department of Management
University of Management Technology, Lahore

Abstract:

Objectives: *As patient interaction with nurses is more than other staff of hospital, therefore it is important to identify the effect of nurse's positive emotions and negative emotions on patient's satisfaction .To knowledge that how nurses behavior effect on patients to choose the hospital setting.*

Methods: *Two sections of questionnaire were used one for nurse's respondents that consist of 6 questions and one for patients that consist of 5 questions, to identify the importance of emotions on the satisfaction. Questionnaire floated by simple random sampling. Data was collected from Jinnah hospital Lahore.*

Results: *Patient satisfaction and nurses' emotions are significantly correlated to each other. Patients satisfaction were high when nurses showed positive emotions and low when nurses showed negative emotions.*

Conclusion: *Nurses' emotions have great impact on patients either negative or positive emotions. Positive emotions of nurses help in patient's satisfaction and in their treatment and chose the hospital setting.*

Keywords: positive, emotions and patients satisfaction

INTRODUCTION:

This article shows the importance of emotions in health care system. It reflects the function of emotions in field of academic disciplines and its growing interest (Mark, 2005). Emotions are vital in health system or in hospitals. Emotions are defined as "a mental state of readiness that arises from cognitive appraisals or events or thoughts " (Bagozzi, Gopinath, & Nyer, 1999). Emotions can be positive or negative that is mostly based on situation. Specially, emotions of a nurse have strong effect on patient satisfaction because there is more interaction of a nurse with patient . Therefore, emotions of a nurse has direct link with patient satisfaction. Emotions can be verbal or non verbal, which are sometime vague and difficult for understanding (Zimmermann et al., 2011). Positive expression of a nurse in health care system give the positive health outcomes and patient satisfaction with care. Reporting of Early research suggest that emotions and satisfaction have strong association and show effect on each other (Ladhari, Souiden, & Dufour, 2017). Nurses emotional skills and competences are important for the satisfaction of patients about care that is given by nurses (Roter & Hall, 2011).

Emotional instability of nurses cause the health care error (Firth-Cozens, 2001), while positive attitude of nurses have positive effect on patients and result in patient satisfaction (Carmel & Glick, 1996) Emotional experiences that patient perceive from nurses is a strong predictor of patient satisfaction (Sitzia & Wood, 1997) and health outcome(Street et al.,2009.Further nurses non-verbal emotional skills can influence the patient satisfaction with health care (Kafetsios, Anagnostopoulos, Lempesis, & Valindra, 2014).

Consequently, emotions of nurses help the patients for decision to choose the hospital setting and continue with service provider. If a nurse show positive and polite emotions then patient will be comfortable and ultimately result in the satisfaction of patient. Conversely, if a nurse shows negative attitude and negative emotions then it will impact negative on patient satisfaction and patient try to leave this hospital or never come back.

The Dube and Menon (1998) report a significant relationship between the emotions that a patient observes from nurses in health system and patient satisfaction. Importance of emotions is enhancing in the nursing care as it has significant association with patient

satisfaction. When nurses face some situational factors like work overload or personal factors that may cause disturbance in nurses attitude and they my show negative emotions ,in that situation they should be capable of their emotion regulation and always show positive emotions towards patients . Although the current study is focused on emotions of nurses and its impact on patients but still there is lack of work which strongly display their relationship.

So this article represents the importance of emotions in health care system. Therefore the focus of study is to describe the relation of nurses' positive or negative emotions and how they effect on patients satisfaction.

LITERATURE VIEW:

The current research explains the relationships between nurse's emotions and patient satisfaction. The present study gives the deferent perspective to the link between nurse's positive emotions or negative emotions and their effect in patient's satisfaction.

The study show that how nurses' emotions and emotional expressions can be important in patient interaction and patients satisfaction (Kafetsios, Anagnostopoulos, Lempesis, & Valindra, 2014). Many studies have therefore indicated that nurses emotions are strongly linked with patients satisfaction and health outcomes (Henry, Fuhrel-Forbis, Rogers, & Eggly, 2012).

Davis and colleagues suggested that specific social behaviors and emotions have effect on the observer and outcome through perception. Similarly, nurse's emotions have a direct impact on patient satisfaction and health outcomes. It related that empathy or positive emotions results in patient satisfaction and increased treatment outcomes (Larson & Yao, 2005). Dorothy Rowe, the renowned psychologist, and for many years a clinical psychologist in the UK NHS, explain the emotions are as a developmental process by which anyone can take awareness and inner of ourselves and others. Emotions are as a form of identity construction in many fields , in organizations (Ashforth and Humphrey, 1993), marketing (Elliott, 1998) or healthcare (Mark, 2005). Therefore positive emotions are a strong tool for patient's satisfaction. The Focus here is on patient satisfaction that depends on nurses' emotions and it has strongly affected on patients' outcomes (Luo and Homburg, 2007;

Vargo et al., 2007). The current study is trying to represent the importance for an impact of the negative and positive emotional display on patient satisfaction, a time asymmetry between display of negative emotions (Söderlund, 2017) and patient satisfaction . Many studies or observations with negative emotions and patient satisfaction are link to contributes to previous researchers' effort to build theories regarding nurse's emotions and characteristics with an impact on patient satisfaction (Bitner et al., 1990; Delcourt et al., 2013; Hartline and Jones, 1996 ; Keh et al., 2013; Smith et al., 1999 ; Söderlund and Colliander, 2015; Winsted, 2000), because it has impact on patient satisfaction which has not been examined. Moreover, many researchers stated that emotions either positive or negative are related to patients but with positive emotions patients get satisfaction (e.g. Collishaw et al., 2008; Doucet, 2004; Hennig-Thurau et al.,2006 ; Mattila and Enz, 2002 ; Price et al., 1995a ; Sherman et al., 1997 ;Söderlund and Rosengren, 2008; Yoo et al., 1998 ; Wirtz and Bateson,1999). The present study is therefore be seen as an attempt to contribute to research on emotions and patient satisfaction (Söderlund, 2017).

In display of negative emotions, it is expected that the negative behavior or emotions of nurses with patients have a negative impact on the patient's evaluation and his satisfaction while positive emotions have positive impact. similarly importance and effect of emotions on patient satisfaction has been shown in several studies (Doucet, 2004 ; Mano and Oliver, 1993; Mattila and Enz, 2002 ; Groth, Hennig-Thurau, & Walsh, 2009) Oliver, 1993 ; Wirtz and Bateson, 1999).

In short, the primary aim of the present research is to give supporting evidence for the recently developed argumentation that nurses' emotion has key importance in patient satisfaction, but this study is limited and acquired more research and there is lack of Pakistani data about that study.

Objectives:

1. To find the relationship of nurses behavior and patients
2. To estimate the impact of emotions either positive or negative on patient's satisfaction.
3. To identify the how nurse's behavior effect on patients to choose the hospital service.

Hypothesis statement:

Ho= There is no relationship between positive emotions and negative emotions on patient satisfaction.

H1= There is relationship between positive emotions and negative emotions on patient satisfaction.

METHODOLOGY:

Research design:

The study was explanatory, quantitative, correlation and cross sectional.

Data:

To estimate the impact of positive and negative emotions on patient satisfaction, a survey was conducted to collect data. Data was collected from nurses and patients. Data was collected in November 2017 by simple random sampling. Two different types of questionnaire were used to collect data from both respondents. Questionnaire that was floated to nurses adopted by an author of an article, impact of leadership style and emotions on subordinate performance(McColl-Kennedy & Anderson, 2002). Questionnaires were distributed to participants and get their responses. Nurses' Questionnaire consists of 6 items .While patient's questionnaire consist of 5 items. Five-point Likert scale of strongly disagree, disagree, none, agree and strongly agree was used to get response of participants.

Study Area:

The data was collected from nurses and patients of medical, surgical and private wards of Jinnah Hospital Lahore. Total nurses were 133. A sample size consist of 97participant, find out by using Solvin's formula. Participants were both male and females patients but all nurses were female.

Ethical consideration:

Permission is granted by institution to collect data from nurses. All nurses were already informed about the survey and consent form was also given to participants to get their permission for data collection. Participants were not to be forced for participation.

Data analysis:

The study which used in this research is correlational that describe the relation of three variables impact of positive emotions and negative emotions as independent variable and patient's satisfaction as dependent variable. For study sample size was calculated by using the Slovin's formula that was equal to 97. A modified questionnaire was floated among the nurses of Jinnah hospital Lahore, Pakistan. The data was collected from nurses of medical wards, surgical wards and private rooms. All questionnaires were filled by nurses.

1. DEMOGRAPHIC ANALYSIS:

Data was collected from female nurses. Demographic data describes the respondents on the basis of gender, age, marital-status, qualification and stay in organization.

Demographic data of nurses' respondents:

Gender:

Table no: 1.1

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	97	100.0	100.0	100.0

Statistics shows in table no: 1.1 that all respondents are females.

Age group:

Table no: 1.2

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-25	57	58.8	58.8	58.8
	25-35	30	30.9	30.9	89.7
	35-50	10	10.3	10.3	100.0
	Total	97	100.0	100.0	

Table no: 1.2 shows that 58.8% of respondents belong to 18-25 age group. 30.9% of respondents belong to 25-35 age groups. 10.3% of respondents belong to 35-50 age groups.

Marital-status:

Table no: 1.3

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Married	41	42.3	42.3	42.3
	Single	56	57.7	57.7	100.0
	Total	97	100.0	100.0	

Table no: 1.3 shows that from the respondent 42.3% are married and 57.7% are single.

Qualification:

Table no: 1. 4

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Nursing diploma	97	100.0	100.0	100.0

Table no: 1. 4 shows that 100% respondent are nursing diploma students.

Stay in organization:

Table no: 1. 5

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	less than 1 year	18	18.6	18.6	18.6
	1-5year	48	49.5	49.5	68.0
	6-10 year	22	22.7	22.7	90.7
	above 10 years	9	9.3	9.3	100.0
	Total	97	100.0	100.0	

Table no: 1.5 shows that 18.6% respondent's stay in organization is less than 1 year. 49.5% respondent's stay in organization is between 1-5 years. 22.7% respondent's stay in organization is 6-10 year. 9.3% respondent's stay in organization more than 10 years.

Demographic data of patient's respondents:

Distribution of age:

Table no: 1.6

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-25	25	25.8	25.8	25.8
	25-35	33	34.0	34.0	59.8
	35-50	22	22.7	22.7	82.5
	50-ABOVE 50	17	17.5	17.5	100.0
	Total	97	100.0	100.0	

Table no: 1.6 shows that 25.8% of respondents belong to18-25 age group. 34.0% of respondents belong to 25-35 age groups. 22.7% of respondents belong to 35-50 age groups. 17.5% of respondent belong to above 50.

Distribution of gender:
Table no: 1.7

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	79	81.4	81.4	81.4
	Female	18	18.6	18.6	100.0
	Total	97	100.0	100.0	

Table no: 1.7 shows that Data was collected from both genders. Statistics shows that 81.4% respondent are the male patients and 18.6% of respondents are female patients.

Distribution of education level:
Table no: 1. 8

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Primary	27	27.8	27.8	27.8
	Middle	18	18.6	18.6	46.4
	Secondary	21	21.6	21.6	68.0
	Graduation	23	23.7	23.7	91.8
	Masters	8	8.2	8.2	100.0
	Total	97	100.0	100.0	

Table no: 1. 8 shows 27.8% are primary passed, 18.6% are middle passed, 21.6% are secondary passed, 23.7% graduate and 8.2% had done master.

Distribution of marital status:
Table1. 9

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Married	64	66.0	66.0	66.0
	Unmarried	33	34.0	34.0	100.0
	Total	97	100.0	100.0	

Table no: 9 shows that 66.0% respondents are married. 34.0% respondent are single.

Distribution of occupation:
Table no: 1.10

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Labor	25	25.8	25.8	25.8
	Job	39	40.2	40.2	66.0
	Vendor	16	16.5	16.5	82.5
	Unemployed	17	17.5	17.5	100.0
	Total	97	100.0	100.0	

Table no: 10 shows 25.8% respondents are labor. 40.2% are job holders .16.5% are vendor .17.5% are unemployed.

Distributions of hospital stay duration:

Table 1.11

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1Day	3	3.1	3.1	3.1
	2Day	16	16.5	16.5	19.6
	3Day	20	20.6	20.6	40.2
	Above 3 Day	58	59.8	59.8	100.0
	Total	97	100.0	100.0	

Table no: 11 shows that 3.1% patient respondent stayed in hospital for 1 day. 16.5% stayed for 2 days. 20.6% stayed for 3 days. 59.8 % stayed for above 3 days.

2. DESCRIPTIVE ANALYSIS:

Independent variables:

Impact of positive emotions

Descriptive statistics were used to calculate the range, mean and standard deviation of independent variable (impact of positive emotions and negative emotions) and it's shown in table 2.1. From the table we conclude that the mean, standard deviation and range of positive emotions are 3.52, .859, and 4.00 respectively.

Impact of negative emotions

Same as impact of positive emotions the descriptive statistics was applied on the negative emotions and mean standard deviation and range was calculated in table 2.1. The table shows that for negative emotions mean, standard deviation and range are 2.79, 1.038 and 4.00 respectively

Dependent variable:

Patient's satisfaction:

The impact of positive emotions and negative emotions on patient satisfaction varies. The mean, standard deviation, standard error of skewness and kurtosis and range of this variable is shown in the table 2.1. It is shown that the mean and range and standard deviation are 3.59, 4.00 and .968 respectively.

Statistics

Table 2.1

Characteristics	Patient satisfaction	Positive emotions	Negative emotions
Mean	3.5959	3.5258	2.7973
Std. Deviation	.96867	.85909	1.03811
Skewness	-.170	-.409	.049
Std. Error of Skewness	.245	.245	.245
Kurtosis	-.688	.232	-.715
Std. Error of Kurtosis	.485	.485	.485
Range	4.00	4.00	4.00

3. RELIABILITY ANALYSES:

Table no: 3.1

Variables	**Cronbach's alpha**
Impact of positive emotions	.828
Impact of negative emotions	.890
Patient's satisfaction	.616

Table no: 3.1 shows the overall reliability of the tool that was calculated by Cronbach's alpha. The reliability of impact of positive emotions is .828 which is not too small but acceptable. The Cronbach's alpha value of impact of negative emotions is .890. Whereas Cronbach's alpha value of patient's satisfaction is .616

Validity analysis:

Table no: 3.2

KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.712
Bartlett's Test of Sphericity	Approx. Chi-Square	106.797
	Df	3
	Sig.	.000

Table no: 3.3

KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.552
Bartlett's Test of Sphericity	Approx. Chi-Square	47.652
	Df	3
	Sig.	.000

Table no: 3.4

KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.861
Bartlett's Test of Sphericity	Approx. Chi-Square	266.343
	Df	10
	Sig.	.000

Validity analysis includes the KMO and Bartlett's test .Table 3.2 shows the KMO value .712 of independent variable negative emotions. Table 3.3 shows the KMO value .552 of independent variable positive emotion .Table 3.4 shows the KMO value .861 of dependent variable patient satisfaction. Tables show the .000 value that is Bartlett's test significance value

4. CORRELATION AND REGRESSION ANALYSIS:

Table depicts the correlation between dependent and independent variables i.e. between impact of positive emotions, negative emotions and patient 'satisfaction. From the table it is seen that the independent and dependent variables are closely related to each other

Correlation

Table no: 4.1

Correlations

		PS	PE
PS	Pearson Correlation	1	.397**
	Sig. (2-tailed)		.000
	N	97	97
PE	Pearson Correlation	.397**	1
	Sig. (2-tailed)	.000	
	N	97	97

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

Table no: 4.2

Correlations

		PS	N_E
PS	Pearson Correlation	1	-.225*
	Sig. (2-tailed)		.027
	N	97	97
N_E	Pearson Correlation	-.225*	1
	Sig. (2-tailed)	.027	
	N	97	97

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

Regression analysis:

Regression analysis was conducted to examine the relationship between variables. To examine the direct effects of impact of positive emotions and negative emotions on patient's satisfaction, multiple regressions was used to examine the hypothesis relationships. Value of r square was used to explain the amount of variance; same thing is explained by adjusted r square but in a more accurate way.

Table no: 4.3

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.397[a]	.158	.149	.89358	.158	17.811	1	95	.000

a. Predictors: (Constant), PE

Table no: 4.4

ANOVA[a]

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	14.222	1	14.222	17.811	.000[b]
	Residual	75.856	95	.798		
	Total	90.078	96			

a. Dependent Variable: PS

b. Predictors: (Constant), PE

Table no: 4.5

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.016	.385		5.235	.000
	PE	.448	.106	.397	4.220	.000

a. Dependent Variable: PS

Table no: 4.3 shows that the value of R square is 16% that show the variation. table, 4.4 shows that significant value is .000 that shows the significant relationship between positive emotions with patient satisfaction .Table 4.5 shows the Beta value is .448 that shows that positive emotions enhance the patient satisfaction.

Table no: 4.6

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.225[a]	.050	.040	.94888	.050	5.046	1	95	.027

a. Predictors: (Constant), N_E

Table no: 4.7

ANOVA[a]

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	4.544	1	4.544	5.046	.027[b]
	Residual	85.535	95	.900		
	Total	90.078	96			

a. Dependent Variable: PS

b. Predictors: (Constant), N_E

Table no: 4.8

Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	4.182	.278		15.034	.000
	N_E	-.210	.093	-.225	-2.246	.027

a. Dependent Variable: PS

Table no: 4.6 shows the R square value is 5% that show the variation table 4.7 shows the .27 significant values that express the significant relationship between negative emotions with patient satisfaction. Table 4.8 shows Beta value is -.210 that expresses that patient satisfaction decreased with negative emotions.

DISCUSSION:

The interest of study is to clear the importance of emotions of nurses on patients in hospital settings. Understanding of effect of nurse's emotions on patients to continue hospital services.

This is the study that provides the relationship between emotions and its influence on patient's satisfaction. The results of

study show the relationship between nurse's emotions and patient's satisfaction. From results it is concluded that both variables show the significant relationship and validity .It shows that both variables have correlation with each other. Correlation with patient satisfaction with positive emotions is significant at 0.01 level .correlation with patient satisfaction and negative emotions is significant at 0.05 level .these findings clear that strong relationship between nurses emotions with patient satisfaction. Regression of the positive emotions with patient satisfaction describes that significant value is .000 that shows the significant relationship between positive emotions with patient satisfaction. Beta value is positive that shows that positive emotions enhance the patient satisfaction. Regression of negative emotions with patient satisfaction describes the .27 significant value that express the significant relationship between negative emotions with patient satisfaction. Beta value is negative that express that patient satisfaction decreased with negative emotions.

So result proved that satisfaction ratings were higher when nurses show positive emotions and lowest when nurses show negative emotions. Result of this study provides evidence for the connection between nurse's emotions and patient satisfaction. These are strongly correlated with each other and show significant relationship. These findings suggested that emotions of nurses have unique effect on patient's satisfaction. When nurses showed positive attitude or positive emotions then satisfaction of patient satisfaction was high but when nurses showed negative emotions patient satisfaction was low.

Further research could expand this research by how nurse's emotions and pt satisfaction related to each other.

CONCLUSION:

The study is about effect of nurses emotions on patient's satisfaction. Study is correlational. Research questionnaire were formulated, floated and tested. As from results it is concluded that both variables dependent and independent have strong impact. Positive emotions of nurses will give high patient satisfaction and negative emotions result in low patients satisfaction or no satisfaction. Further it helps the patients to continue their treatment from same hospital. It means that nurse's behavior is strongly correlated with patient's satisfaction.

Therefore nurses should control their emotions in all types of situation and always show optimism to patient for reaching their satisfaction because it will help in their treatment. Further positive emotions also beneficial for patient's decision to choose the hospital.

REFERENCES:

1. Bagozzi, R. P., Gopinath, M., & Nyer, P. U. (1999). The role of emotions in marketing. *Journal of the academy of marketing science, 27*(2), 184.
2. Carmel, S., & Glick, S. M. (1996). Compassionate-empathic physicians: Personality traits and social-organizational factors that enhance or inhibit this behavior pattern. *Social science & medicine, 43*(8), 1253-1261.
3. Firth-Cozens, J. (2001). Interventions to improve physicians' well-being and patient care. *Social science & medicine, 52*(2), 215-222.
4. Kafetsios, K., Anagnostopoulos, F., Lempesis, E., & Valindra, A. (2014). Doctors' emotion regulation and patient satisfaction: A social-functional perspective. *Health Communication, 29*(2), 205-214.
5. Ladhari, R., Souiden, N., & Dufour, B. (2017). The role of emotions in utilitarian service settings: The effects of emotional satisfaction on product perception and behavioral intentions. *Journal of Retailing and Consumer Services, 34*, 10-18.
6. Mark, A. (2005). Organizing emotions in health care. *Journal of Health Organization and Management, 19*(4/5), 277-289.
7. Roter, D. L., & Hall, J. A. (2011). How medical interaction shapes and reflects the physician-patient relationship.
8. Sitzia, J., & Wood, N. (1997). Patient satisfaction: a review of issues and concepts. *Social science & medicine, 45*(12), 1829-1843.
9. Zimmermann, C., Del Piccolo, L., Bensing, J., Bergvik, S., De Haes, H., Eide, H., . . . Humphris, G. (2011). Coding patient emotional cues and concerns in medical consultations: the Verona coding definitions of emotional sequences (VR-CoDES). *Patient education and counseling, 82*(2), 141-148.

10. Groth, M., Hennig-Thurau, T., & Walsh, G. (2009). Customer reactions to emotional labor: The roles of employee acting strategies and customer detection accuracy. *Academy of Management Journal, 52*(5), 958-974.
11. Henry, S. G., Fuhrel-Forbis, A., Rogers, M. A., & Eggly, S. (2012). Association between nonverbal communication during clinical interactions and outcomes: a systematic review and meta-analysis. *Patient education and counseling, 86*(3), 297-315.
12. Kafetsios, K., Anagnostopoulos, F., Lempesis, E., & Valindra, A. (2014). Doctors' emotion regulation and patient satisfaction: A social-functional perspective. *Health Communication, 29*(2), 205-214.
13. Larson, E. B., & Yao, X. (2005). Clinical empathy as emotional labor in the patient-physician relationship. *Jama, 293*(9), 1100-1106.
14. Mark, A. (2005). Organizing emotions in health care. *Journal of Health Organization and Management, 19*(4/5), 277-289.
15. Söderlund, M. (2017). Employee display of burnout in the service encounter and its impact on customer satisfaction. *Journal of Retailing and Consumer Services, 37*, 168-176.
16. McColl-Kennedy, J. R., & Anderson, R. D. (2002). Impact of leadership style and emotions on subordinate performance. *The Leadership Quarterly, 13*(5), 545-559.