

Emotional Dissonance: A Study among Healthcare Professionals during Covid-19

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Abstract

The COVID-19 pandemic is having a dramatic impact on societies and economies around the world. The virus is affecting millions of lives worldwide, not only physically but also emotionally in the form of panic attacks, obsessional behaviour, anxiety, stress and fear. Health care professionals are also exposed to coronavirus disease 2019 (COVID-19) and are facing high levels of stress, anxiety, poor sleep, emotional disorder. The aim of this exploratory study was to analyze the level of emotional dissonance among healthcare professionals during COVID-19 and study the impact of demographics on the variable under study. The data collected through both primary and secondary sources were analyzed using descriptive and inferential statistics. The measuring items used for the study were sourced from existing validated scales and literature. Descriptive statistics was employed to know the descriptive information across various demographic variables on a total sample of 135. The results revealed that the healthcare professionals perceived their emotional dissonance at an above-average level in the present pandemic, that is, COVID-19. The results also revealed that the perception of the health care professionals towards their emotional dissonance when related with their demographic variables is more or less the same. Besides, having theoretical implications that open pathways for conducting further research, the findings of the study may serve as a reference for service practitioners in designing strategies that could ensure superior performance of health care professionals in hospitals in such eventualities. The major burden of health care professionals, treating infected patients during the COVID-19 pandemic demands psychological support which in turn is expected to help in prevention of burnout and distress in the workplace of healthcare professionals.

Keywords: Covid-19, Emotional Dissonance, Healthcare Professionals, India

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Introduction

Corona-virus appeared in Wuhan, China, at the beginning of December 2019. The World Health Organization (WHO) named the disease caused by the virus COVID-19, which references the type of virus and the year it emerged. The WHO has declared that the virus is a pandemic. In March 2020, a novel infective COVID-19 was first reported in Union Territory of Jammu and Kashmir (J&K), India after becoming a global health emergency. Series of restrictive measures were introduced by the administration, and one of them was the overall organization of work in the form of ‘Work from Home’, which could not be applied to health care professionals. The COVID-19 pandemic is having a dramatic impact on societies and economies around the world. The virus is affecting millions of lives worldwide, not only physically but also emotionally in the form of panic attacks, obsessional behaviour, anxiety, stress and fear. COVID-19 spreads quickly, is highly contagious and can be fatal in severe cases and there are no specific medicines; it poses a huge threat to the life and has a large impact on the emotional responses of individuals (Huang, Xu, & Liu, 2020).

Healthcare professionals are frequently exposed to working environment stressors that can influence their psychological, physical wellbeing, and diminishing the nature of care, treatment results and clinical security. Frontline health care workers against COVID-19 are considered particularly susceptible to developing psychiatric disorders (Lai et al., 2020). Healthcare professionals have suffered an increase in mental pressure due to the heavy workloads they have taken, as well as being exposed to a deadly virus for extended periods. In addition, having to stay away from their families has compounded this mental strain, as fear of infecting loved ones has posed another psychological burden to the health care workers (Lai et al., 2020; Xiang et al., 2020). According to a study on health care workers in China, roughly 50% of the respondents (50.4%) gave indications of sadness, 44.6% of uneasiness, 34% of sleep deprivation and 71.5% have demonstrated side effects of expanded pressure (Lai et al., 2020). Lai et al. (2020) report has further confirmed that health professionals during the COVID-19 outbreak have reported higher levels of stress, sleep deprivation, depression and anxiety (Lai et al., 2020). Healthcare experts revealed having the good commitment to treat patients and spare lives (Greenberg et al., 2020). The way they adapt to pandemic decides not just their physical wellbeing, yet additionally their emotional wellness. Fear, anxiety, and depression are emotions that arise in response to stress. Different sources (for example, rules, organizational norms, national norms, superiors, colleagues,

subordinates and personal experience) are used in varying degrees to manage stress (Waddar & Aminabhavi, 2012). Healthcare professionals are oftentimes presented to chronic working environment stressors that can unfavourably influence their mental and physical wellbeing, and lessening the nature of care, treatment results and clinical security (Fiabane et al., 2013; Poghosyan et al., 2010). In particular, emotional labour, which refers to the requirement for overseeing feelings, demonstrating compassion and worry, rather than negative sentiments, while collaborating with patients, is a significant stressor in healthcare professions.

Occupations that require significant emotional labour are at risk of being psychologically demanding because of the emotionally charged interactions at work (e.g., patients, colleagues); therefore, workers in high emotional labour occupations are likely to display emotions that may be in contrast with what they really feel (Castanheira & Chambel, 2013) and may perceive themselves as providing low-quality patient care. Emotional labour refers to the management of emotions at work in order to meet the expectations of an organization irrespective of what one actually feels (Cheng et al., 2013). In this context, particular attention has been given to the concept of “emotional dissonance,” which is a key component of emotional labour. Emotional dissonance is the conflict between emotion rules that employees are required to show at work and emotions they actually feel (Holman et al., 2008). In other words, it is a state of tension that occurs when an individual perceives an internal role conflict and must display feelings that are discrepant from his/her actual emotions (Andela et al., 2015). Previous studies have shown that emotional dissonance has detrimental consequences for workers’ mental health and organizational performance (Mroz & Kaleta, 2016), and it may enhance workers’ burnout (Andela et al., 2015), with particular regard for healthcare professionals (Cheng et al., 2013). Emotional dissonance is 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 (Zapf et al., 1999). Thus, emotional dissonance is the discrepancy between authentic and displayed emotions as part of the job.

Healthcare professionals are required to express a wide variety of emotions during their interactions with patients. They have to switch between keeping a certain emotional distance towards 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). Previous studies report that health care professionals feared of being infected felt stigmatized, experienced high levels of anxiety and symptoms of depression, and had sleep

problems (Lai et al., 2020). Nurses and Doctors 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.

In this light, the present study investigates how the healthcare professionals are using their emotional dissonance skills to overcome the various disorders associated with COVID-19. As far as researcher's knowledge is concerned, there has been no systematic assessment of the effects of COVID-19 on healthcare professional's emotional dissonance. Based on this, the purpose of this study was to explore the current status of emotional dissonance of healthcare professionals working in different hospitals of district Srinagar in Jammu & Kashmir (J&K), India. The first section contains the literature review, identification of gaps and development of objectives. The methodology is discussed in the second section, including sample, instruments and data collection design. The third section contains the analysis, conclusions and implications of the study. The study attempted to answer the following research questions:

RQ1: What is the level of emotional dissonance among healthcare professionals during COVID-19?

RQ2: What is the impact of demographic variable on emotional dissonance during COVID-19?

Review of Literature

Emotional Dissonance

Emotional dissonance is the conflict that an individual experiences among expressed emotions and experienced emotions (Abraham, 1998). This conflict among the emotions arises when an employee shows emotions which abide by the organizational rules but do not comply with his actual feelings (Rafaeli & Sutton, 1987). It is the clash among emotions that a person feels and those that are supposed to be displayed according to the organizational norms (Ashfort and Humphrey, 1993). This difference between the felt and displayed emotions results in tension (Hoshchild, 1983). It also results in employee burnout and exhaustion (Abraham, 2000).

Organizations continuously control and direct employees as to how they should present themselves to others while on their job (Morris and Feldman, 1996). They also have high expectations and are very demanding as to how employees present themselves and how they perform emotionally. Emotional dissonance can be a cause of strain that impacts the well being of employees (Hoshchild, 1983). The requirement of displaying certain emotions at work irrespective of how one actually feels is called emotional labour or emotion work (Rafaeli and Sutton, 1987).

For example, criminal investigators need to display negative emotions (Rafaeli and Sutton, 1987) and employees in the service sector need to display pleasant emotions. Employees mainly use two different strategies to show organizationally accepted emotions which are surface acting and deep acting (Pugh, Groth & Hennig-Thurau, 2011). Surface acting happens when a person hides felt emotions and displays required emotions while as deep acting happens when felt emotion is shifted to the required emotion which makes the required emotion authentic.

COVID-19

The virus originated in bats and was transmitted to humans through yet unknown intermediary animals in Wuhan, Hubei province, China, in December 2019. In December 2019, adults in Wuhan, capital city of Hubei province and a major transportation hub of China, started presenting to local hospitals with severe pneumonia of unknown cause. Many of the initial cases had a common exposure to the Huanan wholesale seafood market that also traded live animals. The surveillance system (put into place after the severe acute respiratory syndrome (SARS) outbreak) was activated, and respiratory samples of patients were sent to reference labs for etiologic investigations. On 31 December 2019, China notified the outbreak to the WHO, and on 1 January, the Huanan seafood market was closed. On 7 January, the virus was identified as a coronavirus that had >95% homology with the bat coronavirus and >70% similarity with the SARS-CoV (severe acute respiratory syndrome–related coronavirus). Environmental samples from the Huanan seafood market also tested positive, signifying that the virus originated from there (Xinhua, 2020). The number of cases started increasing exponentially, some of which did not have exposure to the live animal market, suggestive of the fact that human-to-human transmission was occurring (Huang et al., 2020). Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness. The best way to prevent and slow down transmission is be well informed about the COVID-19 virus, the disease it causes and how it spreads. The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes. At this time, there are no specific vaccines or treatments for COVID-19. However, there are many ongoing clinical trials evaluating potential treatments.

Rationale

The study is significant in the field of emotional dissonance and is expected to add new knowledge during COVID-19. The study will assist in design and development of emotional

dissonance programmes in the health sector of India keeping in view that the healthcare professionals are working day and night since the outbreak of COVID-19. The study will also help healthcare professionals in using their emotional dissonance skills while interacting with their COVID patients.

Research Methodology

The present study is exploratory-cum-descriptive in nature, and the sample comprised of healthcare professionals (doctors and nurses). The healthcare professionals comprised of doctors and nurses from hospitals located in Srinagar district of Jammu and Kashmir, India. The study has been conducted in the Union Territory of Jammu & Kashmir, India. The healthcare professionals included in the study were from different hospitals of the district Srinagar who were catering to COVID-19 patients. The sample size was calculated according to the number of items in the study. Every item requires minimum 5 respondents and maximum 10 respondents for the determination of the representative sample size (Hair et al., 1998). Keeping in view the sampling error, it was proposed to take the sample of 200. In return, 135 questionnaires were received. The data for the study were collected through both the primary and secondary sources. Online questionnaires were used to gather the primary data because of COVID-19. Data was collected between June 20 and July 5, 2020. Healthcare professionals agreeing to participate were asked to complete the questionnaire through mail and social media (WhatsApp, Twitter and Facebook). The measuring items used for the study were sourced from existing validated scales and literature. The questionnaire consisted of two sections. Section ‘A’ included demographic information of respondents, while Section ‘B’ included statements of emotional dissonance. The demographic characteristics were gender, occupation and contact with COVID patients. A likert scale was used to measure workers’ emotional dissonance. The scale was derived from the Emotional Dissonance subscale of the Frankfurt Emotional Work Scale(Zapf, 1999; Zapf & Holz,2006). The notion of emotional dissonance was captured by administering questionnaire with modifications keeping in view COVID-19 on healthcare professionals(table 1).

Table 1: Modifications in Emotional Dissonance scale

Original item	Revised item
During your work, how often do you have to suppress your own feelings	During your work at hospital, how often do you have to suppress your own feelings while dealing with COVID-19 patients

Source: The Author

The respondents were briefly instructed as to the purpose of the study, and consent was taken from the respondents after mentioning the study objectives, methods, risks and benefits associated with the research. It was also ensured that confidentiality and independent responding were maintained. Participation was anonymous and treated according to American Psychological Association ethical guidelines in conformance with the guidelines in the Declaration of Helsinki. To capture the responses of the sample elements, a 5-point Likert-type scale (ranging from 1 = *never* to 5 = *always*) was used throughout the study. All the items were framed keeping in view the context of the study. The healthcare professionals included from hospitals were governed by the principle of simple random sampling. It was an endeavor of the scholar that each possible category, that is, gender, occupation and contact with COVID patients, would represent the final sample. Reliability of the questionnaire during pilot study was assessed by overall Cronbach's alpha. The overall 'Cronbach Alpha' calculated using SPSS is .732, which is much higher than the acceptable level in social science research (Hair et al., 1998).

Analysis

Sample Characteristics of the Respondents

Descriptive statistics was employed to know the descriptive information across various demographic variables on a total sample of 135. The various demographic variables which were considered for the study were gender, occupation and contact with COVID patients. The analysis of the sample revealed the characteristics as indicated in the table 2.

Table 2: Sample Characteristics

Demographic Variable	Overall		
	Particulars	Frequency	%age
Gender	Male	92	68.14%
	Female	43	31.85%
Occupation	Doctors	102	75.55%
	Nurses	33	24.44%
Contact with COVID patients	Yes	69	51.11%
	No	66	48.88%

Source: The Author

Level of Emotional Dissonance during COVID-19

The perception of healthcare professionals about their emotional dissonance during COVID-19 is provided in table 3. A mean score of 4.35 or percentage score of 87% indicates that an above average level of emotional dissonance is perceived by healthcare professionals during COVID-19. The standard deviation of 0.748 also supports that the results are reasonably trustworthy.

Table 3: Emotional Dissonance during COVID-19

S.No.	Dimension	Mean score	Percentage of Mean score	Standard Deviation
1.	ED	4.35	87.0%	.748

Source: The Author

Note: COVID-19: Coronavirus disease 2019; ED: Emotional Dissonance

Perceptual Gap

The differences in the perception of healthcare professionals related to the variable under study that has been examined in this study is considered quite relevant irrespective of their statistical significance. Thus, the following section inspects the differences in perceptions of healthcare professionals during COVID-19 about the variable under study.

Emotional Dissonance and Gender

The table 4 shows a comparison of male and female group of respondents. Z-test was used because it compares emotional dissonance variable as a whole between the male and female respondents. It becomes clear from the table that the overall mean score of male respondents was high as compared to female respondents. Overall, the mean score observed from emotional dissonance as a whole from the male respondents is 4.47 and from female respondents is 4.23.

Further, Z-test was utilized to ascertain whether the difference in the mean scores of the respondent male and the female healthcare professionals with respect to their perception about their emotional dissonance is statistically significant or merely an outcome of a random variation. The results indicate that the perceptual differences of healthcare professionals are statistically significant when the differences are evaluated on the basis of gender as the p value is less than .05 as a whole indicating that the male healthcare professionals are showing more emotional dissonance during COVID-19 as compared to the female healthcare professionals. (table 4).

Table 4: Emotional Dissonance and Gender

Group Statistics (N=135); Male=92, Female=43						
Variables	Gender	Mean	Overall Mean score	Std. Deviation	Z-value	Sig.*
EMOTIONAL DISSONANCE	Male	4.47	4.35	.715	2.445	.002
	Female	4.23		.613		

Source: The Author

Note: * $p < .05$

Emotional Dissonance and Occupation

The table 5 shows a comparison between the mean scores of respondents across type of occupation. The overall highest mean score for variable emotional dissonance was for doctors (4.63) and lowest was for nurses (4.07).

In order to analyze the perception of healthcare professionals towards the emotional dissonance variable as a whole across type of occupation, independent samples test was used and z-value was computed. The results of emotional dissonance variable as a whole revealed that there is significant difference in the perception of healthcare professionals during COVID-19 across type of occupation towards the variable as its calculated p-value is less than 0.05.

Table 5: Emotional Dissonance and Occupation

Group Statistics (N=135); Doctors=102, Nurses=33						
Variables	Occupation	Mean	Overall Mean score	Std. Deviation	Z-value	Sig.*
EMOTIONAL DISSONANCE	Doctors	4.63	4.35	.735	2.017	.037
	Nurses	4.07		.651		

Source: The Author

Note: * $p < .05$

Emotional Dissonance and Contact with COVID Patients

Comparison was also made between the mean scores of respondents based on their contact with COVID patients. The overall highest mean score for variable emotional dissonance considering the contact of healthcare professionals was from professionals who were in contact

with COVID patients and less mean score came from professionals who were not having any contact with COVID patients (table 6).

In order to analyze the perception of healthcare professionals towards the emotional dissonance variable as a whole across type of occupation, z-value was computed. The results of Emotional dissonance variable as a whole revealed that there is significant difference in the perception of healthcare professionals during COVID-19 based on the contact with patients.

Table 6: Emotional Dissonance and Contact with COVID Patients

Group Statistics (N=135); Yes=69, No=66						
Variables	Contact with COVID patients	Mean	Overall Mean score	Std. Deviation	Z-value	Sig.*
EMOTIONAL DISSONANCE	Yes	4.75	4.35	.588	2.089	.031
	No	3.95		.542		

Source: The Author

Note: * $p < .05$

Discussion, Conclusion and Implications

The results revealed that an above average level of emotional dissonance is perceived by healthcare professionals during COVID-19. The discrepancy between the emotions actually felt and those required to be displayed, i.e., emotional dissonance (Holman et al., 2008), produces a state of unpleasant tension which, in turn, may be emotionally exhausting in the long run. The results indicate that the perceptual differences of healthcare professionals are statistically significant when the differences are evaluated on the basis of gender indicating that the male healthcare professionals are showing more emotional dissonance during COVID-19 as compared to the female healthcare professionals. The results of Emotional dissonance variable as a whole revealed that there is significant difference in the perception of healthcare professionals during COVID-19 across type of occupation towards the variable. Comparison was also made between the mean scores of respondents based on their contact with COVID patients. The overall highest mean score for variable Emotional dissonance considering the contact of healthcare professionals was from professionals who were in contact with COVID patients and less mean score came from professionals who were not having any contact with COVID patients.

The results obtained from the present study have certain significant implications. First, it contributes to the body of existing literature as the variable emotional dissonance has not been studied in relation to COVID-19. Second, if the authorities want to take overall control of the crisis, attention must also be given in developing programs for emotional management of healthcare professionals.

Limitations

One of the limitations is that the research was conducted through an online questionnaire. It was cross-sectional and could not be pursued longitudinally due to the social isolation rules of the healthcare professionals. Another limitation of the present research is that the study was carried out in only one district of Jammu & Kashmir. Including all the districts will help us in generalizing the results. The study focused on health sector only. The scope of the research could be widened by conducting the study in other sectors as well. Larger sample size is needed to verify the results and also in future studies; other healthcare professionals can also be included.

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